

Tips on Talking to
Your Patients
About Basal
Insulin³

Apply the
Principles of
Diabetes
Communication^{1,2}

- 1 Stigma contributes to stress, shame, and judgement
- 2 Use respect, inclusivity, and a person-centered approach
- 3 Use person-first, strengths-based, empowering language to enhance motivation, health, and well-being



- Focus on strengths that can empower people to take more control over their health



Use words that show awareness, dignity, positivity, and place emphasis on the person rather than the disease

- Explain the overall goals for basal insulin therapy and how insulin helps glucose control
- Exhibit empathy by identifying concerns and address patient hesitation to start insulin
 - o *When thinking about starting insulin, what does it mean to you?*
 - o *What worries you the most about insulin therapy?*
 - o *How can we help you to start insulin therapy?*
- Addressing barriers and misperceptions to insulin therapy
 - o Insulin may not be forever, and lifestyle modifications may help reduce/stop insulin
- Empower patients to build self-efficacy
 - o Educate on proper injection technique, storage, practice injections under clinical guidance
- Never use insulin or any medication as a threat. Insulin is not a punishment



DOs and DON'Ts^{1,2}
of Talking About Diabetes



Acknowledge that **diabetes is complex** and multifaceted

Use strengths-based language: Emphasize what they know and can do; what they are doing well.

Examples

- If a medication is not working, let's try a new direction
- Safe/unsafe use
- More and more people are living long and healthy lives with diabetes

Use person-first language that promote awareness, sense of dignity – Place emphasis on the person, not the disease

Examples

- Joe has diabetes
- Joe takes his insulin 60% of the time because of access issues

Use neutral language, nonjudgmental, and based on facts, actions, or physiology/biology and free from stigma

Examples

- Manage glucose levels
- He is taking X drug, but it is not bringing his blood glucose levels down
- Neutral terminology such as blood glucose levels, glycemic stability

Give the patient credit for what they can accomplish. Make it about the person and choices

Examples

- He started taking insulin
- May I make a suggestion?
- Let's make a plan.

Don't assume it's too complex for patients to understand

Avoid deficits-based language that emphasizes what they don't know, barriers to action, or use treatment as a threat.

Examples

- She failed therapy
- Bad choices, cheating, sneaking
- You'll end up on dialysis
- You'll end up on insulin

Avoid handicapping language that a person is disabled or equating a person with their condition or language that has negative connotations or is judgmental

Examples

- Diabetic person
- Suffering from diabetes
- Non-adherent, noncompliant

Avoid words that can inflict shame or stigmatize the patient

Examples

- "Control" may imply fault and "lack of control" implies failure
- Lazy, unwilling, don't care, unmotivated
- Glycemic control, good/bad control
- What did *you* do?

Don't make it about the provider

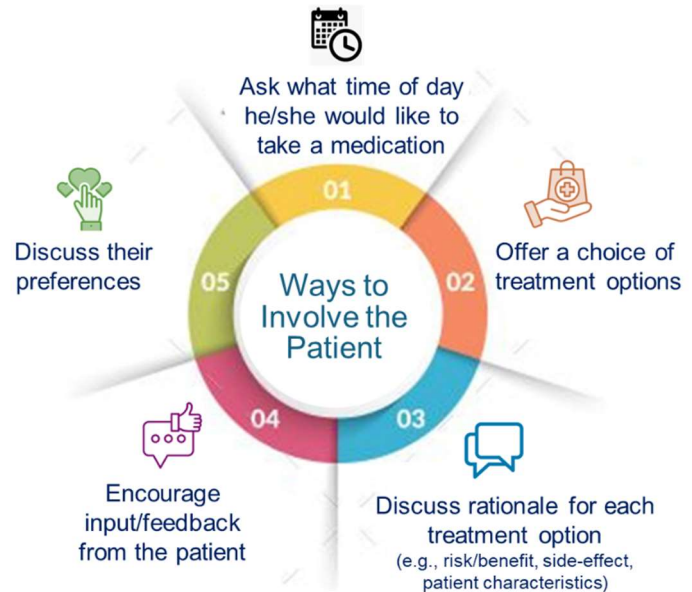
Examples

- I got the patient to lose 20 lbs
- I want you to...



Patient-Centered Care⁴⁻⁶

- A patient-centered approach should routinely be used to involve patients in treatment decisions.
- Shared decision-making can help patients take their basal insulin as prescribed
- **INVOLVE THE PATIENT!**



Additional Resources³

- Davis SN, Renda SM. Overcoming barriers to starting insulin therapy. *Diabetes Educ* 2006; **32**(Suppl 4): 146S–152S. [Read full text \(subscription required\)](#)
- Polonsky WH, Jackson RA. What's so tough about taking insulin? Addressing the problem of psychological insulin resistance in type 2 diabetes. *Clin Diabetes* 2004; **22**: 147–150. [Read full text](#)
- Funnell MM. Overcoming barriers to the initiation of insulin therapy. *Clin Diabetes* 2007; **25**: 36–38. [Read full text](#)
- Polonsky WH, Arsenault J, Fisher Lawrence *et al*. Initiating insulin: How to help people with type 2 diabetes start and continue insulin successfully. *Int J Clin Pract* 2017; **71**: e12973. [Read full text](#)
- Petznick AK. Identifying and addressing barriers to insulin acceptance and adherence in patients with type 2 diabetes mellitus. *J Am Osteopath Assoc* 2013; **113**(Suppl 2): S6–S16. [Read full text](#)

1. Dickinson JK, Guzman SJ, Maryniuk MD, et al. The use of language in diabetes care and education. *Diabetes Care* 2017;40(12):1790–1799. <https://diabetesjournals.org/care/article/40/12/1790/36977/The-Use-of-Language-in-Diabetes-Care-and-Education>
2. American Psychological Association: Guide for Nonhandicapping Language to guide written and verbal communication. <https://apastyle.apa.org/6th-edition-resources/nonhandicapping-language>
3. Young C. When You need to have a conversation with your patient about starting insulin.... *Medicine Matters*. February 6, 2018. Available at: <https://diabetes.medicinematters.com/insulin/psychological-support/conversation-with-your-patient-about-starting-insulin/15403998>. Accessed May 28, 2024.
4. Bomhof-Roordink H, et al. Key components of shared decision making models: a systematic review. *BMJ Open* 2019;9:e031763. doi:10.1136/bmjopen-2019-031763. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6937101/pdf/bmjopen-2019-031763.pdf>.
5. Brown MT, Bussell JK. Medication adherence: WHO cares? *Mayo Clin Proc*. 2011 Apr;86(4):304-314.
6. Mayo Clinic Shared Decision-Making National Resource Center. 2019. Available at: <https://carethatfits.org/shared-decision-making/>. Accessed May 28, 2024.