EDITORIAL

Psychological insulin resistance needs psychosocial sensitization

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Insulin Related Emotions

For over a century now, insulin has served humankind selflessly. Countless lives have been saved, and strengthened, by the effective management of diabetes. In spite of clear cut evidence regarding the benefits of insulin, however, many people consider it an unwelcome intrusion. This psychological dislike for insulin seems to be deep rooted in many cultures. So much so, that it has been given a formal name: psychological insulin resistance.[1] Insulin hesitancy and insulin inertia are commonly faced constraints in our clinical practice.[2] Insulin distress, i.e., an emotional response to a suggestion to use insulin; characterized by extreme apprehension, discomfort, dejection, or denial; due to a perceived inability to cope with the requirements of insulin therapy, too, is well known.[3] It is important to understand the context in which these phenomena occur. This helps craft suitable therapeutic educational initiatives and interventions, to facilitate the early adoption and acceptance of insulin therapy.

Contemporary Research

Arif et al, from Islamabad, in their well-conducted cross-sectioned study, report the prevalence, and the associated factors, of psychological insulin resistance.[4] Working with adults living with type 2 diabetes, they assessed psychological insulin resistance using the validated 20-item Insulin Treatment Appraisal Scale (ITAS). They also explored various demographic, disease-related and drug- related causes to determine their contribution to psychological resistance to insulin.

Their cohort of 397 participants had a mean age of 47.22 years and duration of diabetes of 7.90 years. They came from a wide socioeconomic spectrum, and had a high prevalence of diabetes-related complications and comorbid conditions. The insulin-related phenotype was diverse as well, with 25.7% insulin-naïve, 64.0% current insulin users, and 10.3% past insulin users.

The mean ITAS score of 34.58±7.75 suggested moderately high insulin resistance. Though nearly half of the respondents agreed that insulin helped prevent complications, roughly a third believed that taking insulin represented worsening of disease, personal failure or loss of social esteem. A similar proportion reported concerns regarding flexibility of therapy, fear of injections and weight gain. Persons from lower socioeconomic strata, and those with lower educational attainment, had higher ITAS scores, suggesting negative perceptions about insulin.

Paradox of Perceptions

The diabetes pandemic is a global equalizer, and so is psychological insulin resistance. Arif et al report scores that are similar to seen in European population. They also uncover a 'paradox of perceptions', with positive (ability to prevent complications) and negative (self-failure, side effects, social discomfort) feelings co-existing.

Actionable Insight

Their findings highlight the need to assess, and address, attitudes towards insulin while prescribing the drug. Insulin distress, and its cause, must be acknowledged, and appropriately handled. Without this, no prescription will be accepted or adhered to. Insulin-related anxiety must be understood, and allayed, in a person-friendly manner.[5] A rational explanation, shared in a language or dialect which the person can understand, helps alleviate insulin resistance and distress. Repeated counselling may be necessary in order to ensure persistence with insulin therapy.

Action should be taken not only within the diabetes clinic, but in the public health setting as well. Psychosocial sensitization is required in order to encourage timely use of insulin and prevent worsening of diabetes and its complications.

Insulin Advocacy

The JPMA has frequently published articles on psychosocial aspects of diabetes, including insulin motivation.[6,7] We commend Arif et al for their work on this aspect of diabetes care. We hope that this will increase focus, and improve outcomes, on this clinically important challenge, that is relevant to public health as well.

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