The Role of Certified Diabetes Educators Helping to Smooth the Transition to Insulin: Overcoming Psychological Insulin Resistance

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Learning Objectives:

1 – Define what Psychological Insulin Resistance (PIR) is.

2- List 2 psychological barriers among healthcare providers affecting their resistance to initiate insulin therapy for their patients.

3- List 4 psychological barriers among patients with type 2 diabetes affecting their resistance to utilize insulin therapy.

4- List 5 intervention strategies to overcome psychological insulin resistance.
I. INTRODUCTION

Insulin Resistance

• Insulin resistance occurs when the ability of cells to respond to the action of insulin in transporting glucose (sugar) from the bloodstream into muscle and other tissues is diminished.

• Type 2 diabetes develops when pancreatic beta-cells fail to secrete sufficient amounts of insulin, due to insulin resistance, to meet the increased metabolic demand.
I. INTRODUCTION

Insulin Resistance

*In view of the progressive decline in beta-cell function in type 2 diabetes, good glycemic control often requires insulin therapy.*
Psychological Insulin Resistance (PIR)

• Defined in diabetes research as: "psychological opposition towards insulin use among both people with diabetes and healthcare providers."

• Data from several studies indicated the reluctance of people with type 2 diabetes to start insulin therapy ranged from 27% to 73%.
Psychological Insulin Resistance (PIR)

Female vs. male attitudes:
• Women were more reluctant to begin insulin treatment (32%) and indicated a greater fear of injection and social stigmatization in using insulin than men (21.1%).

• This result is of particular concern because women with diabetes are at greater risk of diabetes-associated coronary heart disease than men.
Psychological Insulin Resistance (PIR)

Cultural differences:
• Ethnic minorities had greater psychological insulin resistance than whites. Asians had significantly higher fear of injections and expected greater hardship in using insulin than whites.

• Other minority groups including Hispanics, American Indians, and Pacific Islanders also had significantly higher fear of injection than whites.
I. INTRODUCTION

Psychological stressors:

• Feelings of denial - Clients denying current state of health is a form of psychological insulin resistance.

• Feelings of depression - Clients fear losing personal control. Insulin represents a loss of control with reduced flexibility, restricting their lifestyle.
1. INTRODUCTION

Psychological stressors:

- Feelings of anxiety - Clients having misinformation and unfounded beliefs such as taking insulin means their health would deteriorate or that insulin causes organ failure.

- Feelings of worry - Clients fear negative social stigma (i.e., being looked upon by others as sick or an "addict"). Clients feel embarrassed to take insulin.
I. INTRODUCTION

Psychological stressors:

• Feelings of guilt and self-blame - Clients feel they have "failed to manage" their diabetes and insulin indicates they have a more "serious" form of diabetes.

• Or clients may think of insulin therapy as punishment for not dieting or exercising enough.
II. PSYCHOLOGICAL INSULIN RESISTANCE

A. Negative Attitudes Affecting Healthcare Providers

• Physicians delay the start of prescribing insulin due to their own psychological insulin resistance.

• Insulin therapy is often used as a threat to force people with type 2 diabetes to exercise more and adhere to their diet. ("If you go on like this, I am afraid I will have to put you on insulin!")
II. PSYCHOLOGICAL INSULIN RESISTANCE

Negative Attitudes Affecting Healthcare Providers

1- Lack of staff time or personnel resources to teach initiation.

• They don't have the time to educate patients in the required knowledge for insulin use, including injection technique, monitoring blood sugar, and responding to insulin needs based on results.
II. PSYCHOLOGICAL INSULIN RESISTANCE

Negative Attitudes Affecting Healthcare Providers

2- Concern about inducing hypoglycemia in frail, elderly patients or because of limited cognitive and self-care capabilities of an elderly person.

3- Some general practice physicians may lack knowledge on guidelines or pancreas physiology. Unfortunately, there are some physicians who underestimate the real medical risks of persistent hyperglycemia.
II. PSYCHOLOGICAL INSULIN RESISTANCE

B. Negative Attitudes Affecting People with Diabetes

1- Fear of injection (or "needle phobia"): Many people initially report injection-related anxiety, apprehensiveness regarding self-injecting, as they think injections would be painful.
Negative Attitudes Affecting People with Diabetes

2- Fear of side effects: Hypoglycemia

• So-called "mild" hypoglycemia (blood sugar below 70 mg/dL) can be annoying, because it can disrupt normal functioning and cause feelings of embarrassment.

• Severe hypoglycemia (blood sugar below 45 mg/dL) is rare (affecting only about 0.5% of people with type 2 diabetes) and can be accompanied by a variety of profound cognitive, emotional and behavioral effects associated with lack of glucose in the brain.
II. PSYCHOLOGICAL INSULIN RESISTANCE

Negative Attitudes Affecting People with Diabetes

2- Fear of side effects: Weight gain

• Weight gain can be minimized following the initiation of insulin therapy by making healthful food choices and getting regular exercise.

• Referral to a dietitian can help the client fully understand the relationship between insulin, carbohydrates, and food portions while improving nutrition.
II. PSYCHOLOGICAL INSULIN RESISTANCE

Negative Attitudes Affecting People with Diabetes

3- Worry about complexities of insulin therapy: Approximately 40-50% of patients do not feel confident that they could handle the demands of insulin therapy, such as determining the proper timing and dosages.
II. PSYCHOLOGICAL INSULIN RESISTANCE

Negative Attitudes Affecting People with Diabetes

a- Inconvenience of injections:
It's true; it is easier to take pills. However, newer insulin delivery devices minimize the inconvenience of taking injections, and insulin regimens can be tailored to a patient's needs and to their routine to make it easier.

b- Lack of confidence to perform proper injection technique:
Today's insulin pens are easier to operate and appear less intimidating and ominous than the traditional vial and syringe. This may therefore make them a more acceptable option.
II. PSYCHOLOGICAL INSULIN RESISTANCE

Negative Attitudes Affecting People with Diabetes

4- Belief that starting insulin reflects a personal failure:
People with type 2 diabetes often view the switch to insulin therapy as a sign of personal failure in managing their diabetes. They blame themselves and believe it is their own "fault."
III. INTERVENTION STRATEGIES TO OVERCOME PSYCHOLOGICAL INSULIN RESISTANCE

A. Identify the client's personal obstacles

• Reassuring your clients that "injections really aren't so bad" is not helpful.

• What is helpful, is developing a therapeutic relationship where you provide a non-threatening, positive environment for clients to share their concerns.

• Clients who feel informed, supported, empowered, and engaged in the decision making process will likely make a successful transition to insulin therapy.
B. Tackle injection phobias

• Because insulin pens are easier to operate and appear less scary than the traditional vial and syringe, clients may be less resistant to taking injections.

• Regarding their fear of the injection hurting, many people are surprised by how little an insulin injection hurts.

• With the small, fine needles available today, insulin injections are virtually painless.
C. Discuss the real risks of hypoglycemia

• You can teach your clients how to prevent, recognize, and treat hypoglycemia.

• Frequent blood sugar monitoring and a careful review of results can reduce the risk of potential problems.
D. Enhance self-efficacy as quickly as possible

Defined as: “the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations.”

4 ways to develop self-efficacy beliefs (self-esteem or confidence):
• Performance accomplishments
• Vicarious experience
• Verbal persuasion
• Physiological states
III. INTERVENTION STRATEGIES TO OVERCOME PSYCHOLOGICAL INSULIN RESISTANCE

E. Frame the insulin message properly

• Remove personal guilt that the client is feeling. It's not their fault!

• Discuss type 2 diabetes as a chronic, progressive illness. I recommend "blaming" their pancreas, rather than blaming themselves, for failure. It's a function of the underlying disease, not the client's failure at proper diabetes self-care.
III. INTERVENTION STRATEGIES TO OVERCOME PSYCHOLOGICAL INSULIN RESISTANCE

E. Frame the insulin message properly

• Focus on measurable outcomes: such as achievement of glycemic targets and A1C goals.

• Short-term benefits of insulin: better sleep, mood, and energy.

• Insulin can provide improved blood sugar control and slow or prevent the development of complications.
IV. CONCLUSIONS

A. CDEs can be used by healthcare providers to overcome their obstacles to initiate insulin therapy

- CDEs can help general practitioner physicians, with less experience treating patients with type 2 diabetes, about the importance of starting insulin therapy sooner, rather than later, in order to keep their patients' blood sugar levels as close to normal as possible.

- CDEs can help physicians, who lack personnel resources, teach diabetes education to patients about insulin use, including injection technique, monitoring blood sugar, and responding to insulin needs based on results.
B. CDEs can help to smooth the transition to insulin therapy using a client-centered approach

• Determine whether the barrier to insulin therapy is due to knowledge deficit or misperception, or a difficulty in coping with the change in treatment regimen. Based on the nature of the resistance, provide individually tailored intervention.

• Provide psychological support. Help the client progress from the stage of "anxious resistance" to reach "confident acceptance." Provide counseling needed to inform, empower, and equip the clients to confidently manage the daily demands of insulin therapy.
CONCLUSIONS – LESSONS FOR YOUR CLIENTS

- Encourage your clients to recognize that insulin is an effective therapeutic tool for the treatment of type 2 diabetes - not necessarily the result of poor self-care.

- Teach your clients the progressive nature of type 2 diabetes, not a personal failure, to help them eliminate feelings of guilt and self-blame.
CONCLUSIONS – LESSONS FOR YOUR CLIENTS

- Help your clients to feel informed, empowered, and equipped to confidently manage the daily demands of insulin therapy.

- Overcoming psychological insulin resistance may take time, but in the process, your clients can gain control over their diabetes and achieve their personal treatment goals.
Thank You!!

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