

Study finds doctors have exaggerated fears when starting patients on insulin

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Doctors are more reluctant to start their patients on insulin than the patients are themselves, according to a new study led by researchers at St. Michael's Hospital.

"It is well-known that insulin is effective in lowering [blood sugar](#)," said Dr. Catherine Yu, a researcher at the hospital's Keenan Research Centre and senior author of the paper. "But there are no clear recommendations on the safest and most effective way to start patients on it, and so physicians are often hesitant to do so."

Dr. Yu and colleagues analyzed past studies to find out what barriers existed to starting patients on insulin, and how insulin compared to other blood sugar lowering medications in terms of its effect on blood sugars and weight. They then made recommendations for physicians and other [health care providers](#) based on evidence from the past studies.

Their findings were published in today's online edition of the [Canadian Medical Association Journal](#).

They found that doctor's fears of common side effects such as [weight gain](#) and low blood sugar were amplified compared to their patient's fears, and that doctors were also more concerned than their patients about the possibility of injection-related pain and anxiety.

"When some physicians think of the side effects of insulin and the barriers to starting it, they're often thinking about the older types of

insulin and older delivery systems," Dr. Yu said. "So a lot of the hesitation may be that their way of thinking about the drug has not changed along with the new types of insulin that are used."

She said better insulin is now used in smarter ways, and that it acts more like the insulin we manufacture in our bodies – resulting in less risk for [low blood sugar](#) and weight gain.

"Everyone knows that insulin works, but the key point here is that it's safe and can be straightforward to use too," Dr. Yu said.

When Dr. Yu and colleagues compared the best ways to start patients on insulin, they found one insulin injection a day was just as effective as other regimens, caused less severe side-effects and was more manageable for physicians and the health care team.

Patients on one injection a day therapy typically gain about 2.2lb.-3.3lb. less than those receiving insulin twice a day or multiple times a day, which each average 0.6lb-14lb. in weight gain.

For [patients](#) already on pills to lower their blood sugar that also need insulin, combination therapy – continuing the oral medication when starting insulin – is more effective in eliminating [side effects](#) and requires a lower insulin dose for the same effectiveness.

Dr. Yu warns it's important to watch out for the type of needle that's used. She published research last month showing that using safety insulin needles with retractable shield – often used to protect health care providers – should be used with caution. In some patient types, delivery of [insulin](#) can be inconsistent, leading to unpredictable blood sugar levels and an increased risk of diabetic emergencies.

Provided by St. Michael's Hospital

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