

The importance of values, beliefs and intentions in diabetes management

As healthcare professionals we all strive to be patient-centred in our care. While evidence-based, step-wise intensification of pharmacotherapy to help achieve glycaemic targets is simple to describe, in reality – as GPs and other primary care health professionals know – it is extremely complex and an ongoing focus of negotiation and discussion between the person with type 2 diabetes and his or her health carers. Insulin initiation and up-titration is a good example of this complex work.

Psychological insulin resistance

In this edition, Elizabeth Holmes-Truscott and Jane Speight explore the notion of psychological insulin resistance in depth. This is clearly a critical factor in the interactions between the clinician and the person with type 2 diabetes in any discussion about treatment changes that is focused on starting or intensifying insulin therapy.

The authors show how the values, beliefs, attitudes and intentions that people bring to this interaction are critical in what happens to patients over time. We need to avoid setting up negative perceptions about insulin therapy, while being realistic about addressing people's concerns.

A dynamic and ongoing conversation with the patient

What is important to understand is that these attitudes and beliefs are dynamic and worthy of ongoing conversations over time. Understanding and responding to the ideas, concerns and

expectations of people with type 2 diabetes is a key element of sustained patient-centred practice. It will also help us make the most of important opportunities and moments as they arise, to optimise treatment and outcomes.

Ensuring timely treatment changes

Naturally, in order to make the most of these conversations, as clinicians we need to be ready to respond when the patient is ready. If the time is right, if the clinical discussions go well and the evidence suggests we should start insulin, the last thing we need is a long delay while specialist care off-site is arranged. We need to have the systems and skills in place locally in the practice to make those insulin starts safely and efficiently.

Practice nurses can play an important role in a supportive practice system, working to the scope of practice to support the transition to insulin therapy, mentored by a credentialled diabetes educator and in liaison with the GP (Furler et al, 2017). This can be important in overcoming some of the delays and avoiding the need for referral out.

Building our own skills and confidence and optimising the practice-based team is the critical other side of the coin to addressing the patient's attitudes, beliefs and intentions about starting insulin. ■



John Furler

Associate Professor of General Practice, University of Melbourne

Furler J, O'Neal D, Speight J et al (2017) Supporting insulin initiation in type 2 diabetes in primary care: results of the Stepping Up pragmatic cluster randomised controlled clinical trial. *BMJ* 356: j783



Read more online

The "NO TEARS" diabetes medication review

Jane Diggle describes this tool to assess individuals' medicines.

Available at: <https://is.gd/DPCADiggle>

Premixed insulin analogues: A new look at an established option

Ted Wu provides a new look with practical guidance and advice for considering initiative with, and using, premixed insulin analogues.

Available at: <https://is.gd/DPCAuWu>

Can obese adults with type 2 diabetes lose weight while on insulin therapy?

Billy Law reviews the evidence relating to weight outcomes in this group while Gary Kilov provides an Australian perspective.

Available at: <https://is.gd/DPCALaw>