

HOW TO PREVENT STUFF UPS WHEN INITIATING INSULIN KISS

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Natural History of Type 2 Diabetes

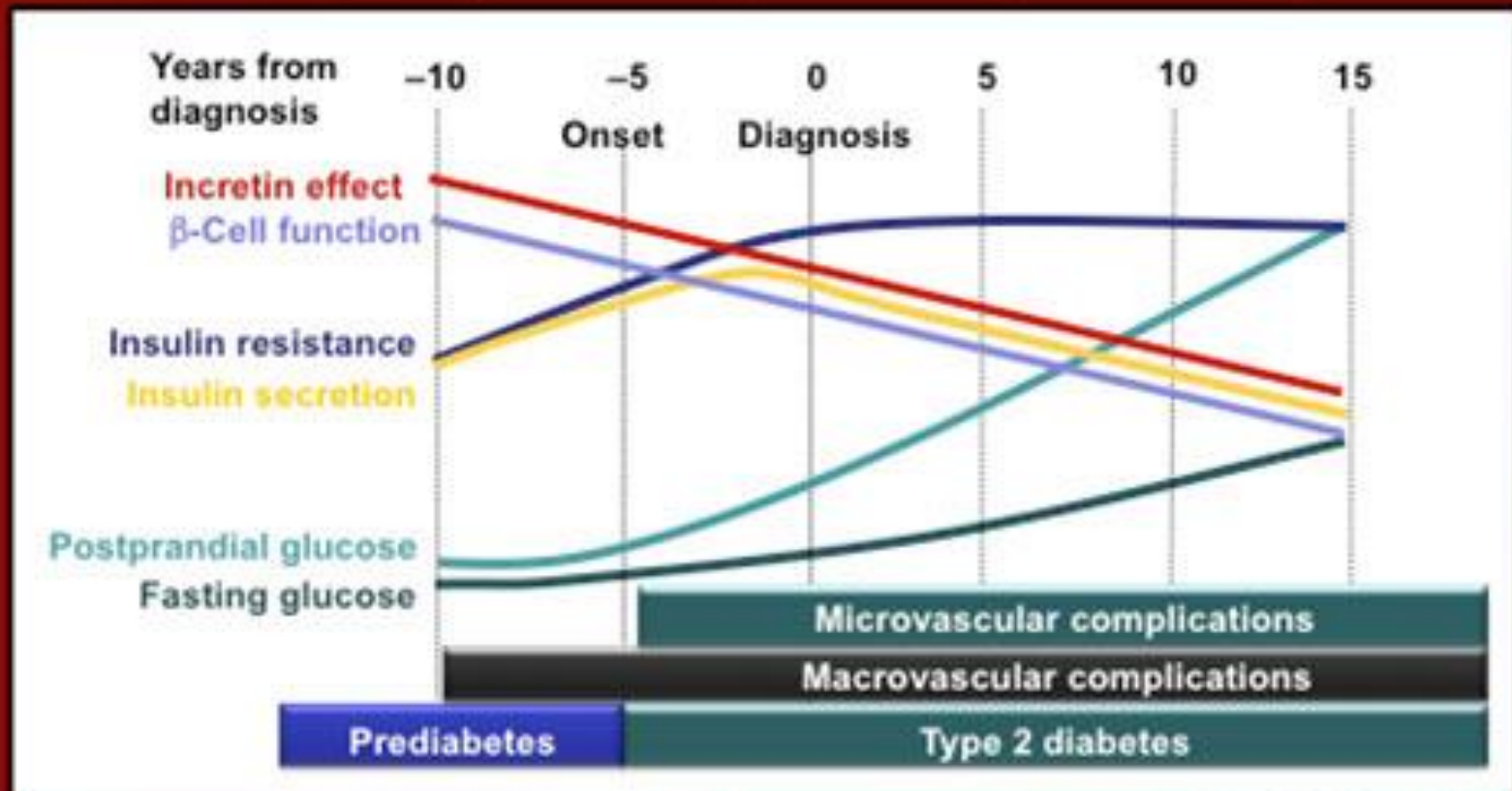


Figure courtesy of CADRE.

Adapted from Holman RR. *Diabetes Res Clin Pract.* 1995;40(suppl):S21-S25;

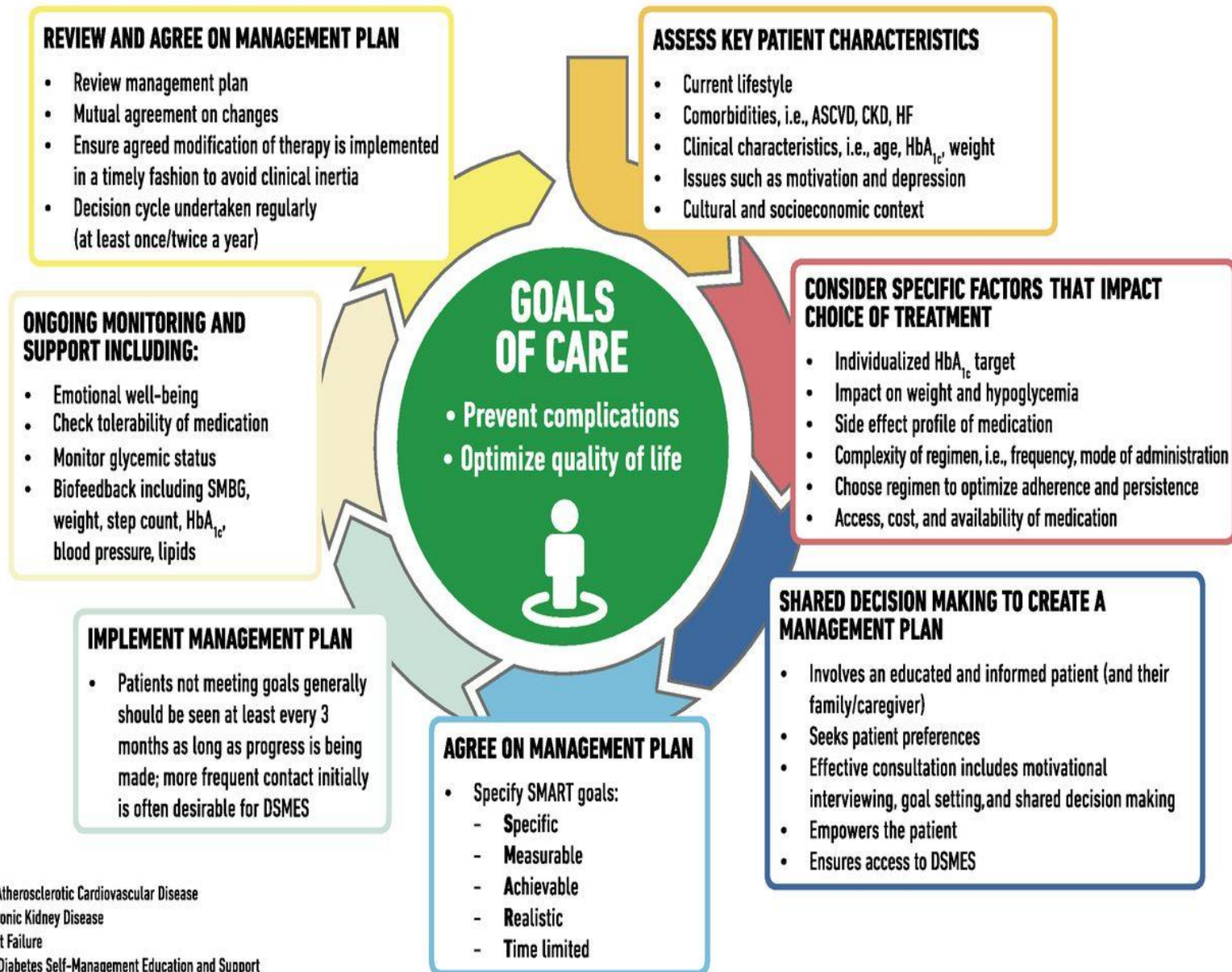
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The KISS principle

- Get the FBG under control with night time basal insulin
- Get the evening BG under control with morning basal insulin
- Check the overall control with a1c
- If A1c not on target find the hidden hypers and check adherence
- Start low but don't go too slow (-10 units adjust every 2-4 days) with 2-4 units
- Most of the time fixing the fasting will fix other values
- Check insulin and injection techniques

DECISION CYCLE FOR PATIENT-CENTERED GLYCEMIC MANAGEMENT IN TYPE 2 DIABETES



ASCVD = Atherosclerotic Cardiovascular Disease
CKD = Chronic Kidney Disease
HF = Heart Failure
DSMES = Diabetes Self-Management Education and Support
SMBG = Self-Monitored Blood Glucose

Delaying insulin initiation a typical scenario

Feb A1c 67
May 69
August 75

Dec 81
Feb 85

Christmas- New year holidays
Stress at work better now
Winter too cold to get out for exercise
OMG hectic and parties ++

.....etc

Insulin barriers and challenges

Patient related barriers	<i>Insulin is a treatment of last resort Life will be more restricted I will gain weight I fear needles/ making a mistake</i>
HCP challenges	<i>People will resist insulin Insulin is too complicated It seems better to maintain the status quo</i>
System challenges	<i>HCP workload (it takes time) Resources</i>

Steps	Goals	Suggestions
Ascertain how the patient feels about insulin	<p>Ask questions up front about the patient's fears and concerns.</p> <p>Practice active listening.</p> <p>Take cues from the patient's responses.</p>	<p>How do you feel about insulin?</p> <p>Tell me what concerns you about insulin?</p> <p>Could you share the reasons you feel so strongly about not taking insulin?</p>
Explain/educate	<p>Help the patient understand why insulin is necessary.</p> <p>Explain "What's in it for them!": living a healthier life, feeling better, lowering the risk for complications later on.</p>	<p>Use analogies: when your car runs out of gas, you need to refill the tank - our bodies need insulin like a car needs gas. But always acknowledge and accept their fears and concerns before providing new information.</p>
Problem-solve with the patient	<p>Involve the patient in the insulin conversation.</p> <p>Ask questions related to their specific fears and concerns (such as lifestyle, side effects etc.)</p>	<p>What is the biggest problem facing you today?</p> <p>Are you having any problems at work related to your diabetes?</p> <p>What would you do if you felt your blood sugar was low?</p> <p>What would you do differently if that happens again?</p>
Develop a plan together/shared decision-making	<p>Collaborate to develop a shared action plan.</p> <p>Identify the right regimen based on patient input and lifestyle.</p> <p>Allow for patient choice.</p> <p>Ask patients to identify some short-term goals.</p> <p>Help them to see how improving control of their diabetes can help them reach their goals.</p>	<p>Tell me what a typical day for you would be like.</p> <p>Do you think you can make the time for one injection daily?</p> <p>When do you prefer to inject, am or pm? Can you think of a time where taking or remembering an injection might be difficult?</p> <p>How does this plan work for you?</p> <p>What are your future goals? (playing golf, seeing grandchildren grow up?)</p> <p>Let's make a plan to help you meet your goals.</p>
Set expectations	<p>Insulin treatment is a marathon, not a sprint.</p> <p>You will be a partner with them for the long haul to help them achieve their goals.</p>	<p>We are in this together. We're starting small, but your optimal dose may be much higher.</p> <p>Together, we will adjust your dose over time.</p>

Guidance :

- <https://aucklandregion.healthpathways.org.nz/index.htm>

Username: connected

Password: healthcare

Diabetes Care. 2018

Includes stepped therapies

- NZGG 2012 Primary health guidelines
- Getting off to a good start: Polonsky et al 2017.

Specialist panel of clinicians

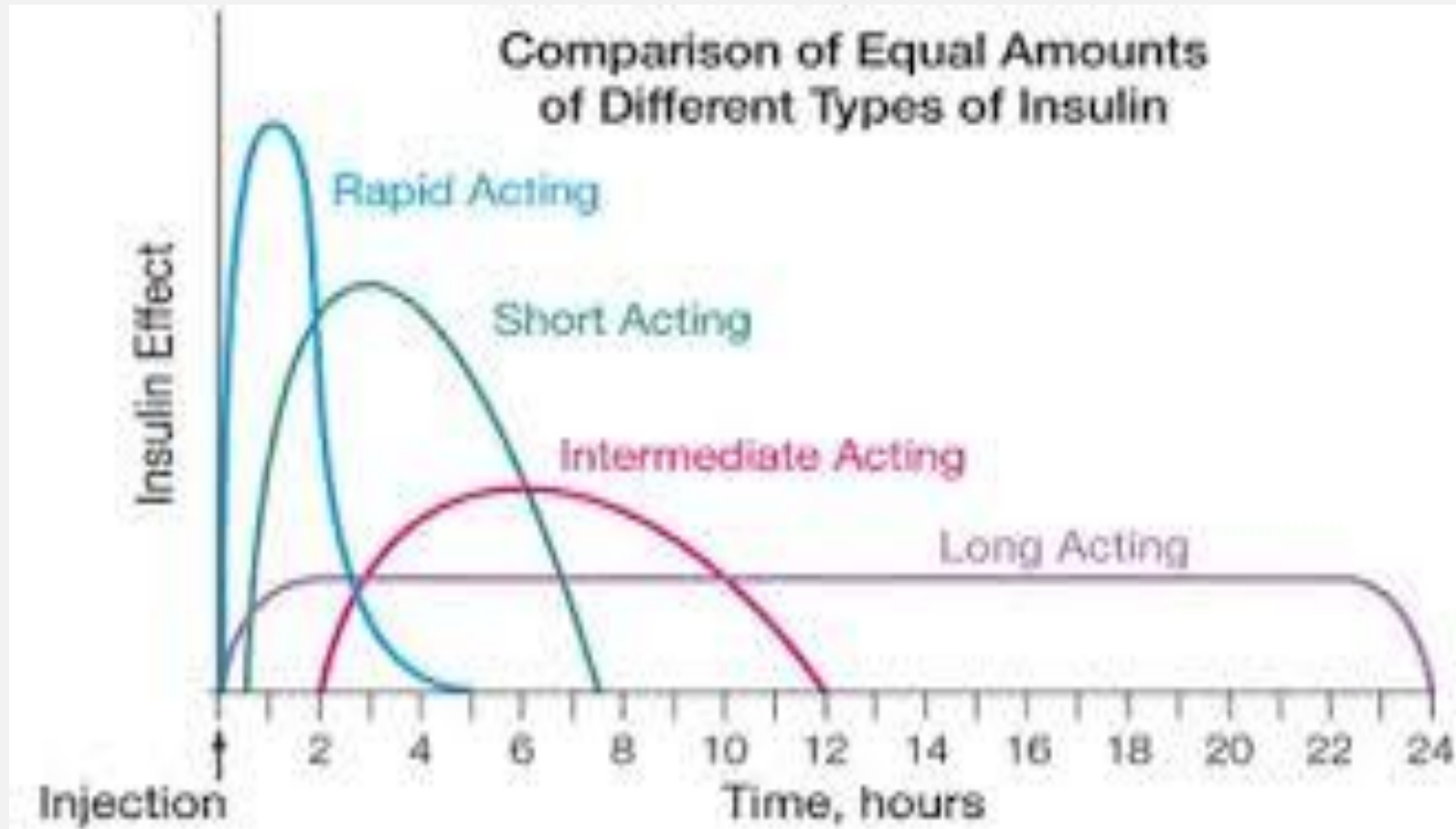
Discuss ways to introduce insulin that enhance uptake and minimise future interruptions or discontinuation.

Strong consensus about getting people off to a good start (support, relationship, trust, follow up, empowerment)

Goals

- Fix the fasting first
 - Daily (Intermediate protophane/Humulin NPH Long acting glargine)
 - Fit it in with life
 - Set expectations early in diagnosis
 - Listen to concerns and beliefs
 - Goals and plans
- PP also important for effect on CVR
 - Oral meds may help this better if overall glycaemic control improved
 - Individualised Hba1c and BG targets.

Start with 10 Units





Josie

60 year old

Diabetes for 5 years

On oral max for past 6 months hba1c 72 (adherent) now 76

Josie cares for her grandchildren, lives with her daughter who works and is busy helping out at the school.

She has a history of hypertension, high cholesterol, diabetes for 5 years.

Her meds include cilazapril 5mg / metformin & vildagliptin 850 + 50mg atorvastatin 40mg

Gliclazide 160mg BD

BMI 34 weight 84

BP 130/80

Address insulin resistance

Its time

What is good about
making change

What worries you about
making change

What is good about
staying the same

What worries you about
staying the same

Lets refresh what's going on inside

- A video resource to show people while you review notes and hatch your plan.
- Spot the error.



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