Type 2 DM Patients' view on how to facilitate insulin initiation in community setting – A Qualitative Study

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**Introduction**
Insulin refusal is common among type 2 diabetes patients despite their poor glycemic control.

**Objectives**
This study aims to identify type 2 diabetes mellitus (DM) patients’ view on how to increase their acceptance on starting insulin in community setting.

**Methodology**
24 focus groups (3-8 patients per group) were performed in 11 Kowloon West Cluster general outpatient clinics. Type 2 DM subjects with recent glycemic haemoglobin ≥7.5%; currently on maximum tolerable oral drugs were successfully interviewed from July 2013 to May 2014.

**Result**
Total 127 subjects (Men (43.7%) Women (56.3%)), aged 49 to 89 were interviewed. Most of them were not employed (86.4%) and had attended primary school or below (69.9%). Their duration of DM was from 4 years to 40 years. Their mean latest HbA1c was 8.6%. Patients expressed various acceptances to insulin although all of them had high trust to doctors’ choice of drug. They heard different opinion whether they needed to starting insulin from different doctors. If all doctors made the same message “Insulin is the best treatment for me” consistent, they would like to learn more about evidence, effect, efficacy of insulin, procedure and equipment of injection, plan of oral drug reduction and potential side effect of the drugs through interactive group discussion. Myths and rumor about insulin, latest DM drugs and treatment...
opinions should be clarified and explained. Patients suggested demonstration and practical training class for injection coached by nurses when they had to consider insulin. They would welcome sharing of successful stories of insulin initiation. Few patients shared their successful insulin stories. They ranked caring attitude and good rapport with doctors and nurses as the most important factor to facilitate starting injection. They appreciated the convenience to continue DM treatment in community clinics and they wished to access user-friendly, affordable and reliable items for injections, such as lancets, glucometer test strips and alcohol pads. Financial support to the above items would be encouraging. Conclusions: Health care professionals should aware patients' learning need and common rumors and myths about insulin. Interactive education, with injection demonstration and practicum can correct misconceptions. Patient support groups by sharing successful, vivid insulin stories may help increasing acceptance to insulin.