



**Service Priorities and Programmes**  
**Electronic Presentations**

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**A New Approach to Increase Patients' Acceptance of Commencing Insulin Therapy in Out-patient Clinic**

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**Introduction**

Type 2 diabetes is a progressive disease. Most patients will eventually fail to respond to oral anti-diabetic agents and require insulin injection to stabilize their glycaemic control or need to add insulin to their treatment when they have additional renal or liver dysfunction. Unfortunately, some patients feel anxiety and harbor various misconceptions about insulin; thus they refuse to start injections. Their persistently high glucose levels may lead to complication developments, which affect their quality of life and incur additional medical expenses in their DM management.

**Objectives**

(1)To enhance patients' understanding about the concept of insulin therapy and its importance (2)To rectify patients' misconceptions and overcome their barriers in starting injections (3)To improve patients' acceptance rate of commencing insulin therapy

**Methodology**

A new "Pre-insulin Preparation Session" program was initiated by the PWH Diabetic Center in May 2012. It was arranged periodically (every 1-3 months) for those patients who were reluctant to start insulin therapy. Groups of 6 -10 patients regularly attend 2-hourly sessions where with topics related to insulin treatment would be discussed. A colorful, visual and highly interactive diabetes education tool, the "Walk with Insulin" Conversation Map with discussion cards, is used to allow patients exploring health facts through dialogue and helps them draw their own conclusions. Through intra-group interaction and exploration, patients can identify their concern and resolve ambivalences in the use of injectable insulin, and finally reaching a decision in self-care management. A trained diabetic nurse facilitates and encourages patients to take an active role in participating in the process

**Result**

Since the implementation of this program, 13 classes have been run between May

2012 to December 2013. 76%(n = 68; M:F = 30:38; mean age = 62.52±10.12years) of invited patients have participated in this program. Their mean of HbA1c is 8.8±1.5%. 62% participants are on maximum oral anti-diabetic treatment (OAD), taking 3 different types of OAD. 82% (n=56) of the studied 68 participants, accepted adding insulin injection for optimal control. In this acceptance group, 57% (n=32) started insulin therapy after the group sessions. The remaining 43% (n=24) agreed for additional insulin injections if their diabetic condition were not under control. Majority of these 24 patients demonstrated improved HbA1c levels whereas some have extra OADs added into their treatment. Conclusion Behavioral change is noted through peer influence in this interactive group discussion. Diabetic patients were encouraged to undertake additional health engagements with this new educational approach.