

Physician views of self-monitoring blood glucose in patients not on insulin

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Physicians continue to recommend routine self-monitoring of blood glucose for patients with non-insulin treated type 2 diabetes, in spite of its lack of effectiveness, because they believe it drives the lifestyle change needed to improve glycemic control.

Researchers conducted a qualitative study of 17 [primary care physicians](#) exploring to what extent and why physicians still prescribe self-monitoring of blood glucose when the evidence shows that it increases costs without improving HbA1c, general well-being, or health-related quality of life.

In semi-structured interviews, proponents stated that self-monitoring works best at initial diagnosis, facilitating education and self-management, a view that may be encouraged by the American Diabetes Association's support of self-monitoring based on expert opinion. In contrast, opponents are concerned about lack of efficacy in lowering HbA1c, often citing peer-reviewed evidence to support their views, and believe office-based education encourages patient activation.

Health care systems have been shown to view self-monitoring of blood glucose as cost-saving and relatively harmless, yet previous research shows that it can be painful, inconvenient, and depressing for patients.

The authors suggest that targeting physician beliefs about the effectiveness of self-monitoring of [blood glucose](#) for patients with non-insulin treated type 2 diabetes, along with policy-based interventions,

could reduce the practice.

More information: Sonia A. Havele et al. Physicians' Views of Self-Monitoring of Blood Glucose in Patients With Type 2 Diabetes Not on Insulin, *The Annals of Family Medicine* (2018). [DOI: 10.1370/afm.2244](https://doi.org/10.1370/afm.2244)

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