

Patient Discussion Guide:

Bring it up. Talk about it. Set expectations.

DISCUSSING AT DIAGNOSIS

Patient: What happens now that I've been diagnosed with type 2 diabetes?

Doctor: There are many treatment options for controlling your blood sugar, including lifestyle changes such as following a diet and exercise plan, oral medications and non-insulin injectables, and insulin injections to help control blood sugar.²

Explanation: Help prepare your appropriate patients with type 2 diabetes and help destigmatize insulin by informing your patients early in treatment about insulin therapy as one of the possible options, or even at the time of diagnosis.³

Patient: I don't think I need to go on insulin.

Doctor: Your treatment plan may change over time as your diabetes may progress. As time goes on, we will continue to discuss all of the different treatment options that may include insulin. Insulin is an effective treatment option that may be needed to lower your blood sugar.^{3,4}

Explanation: Set honest expectations by making your patients aware of the array of treatment options, and possible changes to their treatment plan, that typically characterize diabetes treatment over time.

Patient: If that's true, then why shouldn't I take insulin right away?

Doctor: Diabetes typically gets harder to manage as time goes on, no matter how well you control your blood sugar today. This means that over time different and/or additional treatments may become necessary. We could start insulin right away, but diet and exercise, as well as one oral medication, are what I would recommend for you.⁴

Explanation: Take the time to explain the progression of diabetes, and set expectations and a plan of action.

SUMMARY

Key Points

- Talk about insulin early on in treatment or at time of diagnosis to help set a realistic outlook on the topic
- Explain that insulin is not a last resort
- Explain that diabetes typically gets harder to manage as time goes on³

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RELUCTANCE TO START

Patient: I don't need to take insulin. Can't I just change my diet and exercise, and hold off on insulin unless I get worse?

Doctor: You've been able to control your blood sugar with diet, exercise, and oral medication so far. But your blood sugar is not well controlled now. Let's see if adding insulin as part of the overall treatment plan can help you get the blood glucose control you need.⁴

Explanation: If you feel that insulin is needed, negotiating with patients can delay them from reaching the goals you have set for them.³

Patient: What will insulin do that's different from my other medicines or dieting?

Doctor: Insulin injections work similarly to the insulin that your body naturally produces. As a part of your overall treatment plan of diet, exercise, and other medications, insulin is an effective way to control blood sugar, and that's ultimately the goal—lower blood sugar. It's important to monitor your blood sugar, and be aware of hypoglycemia.³

Explanation: Speak to the benefits and risks of insulin.

Patient: I don't really know how to take insulin.

Doctor: Well, we will go over it now, and we're going to help you find a certified diabetes educator (CDE) who will take you through every step of the process. I'm writing you a prescription, and I would like to see you soon for a follow up on how it goes. We can make sure you feel comfortable getting started.

Explanation: Teach patients how to use their insulin in the office, and set up a follow-up appointment shortly after prescribing insulin to help keep your patients on track. While only 4.5% of insulin-naïve patients never filled the first prescription, more than 25% had zero refills, and did not become ongoing users.¹

SUMMARY

Key Points

- If you feel your patients should start insulin, stay committed to your decision, even if they show some reluctance. Reinforce the idea that insulin is a viable treatment option, not a punishment for failure³
- Speak to the purpose, benefits, and risks of insulin³
- Set up a follow-up appointment soon after prescribing insulin

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ADDRESSING PATIENT FEARS

Patient: I don't want to take insulin because I am too afraid of needles.

Doctor: What specifically scares or bothers you about the needles?

Explanation: Patients sometimes cite fear of needles as their aversion to insulin, but their fears are not necessarily exclusive to that. Ask a few questions to identify additional myths or fears.³

Patient: I just don't know if I can actually inject myself. It seems like a really complicated process.

Doctor: Learning how to do new things can certainly be tough, but you can do it. People learn to do this every day and, as a result, they may be able to help better control their blood sugar. We will walk through the steps and I will help set you up to meet with a certified diabetes educator (CDE) who will teach you the steps to injecting insulin, continue to discuss the importance of diet and exercise, give details about taking all of your medications, and answer any additional questions that you may have.³

Explanation: Introduce the support of a certified diabetes educator (CDE) or other healthcare team members, especially if your patient expresses confusion.

Patient: I'm also afraid it will hurt. That's another thing that makes me feel like I couldn't give myself an injection.

Doctor: Needles today are very small and thin, so it may not be as painful as you imagine. What I would like to do is show you how to give yourself an injection here in the office today so that you can see how it actually feels.³

Explanation: As one approach to helping your patients overcome the fear of needles, consider giving your patients an injection in the office as both a teaching tool and an opportunity to help get patients more comfortable with administering insulin.³

SUMMARY

Key Points

- Ask questions to get to the heart of patients' fears
- Introduce the CDE and all members of the healthcare team
- Try giving an in-office injection to help patients learn and get more comfortable with injections

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ADDRESSING LIFESTYLE CONCERNS

Patient: I'm afraid that if I start insulin, my life will change.

Doctor: Let's talk about that. What are some of the specific things you are concerned about?

Explanation: Ask open-ended questions so your patients have an opportunity to express their fears, giving you an opportunity to address each one directly.³

Patient: Well, first of all, I'm afraid that having to be on a schedule will keep me from doing things or traveling.

Doctor: There are options with insulin to accommodate your schedule. Depending on your therapy, you have some control over when and where you take it. Insulins often do not need to be refrigerated. We can also discuss insulin pens; they're portable so they allow for travel. I'd like to start you on LANTUS® (insulin glargine [rDNA origin] injection), which is taken just once a day.³

Explanation: Offer the facts about insulin to address patients' fears.

Patient: I feel like it's a big adjustment. I don't want to have to check my blood sugar all the time or watch every single thing that I eat.

Doctor: It is an adjustment, but it's one that many people have made, and one you can work into your life. There are other people who can help you adjust and make changes, such as certified diabetes educators (CDEs) and other healthcare team members. There are support groups, online communities, and plenty of resources that I can supply for you. Starting insulin is a change, but you're not alone.³

Explanation: Set realistic expectations with your patients and remind them of the support available to them.

SUMMARY

Key Points

- Ask open-ended questions to determine patient barriers³
- Give patients the facts about insulin options and routines
- Set realistic expectations
- Offer support options to help them adjust

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EMOTIONAL OBSTACLES

Patient: I can't believe that I have to go on insulin. I've totally failed.

Doctor: Starting insulin doesn't necessarily mean that you have "failed." Diabetes typically gets harder to manage as time goes on. As a result, a change in treatments and/or additional treatments may be necessary. Insulin is the next step in your treatment plan, which we'll be adding to some of your other medications, diet, and exercise.³

Explanation: Help the patient understand that insulin does not necessarily mean failure.

Patient: I'm angry that I have to do this. I don't want to take insulin.

Doctor: Starting insulin and the changes that come with it may bring up a lot of feelings, but the goal is to effectively manage your blood sugar. Insulin is one of the treatments that can help you do that.³

Explanation: Remind patients who are struggling with the idea of starting insulin about the important role that insulin plays in the body ([MOA](#)) and how starting insulin therapy may help them better control their blood sugar.

Patient: I'm ashamed that my blood sugar is so out of control. I just feel horrible about this.

Doctor: This is not about guilt or shame. Managing diabetes may become more difficult over time. Right now, the treatment plan you are working with is no longer sufficiently controlling your blood sugar, and adding insulin may be an opportunity for you to improve blood sugar control.³

Explanation: Consider framing insulin as an opportunity to regain the blood sugar control they once had.³

1. Karter, et al. *Diabetes Care*. 2010;33:1-2. 2. American Diabetes Association. *Diabetes Care*. 2011;32(suppl 1):S13-S61. 3. Polonsky WH, Jackson RA. *Clin Diabetes*. 2004;22(3):147-150. 4. Lankisch MR, Ferlinz KC, Leahy JL, Scherbaum WA. *Diabetes Obes Metab*. 2008;10(12):1178-1185.

SUMMARY

Key Points

- Discourage the "insulin means I failed" attitude
- Remind patients to stay committed to the goal of blood sugar control, and help them understand why this should be their goal
- Frame insulin as an opportunity to regain control of their blood sugar levels³

IMPORTANT SAFETY INFORMATION FOR LANTUS®

Contraindications

LANTUS® is contraindicated in patients hypersensitive to insulin glargine or one of its excipients.

Warnings and Precautions

Monitor blood glucose in all patients treated with insulin. Insulin regimens should be modified cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, or method of administration may result in the need for a change in insulin dose or an adjustment in concomitant oral antidiabetic treatment.

Do not dilute or mix LANTUS® with any other insulin or solution. If mixed or diluted, the solution may become cloudy, and the onset of action/time to peak effect may be altered in an unpredictable manner. Do not administer LANTUS® via an insulin pump or intravenously because severe hypoglycemia can occur. Insulin devices and needles must not be shared between patients.

Hypoglycemia is the most common adverse reaction of insulin therapy, including LANTUS®, and may be life-threatening.

Severe life-threatening, generalized allergy, including anaphylaxis, can occur.

A reduction in the LANTUS® dose may be required in patients with renal or hepatic impairment.

Drug Interactions

Certain drugs may affect glucose metabolism, requiring insulin dose adjustment and close monitoring of blood glucose. The signs of hypoglycemia may be reduced in patients taking anti-adrenergic drugs (e.g., beta-blockers, clonidine, guanethidine, and reserpine).

Adverse Reactions

Other adverse reactions commonly associated with LANTUS® are injection site reaction, lipodystrophy, pruritus, and rash.

INDICATIONS AND USAGE

LANTUS® is a long-acting insulin analog indicated to improve glycemic control in adults and children (6 years and older) with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. LANTUS® should be administered once a day at the same time every day.

Important Limitations of Use: LANTUS® is not recommended for the treatment of diabetic ketoacidosis. Use intravenous short-acting insulin instead.

Please review full prescribing information for LANTUS® on previous web page that generated this discussion guide or [click here for full prescribing information on LANTUS®](#)