

# Discussing Hypoglycemia Concerns With Patients on Insulin



This guide is designed to help you discuss hypoglycemia fears with patients who have type 2 diabetes and are currently taking insulin, like LaWanda. Her HbA1C is currently 8.4%, and she is taking long-acting basal insulin and rapid-acting insulin. She recently experienced 3 hypoglycemic episodes and is afraid of another occurrence.

**THE FEAR OF DEVELOPING HYPOGLYCEMIA** is one of the most common reasons cited by patients for not starting or eventually stopping insulin therapy. Hypoglycemia is a potential risk associated with any medication that lowers blood glucose or increases insulin and can be a key limiting factor in the successful management of diabetes. Education about the risks of hypoglycemia, its signs and symptoms, and appropriate treatment is important to help ease patients' fears.

## Fear of Hypoglycemia

Just one episode of hypoglycemia can trigger or increase the fear of hypoglycemia in patients with diabetes. Often, patients who experience their first episode of hypoglycemia will refer to it as “severe” because of a fear that they have become powerless to prevent another episode without outside help. This fear may lead to inappropriate or risky behaviors, such as maintaining blood glucose levels that are higher than recommended.

*“One time, I had extremely low blood sugar. It was so scary. I’m worried it will happen again.”*



### Strategies to Try

If patients have previously had an episode of hypoglycemia, ask about the circumstances when they experienced it.

- ▶ “Tell me what happened when your blood sugar got low. When did it happen? Day or night? Where were you? What were your symptoms?”
- ▶ “What did you do? Did someone need to help you?”



Encourage patients to express their fear. Let them know that they have your support.

- ▶ “We can teach you strategies to prevent, recognize, and treat hypoglycemia and avoid serious episodes.”
- ▶ “It’s okay to feel scared, but remember that we are a team, and we can work together to make you more comfortable.”

## Monitoring and Recording Glucose Levels

Knowledge about peak times of insulin action can help patients plan their meals and physical activities.



Careful home glucose monitoring and record keeping are the keys to detecting hypoglycemia and minimizing its associated risks. A discussion about hypoglycemia at every visit is essential.

*“What can I do to lower my chance of getting hypoglycemia?”*

## Strategies to Try

Explain that blood glucose needs to be balanced with blood insulin and that neither should get too high or too low.

- ▶ “To successfully manage diabetes, we need to balance blood sugar, food, exercise, and medicine.”

Offer support and frequent communication.

- ▶ “You are not alone. We are here for you. We’ll continue to communicate with you and work together to find the right balance for you.”

## Signs and Symptoms of Hypoglycemia

Helping patients recognize the signs and symptoms of hypoglycemia and preparing them to treat it appropriately are essential for easing their fears.

*“I’m worried that I won’t know what to do if I get hypoglycemia.”*

## Strategies to Try

Describe common signs of hypoglycemia, such as feeling shaky, nervous, anxious, confused, or lightheaded or having chills, sweating, or a fast heartbeat.

- ▶ “We will teach you how to recognize hypoglycemia and how to treat it if it happens.”
- ▶ “Checking your blood sugar is the only way to know for sure whether you have hypoglycemia.”

Teach the patient how to treat a hypoglycemic episode.

- ▶ “Let’s go over what we call the **15/15 rule** for treating low blood sugar.”
- ▶ “Here are some examples of items that have 15 g of carbohydrate.”

Explain that most episodes of hypoglycemia, especially in type 2 diabetes, are uncomfortable but rarely severe enough to require assistance.

- ▶ “We will tell you how to know whether you should call for help.”

### The 15/15 Rule

- ▶ “Have **15 g** of carbohydrate to raise your blood sugar level, and check it **after 15 minutes**. If it’s still below 70 mg/dL, have another serving.”
- ▶ “Repeat these steps until your blood sugar level is at least 70 mg/dL. Once your blood sugar is back to normal, continue with your usual insulin regimen.”

**NOTE:** Injectable glucagon can be used to treat select patients (eg, patients who cannot swallow, patients who are passed out from low blood glucose) when their blood glucose is too low to use the 15/15 rule. Talk to patients about prescribing them a glucagon kit.

#### Items That Have 15 g of Carbohydrate

- ▶ 4 glucose tablets
- ▶ Gel tube (advise patients to be familiar with package instructions for recommended amount)
- ▶ 4 ounces (1/2 cup) of juice or regular soda (not diet)
- ▶ 1 tablespoon of sugar, honey, or corn syrup
- ▶ 8 ounces of nonfat or 1% milk
- ▶ Hard candies, jelly beans, or gumdrops (advise patients to be familiar with food label for recommended amount)

Source: American Diabetes Association. 2018. [www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html](http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html).