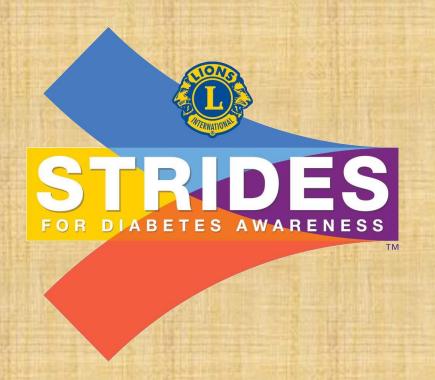


Misconceptions of Insulin



Brian Ballard California Lions Clubs Multi-District 4 State Diabetes Chairperson

Disclaimer

 This presentation is for informational purposes only.

 Before changing any regiment regarding diet exercise or medication, speak with your physician.



DAWN study in 2001





5426

3982

Adults with diabetes Healthcare professionals

Countries

Platform for stakeholder dialogue and engagement

To improve outcomes in diabetes, we must focus on the person with the condition



DIABETES ATTITUDES WISHES & NEEDS



Purpose of DAWN Study

- assess current diabetes care and self-management among people with diabetes
- establishing national benchmarks for health status, quality of life, self-care, and access to diabetes self-management education and support
- The original DAWN study found that diabetes is often associated with multiple psychosocial problems that are barriers to self-management behaviors and that current health care resources are sometimes poorly equipped or used to provide needed support.



Lessons From Study

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Willing to take insulin

Believes disease is worsening Restrictions of usual activities	46.7 56.1	35 42
Needle pain	50.8	30
Fear of low blood sugar	49.3	38
Unable to handle demands of insulin	58.1	40
Personal failure	55	34

Summary of Key Findings

- Enhance communications between people with diabetes and healthcare providers
- Promote team-based diabetes care
- Promote active self-management
- Enable better psychological care for people with diabetes



Doctors

- Not enough time
- Diabetics more demanding
- (>60% response) were interested in improving communication with their patients



Promote active self-management

The DAWN™ study showed that:

- Not following Doctors Advice
- Demanding- prevents normal activity
- Doctors recognize stress and mental health issues affect diabetic compliance (control)



Barriers to treatment

The DAWN™ study showed that:

- More than half of people with Type 2 diabetes are worried about starting insulin
- Half of them believe that starting insulin means they have failed to manage their diabetes
- Only one of out five believe insulin would help them manage their diabetes better
- A third of physicians postpone insulin until "absolutely essential"



Better Psychological Care

The DAWN™ study and related data showed that:

- Of those reporting, more than two in five people with diabetes report poor psychological well-being.
- Many patients experience emotional stress related to their diabetes.
- More than a third of healthcare providers do not feel equipped to adequately address patients' psychological needs.



Better Psychological Care

- For psychosocial problems of family members are barriers to their involvement, but they are also an underused resource support
- Health care systems are limited in the provision of psychosocial support and education to families.

 Diabetes affects the lives of FMs, causing significant burden and distress



Behavioral Diabetes Institute



Dr. William Polonsky

Diabetic Etiquette



Behavioral Diabetes.org

Diabetes Myths

- There is no diabetes in my family, so I don't have to worry
- It's called sugar diabetes, so it must come from the sugar I eat
- I'll know that I have diabetes by my symptoms
- My doctor says I have "borderline" diabetes. Since I have just a "touch of sugar," I don't have to worry.



Diabetes Myths

- Insulin is a cure for diabetes
- My friend takes insulin pills to control her diabetes
- If I don't take diabetes medicine, my diabetes must not be serious
- I have diabetes, and I've seen its effect on family members. I know there is nothing I can do about it
- Taking insulin means I am type 1





Questions

www.LionsDiabetes.org

www.LionsDiabetes.org/DawnStudy

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