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Diabetes Resources

Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol 15 No. 12, 2011

In each issue of **Diabetes Resources** we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease are each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Adult Diabetes Practice Guideline 2011**, please see the reverse side of **Diabetes Resources** for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check www.nmtod.org for organizations that have graciously provided funding for **Diabetes Resources**.

New Mexico Health Care Takes On Diabetes, a New Mexico non-profit corporation, is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.

Addressing Patient Barriers to Insulin Initiation in Type 2 Diabetes

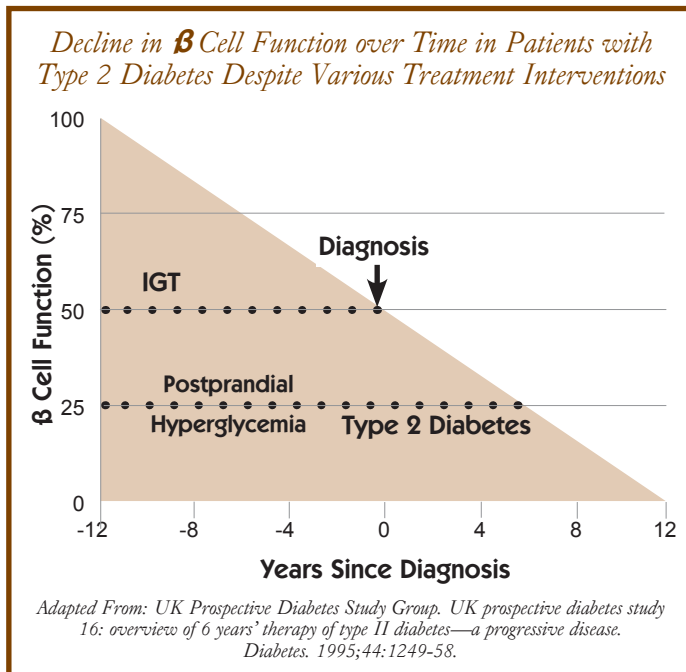
The Issue:

Most people with type 2 diabetes will eventually require insulin therapy to achieve optimal glycemic control (see figure below). Early use of insulin may preserve pancreatic function, maintain glycemic control, and reduce symptoms.^{1,2} Despite these benefits, practitioners and patients are often reluctant, or even unwilling, to initiate insulin therapy. This publication provides assistance with reducing patient barriers to insulin initiation.

Patient Barriers: Common causes of patient reluctance to begin insulin therapy include fear of injections, concern about weight gain and hypoglycemia, and concern about loss of control and/or lifestyle restrictions.^{3,4} Many people also fear that using insulin means that their diabetes is severe or they have failed at diabetes self-care.³

Role of the Practitioner: The first step in addressing a patient's reluctance to initiate insulin is to learn his or her beliefs about insulin therapy. Recognizing and addressing a patient's specific concerns smoothes the transition to insulin therapy (see provider tool in resource section).⁴ Never use insulin therapy as a threat or an attempt to convince a patient to comply with other forms of treatment.⁵ Explain that most people with type 2 diabetes will eventually require insulin therapy. Discuss the progressive nature of diabetes early in the course of diabetes care, and present insulin as a positive step in achieving and maintaining optimal glycemic control. When intensifying therapy, frame the issue in terms of treatment success rather than a response to treatment failure.

Initiating Insulin: The initial insulin regimen should consider not only glycemic patterns, but the patient's preferences, needs, abilities and economic issues.³ For patients reluctant to initiate insulin therapy, starting with a once daily injection is appropriate, even if glycemic patterns indicate otherwise. It is reasonable to start with a once daily long-acting insulin, with a secretagogue to manage post-prandial glucose excursions.^{3,6} Once patients gain experience, most are willing to intensify the insulin regimen to optimize glycemic control.



References

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- Meece J. Dispelling Myths and Removing Barriers About Insulin in Type 2 Diabetes. *The Diabetes Educator* 2006; 32(S1): 9S-18S.
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- Pearson J, Powers MA. Systematically Initiating Insulin: The Staged Diabetes Management Approach. *The Diabetes Educator* 2006; 32:19S-28S.

Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at www.nmtod.org. For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

Reducing Cardiometabolic Risk: Patient Education Tool Kit—To assist with your educational efforts, a comprehensive kit of reproducible patient education handouts on topics related to cardiometabolic risk reduction, pre-diabetes, diabetes, and CVD. Developed by the American Diabetes Association, American College of Cardiology and Preventive Cardiovascular Nurses Association, the kit covers 29 topics and is available in English and in Spanish. A CD-ROM version of this toolkit is also available. Request a copy at http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=77080&utm_source=offline&utm_medium=print&utm_campaign=RCMR.

Addressing Patient Reluctance to Starting Insulin Therapy: A Practitioner Tool—It is essential that the practitioner elicit any concerns about starting insulin from the patient. This tool provides strategies to assist the practitioner in exploring these concerns. This tool can be found at www.nmtod.org/additionalabc.html.

The following articles can assist providers in determining when to recommend insulin therapy and how to adjust the insulin regimen:

- ❖ Davis SN, Renda SM. Psychological Insulin Resistance: Overcoming Barriers to Starting Insulin Therapy, *The Diabetes Educator* 2006; 32:146S-152S.
- ❖ Hirsch IB, Bergenstal RM, Parkin CG, Wright E, Buse JB. A Real-World Approach to Insulin Therapy in Primary Care Practice. *Clinical Diabetes* 2005; 23(2):78-86. Available at: <http://clinical.diabetesjournals.org/content/23/2/78.full> (accessed Oct. 26, 2010).
- ❖ Nathan DM, Buse JB, Davidson MB, et al. Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. A consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care* 2009; 32(1):193-203. Available at <http://clinical.diabetesjournals.org/content/27/1/4.full> (accessed Nov. 2, 2010).
- ❖ Niswender, K. Early and Aggressive Initiation of Insulin Therapy for Type 2 Diabetes: What is the Evidence? *Clinical Diabetes* 2009; 27(2):60-8. ❖ Reed TS. Insulin for Type 2 Diabetes Mellitus: Separating the Myths from the Facts. *Insulin* 2007; 2(4):182-9. Available at <http://clinical.diabetesjournals.org/content/27/2/60.full.pdf+html> (accessed Nov. 2, 2010).
- ❖ Shaefer, Jr., CF. Insulin and type 2 Diabetes Mellitus Treatment Today: Are We at a Tipping Point? *Insulin* 2007; 2(3):106-8. Available at <http://www.insulinjournal.com/v2i3.php> (accessed Nov. 2, 2010).

Websites—The editorial committee has identified websites that you may find informative:

Information About Insulin:

- ❖ Insulin Resource Guide (ADA): www.diabetes.org/uedocuments/df-rg-insulin-0108.pdf
- ❖ Insulin Delivery Resource Guide (ADA): www.diabetes.org/uedocuments/df-rg-insulin-delivery-0108.pdf
- ❖ Premixed Insulin Guides (AHRQ):
For Clinicians: http://effectivehealthcare.ahrq.gov/repFiles/Insulin_Clinician5.pdf
For Consumers: http://effectivehealthcare.ahrq.gov/repFiles/Insulin_Consumer_Web.pdf

Diabetes Education:

- ❖ Diabetes Educators & Your Practice (AADE): www.diabeteseducator.org/_resources/pdf/physicians_brochure.pdf
- ❖ Find a Diabetes Educator (AADE): www.diabeteseducator.org/DiabetesEducation/Find.html
- ❖ Recognized Education Programs (ADA): http://professional.diabetes.org/ERP_List.aspx

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website www.nmtod.org.*

*Please note that these websites do not necessarily represent the views of NMHCTOD. They are listed for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.

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