

How do Healthcare Professionals Assess Patients before Insulin Initiation?

P.Y. LEE^a, C.J. NG^b and Y.K. LEE^b

^a Department of Family Medicine, University Putra Malaysia, Malaysia,

^b Department of Primary Care, University Malaya, Malaysia

Introduction

Most clinical practice guidelines on type 2 diabetes mellitus (T2DM) recommend that insulin therapy should be initiated in patients who have poor glycaemic control despite taking maximum oral glucose-lowering drugs. However, studies have found that insulin uptake in this group of patients remains low. Assessment of patients' profile by healthcare professionals (HCP) is a crucial factor in determining whether insulin is initiated. This study, therefore, aimed to explore how HCP assess patients with T2DM before insulin initiation.

Methods

This study used a qualitative research methodology to explore how HCPs assess whether patients with T2DM are eligible to use insulin. We conducted four focus groups and 13 in-depth interviews with 37 healthcare professionals in Selangor and Negeri Sembilan, Malaysia. The participants were: private general practitioners (n=13), medical officers (n=8), diabetes nurses (n=3), policy makers (n=4), family medicine specialists (n=7) and endocrinologists (n=2). One of the researchers facilitated the interviews using a semi-structured topic guide. The interviews were transcribed verbatim and analyzed using Nvivo9 software based on the thematic approach.

Results

The HCPs considered a range of factors when assessing patients' eligibility for insulin therapy and these included: patients' socio-demography; lifestyle; knowledge about insulin; attitudes towards insulin; and psychosocial status. The assessment varied according to where the HCPs worked (private vs public sectors). Age was a main factor when considering insulin initiation. Most HCPs were hesitant to initiate insulin in older people. The HCPs also considered occupation, such as public transport driver and those who have irregular dietary pattern, as high-risk and, hence, would be reluctant to initiate them on insulin. The HCPs in the private sector considered patients' financial status when making a decision about insulin initiation while this was not a main concern in the public sector. In addition, lower education level and patients' lack of knowledge of insulin would delay insulin initiation as more time was needed to educate them. Finally, the HCPs would consider the patients' attitudes towards insulin and whether they had any fears and concerns. Their psychosocial status was also considered when assessing their readiness to start insulin.

Conclusions

The HCPs in this study considered patients' socio-demography, lifestyle, knowledge, attitudes towards insulin and psychosocial status before starting insulin. HCPs should consider these factors when assessing patients with T2DM before insulin initiation.

Keywords : Type 2 Diabetes Mellitus, Insulin Initiation