MEDIBEATS
The Medical Bulletin

In Diabetology

INSULIN = STILL THE FEAR OF PRICK PERSISTS

100 years of insulin journey is still challenged at every patient check post with the same penance. The stigma of injection surpasses all its merits. Commonly the inertia is bidirectional. We, the physicians introduce the molecule late and optimize it still slower.

The recommendations of insulin introduction globally :

1. At the diagnosis of T2DM, if HbA1c is > 9%
2. At second or third visit if HbA1c is still not <6.5% or the pre decided target for the individual
3. If two – three oral hypoglycemic agents have not been able to bring the HbA1c at target, one of them being sulfonylurea.
4. If patient has already developed microvascular or macrovascular complications which do not allow OHAs to be prescribed.

Patient acceptance is still difficult. The reaction always begins with denial, moves through anger, frustration, resistance, and finally distress. The only way to convert insulin distress into de – stress is patient education.

Patient education should be a structured tool. Insulin conversation should be a standardized treatment plan to ensure adherence, compliance, reduced glycemic complications related hospitalization. Patients should share the decision making and decide the target as a joint responsibility. Patient education can be imparted through experiential learning or through digitization viz mobile app-based learning.

The key lies in following the dictum "give your EAR = LISTEN"

E = EDUCATION

A = AWARENESS

R = RESPONSIBILITY

L= LIST PATIENTS' CONCERNS & FEARS

I = INFORMATION EQUIPOISE

S = SHARE SOURCES OF SUPPORT

T = THERAPEUTIC PATIENT EDUCAITON

E = EMPATHETIC UNDERSTANDING

N = NEUTRAL NONJUDGEMENTAL COMMUNICATION

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