

Discussing Insulin Initiation With Patients Who Fear Needles



This guide is designed to help you engage in conversations with patients who have type 2 diabetes, need to begin insulin therapy, and have a fear of needles, like Robert. His HbA1C is currently 10.8%, and he is taking metformin and a sulfonylurea. He has a 2-year history of type 2 diabetes but is already experiencing diabetes complications.

PATIENTS WITH DIABETES MAY RESIST STARTING INSULIN for a number of complex reasons. Although patients may cite needle fears as their main reason for avoidance, they may also view insulin initiation as a personal failure or believe that it will be ineffective. By asking questions about their perspectives on insulin and providing support, you can help your patients identify and overcome barriers to initiating insulin therapy.




Injection Anxiety

Injection anxiety is a common response when discussing insulin initiation. A true needle phobia, however, is actually rare. For many patients, the fear may stem from past experiences with needles (eg, vaccinations, blood draws) or misperceptions about insulin therapy. Patients are typically surprised by how little pain they experience during a practice injection in the office.

“I’m extremely afraid of needles!”

Strategies to Try

 Start the discussion by uncovering the patient’s true concern about the injections. Find out what it means to the patient to take insulin.

- ▶ “What is it about insulin treatment that worries you?”

Talk about how injections have changed over the years.

- ▶ “There are new pens and other devices and very fine, small needles that don’t hurt. Can I show you some of these?”

Offer to help the patient try an injection.

- ▶ “Can I show you how insulin treatment works? We can do a practice one here in the office.”


For patients with a true needle phobia, psychological counseling may help.

Sense of Personal Failure

The belief that the need for insulin therapy indicates a personal failure to manage type 2 diabetes is common among patients.

“So now I have to start insulin because I did a bad job managing my diet and other medications?”

Strategies to Try

 Reassure the patient that the need to start insulin is not the result of anything the patient did or failed to do.

- ▶ “YOU have not failed your treatment. The other medicines have failed you.”

Explain that type 2 diabetes is a progressive disease. Describe the rationale for starting insulin therapy at this time.

- ▶ “Even well-controlled diabetes progresses over time because the body makes less insulin.”
- ▶ “Now that your body is making less insulin, this added insulin is just the help that your body needs.”

Explain the health benefits of insulin and why this treatment differs from other diabetes medications.

- ▶ “After a while, patients with type 2 diabetes can’t reach blood sugar goals with medicines taken by mouth. That’s when insulin is needed for extra help.”
- ▶ “Insulin is the most effective diabetes treatment for you now, and it works quickly.”

Insulin Effectiveness



A surprising number of patients believe that insulin is not effective for treating diabetes. Others report they have heard that insulin causes complications or even death. These beliefs likely stem from conversations with friends or family members, who may have delayed insulin initiation or know someone who did.

“I’ve heard that insulin doesn’t really work and can cause problems, like blindness and even death.”



Strategies to Try



Find out what the patient knows about insulin, including the sources for this information.

- ▶ “What do you know about insulin?”
- ▶ “Do you know anyone who has used it? How did they do with insulin?”

Dispel insulin myths and try to incorporate information from your own experiences.

- ▶ “I can understand why you’re concerned. Would it help if I told you that I have cared for many patients with type 2 diabetes, and none of them ever became blind because of insulin therapy?”

Keep In Mind: Patients are typically willing to try a new treatment in the short term if it is connected to their goals and they feel in control of the situation.

Offer the patient a no-obligation chance to try insulin therapy for 2 weeks.

- ▶ “What if you could take a medicine that could help you sleep better, help you have more energy, help manage your blood sugar, and help us reach your goals?”

How to Conduct a 2-Week Trial Run of Insulin

1. Start with approximately 0.2 units/kg/day of basal insulin every evening for 1 week. (Choose a dose that is low enough to not cause problems.)
2. Give the first insulin dose at an office visit.
3. Ask the patient to record blood sugar levels for 1 week and call the office with his or her blood sugar readings.
4. Adjust the insulin dose for the second week.
5. At the end of 2 weeks, have the patient come in for a follow-up visit with his or her blood sugar readings.
6. Ask for feedback about the insulin trial: “How have you been feeling since starting insulin? How is your energy level? How are you sleeping?”