A CROSS-OVER RANDOMISED CONTROLLED TRIAL TO COMPARE PSYCHOLOGICAL BARRIERS TO INSULIN SELF-INJECTION WITH THE INNOLET AND VIAL/SYRINGE

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OBJECTIVES: The timely initiation of insulin therapy in patients with type-2 diabetes who fail to achieve good control on oral antidiabetic therapy is pivotal to successful health outcomes in diabetes. Yet, significant barriers exist to patient acceptance of insulin therapy and to adequate self-management of insulin regimens once initiated. The disposable insulin device, InnoLet, is designed to meet the needs of elderly patients. This study set out to evaluate the differences in psychological fear of self-injecting insulin and perception of barriers to compliance with the insulin regimen in patients using the InnoLet prefilled device and vial and syringe. METHODS: Eighty diabetes patients >60 years of age and having visual and or motor disabilities were enrolled in this two-period crossover study, which had as primary aim to evaluate resource utilisation and patient preference. RESULTS: The D-FISQ showed good internal consistency. Compared to baseline values, InnoLet treatment resulted in an improvement of 39% and 67% respectively in each of the 2 groups in fear of self-injection, whereas vial-syringe treatment resulted in small improvements in each of the 2 groups in fear of self-injection, whereas vial-syringe treatment resulted in small improvements of 4.7% and 17% respectively from baseline. Detailed statistical analyses of the relationships between injection fear, treatment barriers and health care utilisation further demonstrate the clinical importance of injection fear. CONCLUSION: The prefilled InnoLet device offers important psychological benefits to elderly insulin dependent diabetes patients with visual and or motor disabilities. The clinical significance of these findings is substantial, given the significant health gains that can be obtained with effective insulin therapy.

SELF-ASSESSMENT OF DIABETES CONTROL: ACCURACY OF PATIENTS’ PERCEPTIONS

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OBJECTIVE: To determine the accuracy of self-reported glucose levels among people with diabetes. METHODS: In August 1999, 903 people with diabetes were sent an at-home HbA1c test kit and a brief questionnaire about blood glucose monitoring and diabetes management. The sample was obtained through an ongoing, longitudinal diabetes study. A total of 450 respondents provided a self-reported range of blood glucose levels and completed the home test kit. The midpoint and highest glucose level were compared to laboratory HbA1c values using a regression equation calculated from a previously published formula. The percentage of respondents misestimating their diabetes control was determined. RESULTS: