



Addressing Patient Reluctance to Starting Insulin Therapy: Strategies for Practitioners

It is essential that the practitioner elicit any concerns about starting insulin from the patient. These concerns should be explored by the practitioner. Strategies for addressing these concerns are outlined below.

Reasons why people with type 2 diabetes may be reluctant to start insulin therapy	Strategies for practitioners
Lack of knowledge about what is involved in using insulin and fear that using needles will be difficult and/or painful.	Find out what knowledge the patient has and address inaccuracies. Show the patient insulin needles and explain that small needles are almost painless. Discuss delivery devices such as needle guides and stabilizers and insulin pens. Discuss a simple starting regimen.
Concern that starting insulin means that diabetes is very serious and that complications are imminent. Many people believe that insulin causes complications.	It is important to ask each patient what starting insulin means to him or her. Patients should be assured that insulin is often started early in the course of diabetes in order to prevent complications.
Personal failure.	Be careful that the prospect of starting insulin is not presented to the patient as a threat or punishment for not following the diabetes regimen. Explain to the patient that diabetes is a progressive disease and that the majority of people with type 2 diabetes will eventually require insulin to maintain glycemic control.
Fear of hypoglycemia.	It is important to ask the patient about concerns regarding hypoglycemia. Strategies to prevent hypoglycemia such as frequent monitoring, use of the right type of insulin, and starting with low doses and increasing slowly should be discussed with the patient. Treatment of hypoglycemia should be discussed as well.
Fear of weight gain.	Weight gain may occur as glycemic control improves. Strategies to minimize weight gain should be discussed with the patient. These include diet and exercise, careful dosing of insulin to prevent hypoglycemia, and use of the appropriate type of insulin. If a predictable pattern of hypoglycemia occurs, insulin doses should be decreased rather than increasing food intake.
Fear that insulin therapy will be inconvenient and will have a negative impact on lifestyle. Many people believe that starting insulin will mean that they will no longer have control over what they do.	It is critical that the insulin regimen be matched to the patient's lifestyle rather than having the patient adjust his or her schedule to fit the insulin regimen. The practitioner should discuss the patient's schedule and offer flexible insulin dosing to fit with the patient's preferred lifestyle. Again, the use of insulin pens can make insulin therapy more convenient.

References

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