

Psychological barriers to insulin use

7 A's model



Be **AWARE** that people with type 2 diabetes may experience psychological barriers to insulin use

- Psychological barriers to insulin are the negative thoughts and feelings that people with diabetes may have about starting, using or intensifying insulin.
- Look for signs: avoidance of talking about insulin (e.g. changing the topic, missing appointments), expressing concerns (e.g. about possible side effects, injecting, effect on lifestyle, perceptions of self and others), insulin misuse (e.g. missing doses, smaller doses than recommended).
- Psychological barriers to insulin are experienced by people using insulin as well as those not yet using insulin.

ASK about psychological barriers to insulin use

- When to ask:
 - shortly after diagnosis of type 2 diabetes
 - when you notice signs of concerns or worries about insulin (see **AWARE**)
 - if the person has sub-optimal HbA1c despite being on (near) maximal oral agents.
- Use open-ended questions to discuss insulin and explore concerns, such as:
 - ‘How do you feel about going onto insulin [now or in the future]? Can you tell me more about that?’
 - ‘Some people have concerns or questions about insulin. Have you thought about insulin? Can you tell me more about that?’.
- If the person with type 2 diabetes indicates that they have questions or concerns about insulin, continue to **ASSESS**.

ASSESS for psychological barriers to insulin using a validated questionnaire

- When to assess: if **ASK** indicates concerns or worries about insulin.
- The Insulin Treatment Appraisal Scale (ITAS) is a validated measure. Barriers to insulin use are indicated by:
 - scores of 2 or less on positive appraisal items (3, 8, 17, 19)
 - scores of 4 or more on negative appraisal items (the remaining items).
- Invite the person to explore their concerns. For example, *'I note here that you are concerned about [issue]. Can you tell me more about that?'* or, *'You seem to have a few worries about insulin. Which of these would you find most helpful to talk about today?'*
- If psychological barriers are raised, continue to **ADVISE**.

ADVISE about psychological barriers to insulin use

- Acknowledge the specific barriers the person has raised under **ASK** or **ASSESS**.
- Acknowledge that it is common to have questions and/or concerns.
- Reassure them that needing insulin does not indicate they have 'failed'.
- Advise that many people need insulin as part of the natural progression of diabetes.
- Tell them that people who use insulin find it beneficial because it:
 - is a powerful way to keep blood glucose within an optimal range to prevent long-term complications
 - allows for more flexibility in diet and planning of meals
 - improves energy levels.
- Advise that insulin use may begin with just one or two injections per day.
- Make it clear that it is the individual's decision whether or not to use insulin and you would like to assist them in making an informed choice.
- Make a joint plan about the 'next steps' (e.g. what needs to be achieved and who can help).

ASSIST with developing an achievable action plan

- Assist the person with:
 - overcoming identified barriers to insulin using appropriate strategies (e.g. motivational interviewing techniques, 'insulin trial')
 - making an informed choice about an action plan, including achievable and measurable goals for overcoming psychological barriers to insulin
 - identifying sources of advice and support (e.g. structured group education, peer support).

ASSIGN to another health professional

- People with diabetes tend to prefer their diabetes health professional to help them with the emotional impact of diabetes.
- If you do not feel comfortable or equipped to do this, arrange a referral to a relevant health professional to **ASSIST**.
- Maintain ongoing communication with the health professional to whom you made the referral.

ARRANGE follow-up care

- Arrange a follow-up appointment to:
 - ask about the person's progress
 - assess the potential need for revising the action plan.
- Be prepared to offer more support (e.g. through telephone reviews or more/extended consultations) during this time.