

Insulin Distress: Insulin Conversation the Way Ahead

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Insulin distress is an emotional response to the idea of using/initiating insulin due to perceived incompetency to manage with insulin therapy requirements.

The symptoms of insulin distress include extreme apprehension, dejection or denial and discomfort due to a perceived inability to cope with the requirements of insulin therapy. Insulin distress can be acute, sub acute or chronic. The factors contributing to Insulin distress include patient and physician related ones.

The patient related factors include doubts about the actual benefits of insulin, perceived complexities in administering insulin, fear of developing hypoglycaemia and misconceptions regarding insulin as being propagated as the last resort.

The physician related factors include concerns about the efficacy and flexibility of insulin therapy, lack of faith in patient's competence for self-management, and limited access to diabetes care medications in rural areas.

Although the patient's reluctance to insulin initiation may point to a single issue of fear of needles, it is typically a complex of beliefs about the perception of insulin therapy and a lack of accurate information.

Insulin conversation

Insulin conversation is the way to overcome the challenges of insulin initiation. The right insulin conversation at the right time helps physicians to obtain patients support in the successful initiation of insulin therapy.

The components of insulin conversation include enquiring about the patient's lifestyle and daily routine, short term and long term treatment goals, the patients concerns about insulin initiation and open ended questions to explore and address patient fears and needs.

What are the Steps in Insulin Conversation?

1. Discover how the patient feels about insulin. This is by addressing the fears and concerns of the patient and understands why patient is not in favor of taking insulin.
2. Explain and educate the patients on the importance of insulin, why it is necessary and how it can improve the quality of life.
3. Problem solving by involving patient in conversation by asking specific questions related to the disease and their fears.
4. Develop a plan together with the patient and involve him in decision making.
5. Develop a right treatment and short term goals based on inputs from the patient.

Insulin conversation must help ensuring patient about him being considered as an equal partner in the journey of diabetes control.

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