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Many patients with type 2 diabetes think insulin does more harm than good

By: NASEEM S. MILLER, Clinical Endocrinology News Digital Network AUGUST 22, 2014

AT AADE 2014

VITALS

Key clinical point: Find a way to help patients with type 2 diabetes deal with their misconceptions about insulin.

Major finding: Of 100 patients with type 2 diabetes, most had aversion to using insulin.

Data source: A dozen focus groups at University of Pittsburgh Diabetes Institute.

Disclosures: Mr. Powell had no financial disclosures.

MD-IQ

This week's quiz:

APS, thrombosis and pregnancy mishap

(/md-iq-quizzes.html)

More » (<http://www.clinicalendocrinologynews.com/available-injection-tools>)

ORLANDO – Here's something to consider when prescribing insulin therapy for patients with type 2 diabetes: psychological insulin resistance.

After conducting a dozen focus groups at the University of Pittsburgh Diabetes Institute (<http://diabetesinstitute.pitt.edu/>), researchers found that the condition is alive and well among patients with type 2 diabetes, mostly because of misunderstanding and lack of information about available injection tools.



Credit: © BakiBG / ThinkStockPhotos.com

But the condition has a simple cure: Either take the time to educate the patient about insulin therapy and various injection options or refer the patient to a diabetes educator.

"We need to recognize how to effectively educate patients," said Robert Powell at the annual meeting of the American Association of Diabetes Educators. "Demonstrate. Talk about side effects and dosing. Ask patients their concerns and provide them with options. Always seek out that teachable moment."

Psychological insulin resistance persists in patients with type 2 diabetes, but simple cures exist.

(index.php?id=12242&type=98&tx_ttnews[tt_news]=292777&c-Hash=da03e20e36)

A recent study found that "The acceptance of insulin is very low in type 2 diabetes patients. The option to inhale insulin increases the acceptability for some but not the majority of patients," the authors wrote. (Diabetes Technol. Ther. 2013;15:703-11 (<http://www.ncbi.nlm.nih.gov/pubmed/23844571>)).

Physicians, too, are sometimes reluctant to prescribe insulin, "because they know their patients have PIR [psychological insulin resistance], and this leads to clinical inertia," said Mr. Powell.



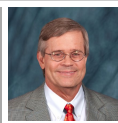
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MD-IQ

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More » (<http://www.clinicalendocrinologynews.com/md-iq-quizzes.html>)

Patients were in their 50s, nearly half were white, and they had had diabetes for an average of 12-15 years.

Results showed that the majority of participants saw insulin therapy as negative and a sign of failure. They questioned the long-term prognosis and cited side effects and contraindications for insulin therapy.

Patients made comments such as "I think the drug itself is like cancer. You know, the chemotherapy kills, and I think the insulin does more harm than good," or "I feel like I was kind of a failure in doing my part and taking care of myself."

When patients were presented with various injection options, they requested more information, but cost was the main barrier to device selection and acceptance of insulin therapy, Mr. Powell reported.

Many preferred pens over vials and smaller needles over larger ones. Some patients said, "Why didn't my doctor give me those needles [pointing to smaller ones]. I would prefer the smaller needle."

Many patients said that they weren't shown insulin supplies and devices that are currently available. They weren't shown how, when, and where to inject. Some said they were referred to the pharmacy for that information. Some said "Someone in the medical field needs to show me the correct way."

On the other hand, a patient who received proper instructions said, "I was lucky. My doctor sent me to an educator. They actually sat down and would not leave until I learned ... I also got information on insulin and injecting."

When the providers were interviewed for the study, they reported that patients had fear of needles; many said that they didn't know about various needle options, and some cited lack of time to provide patients with appropriate diabetes education.

"Onsite training is something we have to make sure happens. To do so, we need to convince providers to refer patients to diabetes educators," said Mr. Powell. To reduce PIR, "we need provider-to-provider interaction," he said, encouraging diabetes educators to reach out to providers and ask for referrals.

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