



FIT Technique Plus*

Preparing for Injectable Therapy

*Educational tools based on FIT Canada Recommendations for Injection Technique, updated February 11th, 2020



Mike's Story



52 year old ♂
Type 2 diabetes –
diagnosed 6 years ago
BMI = 29kg/m2
• A1c 8.9%
• Currently on 3 oral agents for diabetes bedtime 7-17mmol/L.



Things to consider



- Patients and providers continue to be resistant to and delay starting insulin therapy.¹
- Poor glycemic control increases the risk of microvascular (diabetic nephropathy, retinopathy, neuropathy) and macrovascular (coronary artery disease, peripheral vascular disease and stroke) complications.²

What does the research say?



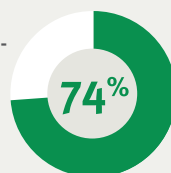
UKPDS 1993²

Research demonstrates that every 1% drop in A1c reduces risk of death from diabetes, myocardial infarction, microvascular complications and peripheral vascular disease.



IMPROVE 2008³

Mean time from diagnosis of type 2 diabetes to insulin initiation was 9.2 years. The primary reason for starting insulin was poor glycemic control (mean A1c values were 9.5% before insulin initiation). 74% of patients had a diabetes-related complication at the time of insulin initiation.



DICE 2005⁴ DRIVE 2008⁵ DMSCAN 2012⁶

These three studies conducted over the last 10 years demonstrate that initiation of insulin therapy in primary care appears to be increasing. However, this has not resulted in any improvement in the ability to achieve target A1C as demonstrated by the most recent DM-SCAN. Barriers continue to exist in primary care including patient/provider “insulin resistance”

Mike's Story, continued

At Mike's follow up appointment, he is surprised to hear that his blood sugars have been running higher, as he has been feeling just fine. He was unaware that he would ever need to go on insulin and could not remember insulin ever being discussed. He thought that insulin was only for really “bad diabetics”, but now understands that higher blood sugars can happen, the longer you have diabetes, even if you are doing everything right.

How can you make a difference?

- **Be positive when talking about insulin.** How you view insulin is very important and shapes the insulin conversation that you will have with your patient.⁸
- **Put insulin on your agenda.** Having a positive conversation about insulin at diagnosis helps patients have a more positive attitude towards insulin.¹
- **Let them try it.** Having your patient's perform a self-injection or “dry poke”, at diagnosis can help reduce injection related anxiety.⁹



FIT Canada Recommendation:⁷

The health care professional should prepare all people with type 2 diabetes early after diagnosis that they will likely require injectable therapy in the future to treat their diabetes. It is important to explain the natural progression of diabetes and that requiring injection therapy at any point in their treatment should not be seen as personal failure.





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Injecting insulin is a normal part of caring for type 2 diabetes

- It's not your fault. Diabetes is a disease that may worsen over time. This means that you may not be able to control your blood glucose with diet, exercise and/or pills alone. In fact, one study showed that after 6 to 10 years of having Type 2 diabetes you may only have 25% of normal insulin production² making your diabetes more difficult to control – regardless of how hard you try!
- Insulin has the greatest blood glucose lowering effect of all diabetes medications.¹⁰ Used properly, insulin can help you to achieve control of your diabetes.
- Insulin regimens should be tailored to fit your lifestyle. People take insulin anywhere from once to 4 times/day. The number of injections or the amount of insulin that you take per day does not mean that your diabetes is more serious or “bad.”

Approximately 650,000 people in Canada inject to manage their diabetes.*



Did you know?

Injections are easier and more comfortable than you might think. Most people with diabetes use an insulin pen device to inject insulin. Pens offer an easy way to deliver an exact dose. Pens can either be reusable or disposable.

With the recent understanding of injection technique and depth of injection, shorter needles are now recommended for all people living with diabetes.⁷

When it's time to start insulin, your diabetes educator will take the time to teach you how to inject properly

to ensure that you receive the most comfortable injection experience possible.



Mike's Story, continued

People that already inject insulin,
wish that they had started sooner

[www.facebook.com/
diabetesinnovations](https://www.facebook.com/diabetesinnovations)



“If you need insulin please don't be scared. When I was told I had to go on insulin I cried I was that scared. I have been on insulin now for 4 months taking 1 needle a day at bedtime of 32 units. IT DOES NOT HURT, my doctor gave me a sheet that outlines the body areas where you give your shots. I am not afraid anymore and my diabetes is under control finally. Your pen comes in a case with a place for your needle tips; you can carry it anywhere from work to school ... anywhere. If insulin is going to save your life don't wait.”

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4. Harris SB, Ekoe JM, Zdanowicz Y, et al. Glycemic control and morbidity in the Canadian primary care setting (results of the diabetes in Canada Evaluation Study). *Diabetes Res Clin Pract* 2005;70:90e7.
5. Braga M, et al. Treatment gaps in the management of cardiovascular risk factors in patients with type 2 diabetes in Canada. *Can J Cardiol* 2010;26(6):297–302.
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