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Patient Experience - What It's Like to Be Living with Daily Insulin Injections

Announcer:

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Dr. Davies:

I'm Melanie Davis. I'm a professor of diabetes medicine from Leicester in the UK, and welcome to this CME on PACE CME and ReachMD. And I'm joined today by Chantal Mathieu. Welcome, Chantal.

Dr. Mathieu:

Hi, Melanie.

Dr. Davies:

And we're going to talk about challenges in clinical practice associated with daily basal insulin injections. And Chantal, I want to start by asking you, what are some of the key factors that come up in your discussions with patients when you talk about initiation of insulin?

Dr. Mathieu:

So, initiating insulin is not an easy moment in the relationship between a doctor or a nurse and a person with type 2 diabetes because people have all kinds of ideas in their mind. So, there is many obstacles towards this step of initiation of insulin. The fact that we can do it with a once daily basal insulin is already good because one of the obstacles that people have in their minds is that starting insulin and using insulin is a very complex phenomenon. And we know from our studies now, with once weekly insulins, that the less frequent you can inject the insulin, the better it is. So, the complexity of multiple daily injections of insulin, for instance, is a big barrier, and even a bigger barrier than a once daily basal insulin.

But there's also ideas that people have in their minds when you talk about introducing insulin. For instance, they believe that their disease is becoming more serious, that they are more ill and very often, they also associate it with their families or with their loved ones, where they say, well, the day my mother started insulin was really a drama because two weeks later they amputated her foot. It's just that people have emotions around insulin.

Now what is interesting, Melanie, is that we as healthcare professionals, very often think that people are afraid of hypoglycemia when we initiate insulin. And strangely enough, it's us, the healthcare professionals, who are actually more afraid of hypoglycemia induced by insulin than the people with diabetes themselves. So, when we talk about hurdles, for sure hypoglycemia is there. Sometimes in the head of those with diabetes, but very often even more in the head of the healthcare professionals.

And another of these hurdles, for instance, is weight gain. Again, sometimes people with type 2 diabetes know that you gain weight, but most of the time it's even more in the head of the nurse or in the head of the doctor that you gain weight with insulin.

So, barriers are multiple. And perhaps, Melanie, the smallest of the barriers, is the fact that it's an injection. We've learned with our GLP-1 receptor agonists that actually, an injection can be done, and many people accept injections. But also there, the frequency and the

complexity of the treatment is more of an issue than the injection itself.

Dr. Davies:

So, thanks, Chantal. So, really, what you're saying is that the barriers are complex, they exist at the level of the person living with diabetes, but also as healthcare professionals.

That actually, often the barriers are overestimated by healthcare professionals and that patients are often very accepting of insulin therapy, and that the complexity of the regime is one of the issues which plays a major part, and that perhaps that can be addressed by simpler regimens of giving insulin. And you also mentioned hypoglycemia and fear of injection, although as you've also said, that's often overestimated by healthcare professionals.

So, thanks for discussing this really important topic.

Dr. Mathieu:

Thank you.

Announcer:

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