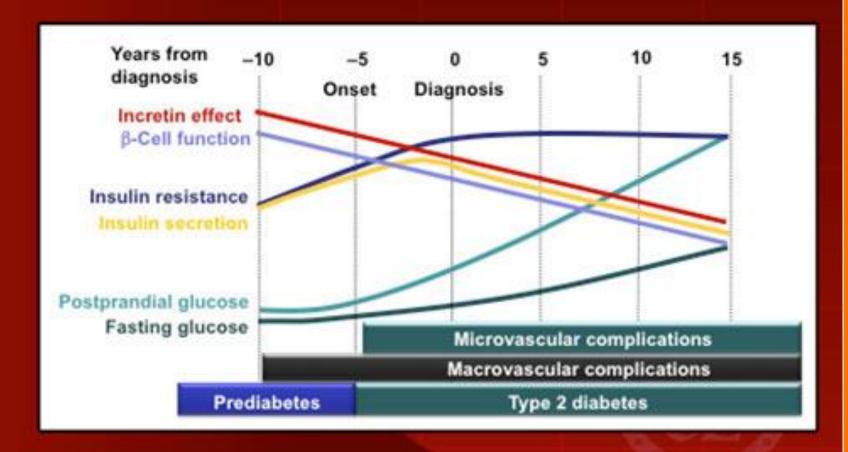
HOW TO PREVENT STUFF UPS WHEN INITIATING INSULIN KISS

Natural History of Type 2 Diabetes



Adapted from Holman RR. Diabetes Res Clin Pract, 1998;40(suppl):S21-S25 Ramio-Halsted BA, Edelman SV, Prim Care, 1999;26:771-789; Nathan DM, N Engl J Med. 2002;347:1342-1349.

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

REVIEW AND AGREE ON MANAGEMENT PLAN

- · Review management plan
- · Mutual agreement on changes
- Ensure agreed modification of therapy is implemented in a timely fashion to avoid clinical inertia
- Decision cycle undertaken regularly (at least once/twice a year)

ONGOING MONITORING AND SUPPORT INCLUDING:

- · Emotional well-being
- Check tolerability of medication
- Monitor glycemic status
- Biofeedback including SMBG, weight, step count, HbA_{1c}, blood pressure, lipids

IMPLEMENT MANAGEMENT PLAN

 Patients not meeting goals generally should be seen at least every 3 months as long as progress is being made; more frequent contact initially is often desirable for DSMES

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

ASSESS KEY PATIENT CHARACTERISTICS

- Current lifestyle
- · Comorbidities, i.e., ASCVD, CKD, HF
- Clinical characteristics, i.e., age, HbA,,, weight
- · Issues such as motivation and depression
- Cultural and socioeconomic context

GOALS OF CARE

- Prevent complications
- Optimize quality of life



SHARED DECISION MAKING TO CREATE A MANAGEMENT PLAN

Involves an educated and informed patient (and their family/caregiver)

Access, cost, and availability of medication

CONSIDER SPECIFIC FACTORS THAT IMPACT

Complexity of regimen, i.e., frequency, mode of administration

Choose regimen to optimize adherence and persistence

CHOICE OF TREATMENT

Individualized HbA, target

Impact on weight and hypoglycemia

Side effect profile of medication

- Seeks patient preferences
- Effective consultation includes motivational interviewing, goal setting, and shared decision making
- · Empowers the patient
- Ensures access to DSMES

AGREE ON MANAGEMENT PLAN

- Specify SMART goals:
 - Specific
 - Measurable
 - Achievable
 - Realistic
 - Time limited

Davies et al, Management of

hyperglycaemia in type 2 diabetes 2018.

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

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

https://wwwncb.nlm.nih.gov Int J Clin Pact. 2017 Initiating insulin: how to help people with type 2 diabetes start and continue

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.

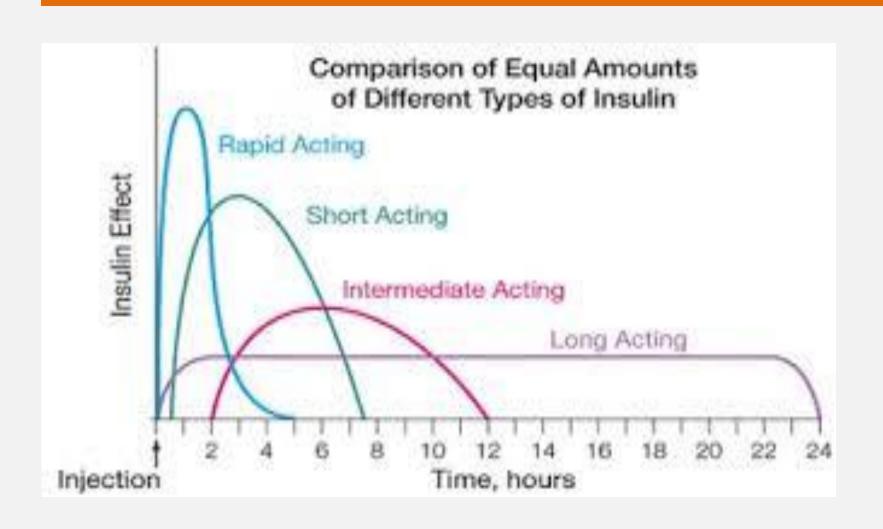
Strong consensus about getting peple off to a good start (support, relationship, trust, follow up, empowerment)

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 & vildaglitpin 850 + 50mg atorvastatin 40mg

Gliclazide 160mg BD

BMI 34 weight 84

BP 130/80

Address insulin resistance

Its time

What is good about What worries you about making change making change What is good about What worries you about staying the same 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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