

# My conversion to insulin pump therapy



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In 2008, I published an article in the *Journal of Diabetes Nursing* (Hicks, 2008) relating to the low use of continuous subcutaneous insulin infusion (CSII) therapy – now more commonly known as insulin pump therapy – in the UK. Despite NICE having published updated guidance on CSII therapy in July 2008, making it slightly easier to access, uptake is still low. Our European and US colleagues have a much higher use of insulin pumps: 10–15% and >25%, respectively (Selam, 2005). The major factor, it would seem, is the difference in funding.

Up until now I have not really taken much interest in insulin pumps – either professionally or personally. However, in June this year I was really struggling to keep my HbA<sub>1c</sub> level under control without frequent episodes of hypoglycaemia. My weight had gone up, and my desire to avoid nocturnal hypoglycaemia and to wake up in the morning started me thinking about the virtues of insulin pump therapy.

The team at the unit that provides my care and support had broached the subject previously, but I had always dismissed this as an option, mainly because of the “body image” thing. On my last visit I raised the subject of pumps at the consultation and was immediately met with enthusiasm and support to try one. Fortunately for me there were no issues relating to fulfilling NICE criteria. The funding was available, and 1 month later I was on my training session. I thought I could possibly have gone straight onto insulin, but was I glad I had the few days on saline to master the button pressing!

Initially I was quite nervous about relinquishing the decision of how much insulin I injected to a machine, as I had always been in charge, but that has diminished now following a few weeks of use. There were also some practical issues with the insulin pump. My initial problem was where do I put the pump when I go to bed? I don't want to unsettle too many of you by too much information but I don't wear a nightie, so

where do I put it or attach it to? An unhelpful suggestion from my husband was “buy a big pair of knickers with a pocket in!” Also, what happens when you go to the loo? The tubing doesn't reach the floor, so I had to unclip it before I could sit down. All these practical issues are not discussed in the manual. I guess I will eventually find suitable strategies to overcome these problems, but for the time-being I have had to start wearing a nightie.

On reflection, I do believe I've been missing out for a long time because, rather than making my life more difficult, I feel that moving over to an insulin pump has given me more normality. I don't need to worry about what I'm eating because I can give as little or as much insulin as I need, as often as I need. You may say you can do this with the basal-bolus regimen, but in reality it's not as easy. The functions on my pump are amazing, such as the bolus calculator, which takes into consideration the insulin currently in my body as well as what I need to match the carbohydrate. The hypoglycaemia has not stopped completely, but it's much better, and if I do have an episode it's usually my fault because I've miscalculated the amount of carbohydrate. I'm now looking forward to seeing what my next HbA<sub>1c</sub> result is instead of dreading it.

I would encourage all nurses to learn more about insulin pumps because they are such a useful option for people with diabetes who are struggling with tightening their HbA<sub>1c</sub> levels and who are experiencing hypoglycaemia as a consequence. As you may have guessed, I've been converted! ■

Hicks D (2008) Why is the UK lagging behind in the pump usage stakes? *Journal of Diabetes Nursing* 12: 105–8

NICE (2008) *Continuous Subcutaneous Insulin Infusion for the Treatment of Diabetes Mellitus: Review of Technology Appraisal Guidance 57*. NICE, London. Available at <http://tiny.cc/z6Sr4>

Selam JL (2005) Insulin pumps in Europe. *Infusystems International* 4: 19

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