



Clinical Inertia in Patients with Type 2 Diabetes

A prolonged delay to intensify therapy is known as clinical inertia. Studies have shown that the median time to intensifying therapy in patients with Type 2 diabetes is longer than one year.

Type 2 diabetes is complex disease that requires individualized treatment plans based on patient characteristics to reach A1c goals; and today there are more therapeutic options available to help patients with Type 2 diabetes reach A1c goal.

Early intervention to set and attain A1c goals has many clinical advantages:

- Can help preserve beta cell function
- Extend time to treatment failure.
- Reduce the risk of diabetes related complications

However, it is estimated that up to one half of patients with Type 2 diabetes are not reaching their targeted a1c goals.

There are many challenges when trying to intensify therapy in Type 2 diabetics, and patient barriers may account for up to 30% of the factors contributing to clinical inertia.

Common barriers and strategies to overcome clinical inertia in Type 2 diabetes:

Barrier	Strategy
Belief disease has worsened	Discuss progressive nature of type 2 diabetes
Injection related anxiety	Demonstrate the needles and injection devices that will be used, provide instruction on needle injection, allow supervised injection rehearsals
Perception that insulin is ineffective	Assure patients that therapy will improve symptoms

Fear of weight gain	Use once daily insulin analogues to minimize weight gain, use insulin in combination with metformin, discuss benefits of other diabetes medication related to weight loss
Fear of hypoglycemia	Use once daily insulin analogues to minimize hypoglycemia risk, use diabetes medications with low risk of hypoglycemia
Fear of injection related pain	Identify patient experience and perceptions related to injections, encourage deep breathing or forceful exhalation during injection

Discussing resistance to insulin therapy

Open ended questions can help explore patient concerns related to intensifying therapy. Many patients with Type 2 diabetes are particularly hesitant to initiate therapy with insulin. Here are some questions that may facilitate a conversation around initiating insulin therapy:

- How do you think insulin can help with your diabetes?
- Who do you know who has used insulin, and what was their experience?
- What is your greatest concern about using insulin?
- How confident are you that you can inject insulin on a regular basis?
- What information or support do you need to be willing to take insulin injections?

The progressive nature of Type 2 diabetes requires intensifying therapy over time. Identifying patient concerns and barriers towards insulin and intensifying treatment can help reduce the time to reach A1c goals.

References:

1. Pantalone K, Misra-Hebert A, Hobbs T, et al. Clinical Inertia in Type 2 Diabetes Management: Evidence from a large, real world data set. *Diabetes Care* 2018;41:e113–e114
2. Cavaiola TS, Kiriakov Y, Reid T. Primary Care management of patients with Type 2 diabetes:overcoming inertia and advancing therapy with the use of injectables. *Clin Ther.* 2019;41:352e367