Changing diabetes by improving control: Solutions

Brian Karet, GPSI in diabetes, Bradford.

changing diabetes

Call to action: Your response

The recent report '*The National service framework (NSF) for diabetes. Five years on... are we half way there?*' (Diabetes UK, 2008) has highlighted the fact that although a good standard of clinical care of adults with diabetes has been acheived, there is still room for improvement. For example, the report awarded Standard Four with 3 out of 5 stars.

In light of this report, the *Journal of Diabetes Nursing* would be delighted to receive details of any initiatives that have improved control in people with diabetes. For example, an initiative which helped to break down barriers to improving glycaemic control or improved education of people with diabetes.

Submissions could be short letters or articles of up to 2000 words. Contact the editorial team at the journal to discuss ideas on 0207 627 1510. *Or* send your submissions to: The Editor, *Journal of Diabetes Nursing*: editorial@sbcommunicationsgroup.com. Responses will be considered for publication in the *Journal of Diabetes Nursing* this autumn.

Diabetes UK (2008) *The National service framework (NSF) for diabetes. Five years on... are we half way there?* Diabetes UK, London

Early insulin initiation

Diabetes is serious, not just because people with poor glycaemic control feel awful but because of the range and seriousness of the complications. The risk of developing many complications, particularly those affecting eyes, nerves and kidneys is reduced by maintaining good glycaemic control. It is well recognised that by using only oral hypoglycaemic agents and lifestyle modification many people do not achieve or maintain good glycaemic control.[1]

Realising this, in 2006 the main European and US (European Association for the Study of Diabetes/American Diabetes Association) diabetes organisations got together and proposed a treatment algorithm which suggested using metformin at diagnosis and using insulin as one of the options for intensification if HbA_{1c} remained above 7%.[2] But insulin is still not used as early as it should be and it seems that sometimes patients and healthcare professionals collude to avoid using it. This situation is termed psychological insulin resistance (PIR) and applies to patients and healthcare professionals in equal amounts. Among patients there is a common perception that starting insulin is an indication of failure.[3]

So how do we overcome these barriers? Firstly, by knowing insulin works; and that, from the UKPDS, it has known vascular benefits.[4] Secondly, modern insulins are very flexible and remarkably safe. For many people it is easy to start with one injection a day of either a premix or a basal insulin. Several studies have shown that patients, given a simple blood-glucose based titration regimen, can achieve good glycaemic control with minimal risk of hypoglycaemic episodes and do as well as patients who are directed by healthcare professionals to change their insulin doses.[5,6] Initiating insulin is like learning to swim. Skill brings confidence and you wonder what all the fuss was about!

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