Patient perspectives and experiences of basal insulin (BI) titration in type 2 diabetes (T2D): A US cross-sectional survey

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ABSTRACT

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Background: Appropriate BI titration in T2D is crucial for glycemic target achievement, but many people with T2D remain uncontrolled and their perspectives and experiences regarding titration are not well understood. Objective: To survey and analyze perspectives and experiences of BI titration in people with T2D initiating BI. Methods: Adults with T2D and ≥2 claims (≥30 days apart in the most recent 12-month period) in the Optum Research Database, who initiated a BI analogue between February and April 2021, were asked to complete a onetime, mailed survey. Results: Characteristics of the 416 survey responders were: 51% male 71% white, mean age 70 years, mean BMI 32 kg/m², 72% >10 years T2D duration. Most responders (74%) had BI titration explained by their provider; 67% were very/extremely satisfied with the support received. One-fifth received no BI titration resources/training. Most responders documented BI dose (89%) and fasting blood glucose (FBG; 80%) daily. Only 35% met FBG targets; 58% had not and were still titrating and 7% had stopped using BI. Half (49%) experienced hypoglycemia during titration. Mean Diabetes Treatment Satisfaction Questionnaire total score was 28 (range 0-36; higher score indicates greater satisfaction). Only 6% were categorized as "disengaged and overwhelmed", 30% were categorized as "becoming aware, but struggling", 39% as "taking action" and 26% as "maintaining behaviors and pushing further" by the Patient Activation Measure score. Conclusion: While many people with T2D initiating BI had received titration education/support, only one-third reached FBG target, suggesting novel strategies to achieve effective BI titration are needed.

INTRODUCTION

- Glycemic target achievement is important to avoid long-term microand macro-vascular complications of diabetes.1,2
- For people with T2D initiating basal insulin (BI) treatment, optimal titration of their BI dose is crucial to achieving glycemic control.
- However, many people with T2D on BI remain uncontrolled and their perspectives and experiences regarding BI titration are not well understood.3
- The aim of this survey was to evaluate perspectives and experiences of BI titration in people with T2D initiating BI.

METHODS

Participants

- Recent BI initiators were identified using enrollment, medical, and pharmacy records from Optum's proprietary research claims database.
- Inclusion criteria:
- ≥2 medical claims with a diagnosis for T2D ≥30 days apart in the 12-month sample identification period (ending March 2021 for wave 1 and April 2021 wave 2).
- ≥1 pharmacy claim for BI (insulin glargine 100 U/mL, insulin glargine 300 U/mL, insulin degludec or insulin detemir) in the most recent month of pharmacy data.
- Aged 18 and older as of the index date (date of earliest BI fill).
- 12 months of continuous enrollment with medical and pharmacy benefits prior to index date (baseline period).
- Exclusion criteria:
- A pharmacy/medical claim for insulin during baseline period.
- ≥1 medical claim with a diagnosis for type 1 diabetes during the baseline period.

Survey and analysis

- · Identified BI initiators were invited by mail to complete the survey.
- Survey included questions on experience with BI titration: titration resources; healthcare provider (HCP) interactions; self-management of titration; clinical information; titration status and goal attainment.
- Of the 2,200 BI initiators invited to participate, 416 completed the survey and were included in the analysis.
- Descriptive statistics are presented for all analyses.



Very satisfied

Moderately satisfied

Slightly satisfied

Not at all satisfied

*In office training provided by a Certified Diabetes Educator, a nurse practitioner, or other

healthcare provider. Educational materials: online or in-person, e.g. handouts/pamphlets.

Digital tools: e-log books, smart phone applications, online recording/calculating tools [†]Sum of percentages is not 100% due to rounding.

educational websites; Paper tools: preprinted titration algorithm, paper treatment logs, Logbooks

 Most responders (57%) were extremely/very confident adjusting their insulin dose when experiencing hypoglycemia; only 10% were not at all confident (Figure 2C).

Satisfaction and Activation

- Mean Diabetes Treatment Satisfaction Questionnaire (DTSQ) total score was 28 (range 0-36; higher score indicates greater satisfaction)
- Mean Patient Activation Measure (PAM) total score was 65. PAM measures a patient's knowledge, ability, and confidence in managing their own health, on a 100-point scale with higher scores indicating greater activation levels.
- Patients were categorized into one of four activation levels according to their overall PAM score. Only 6% were categorized as "disengaged and overwhelmed" (Figure 3).

Not at all confident

Extremely confident

Moderately confident

Slightly confident

Verv confident

*Lifestyle measures: carbohydrate intake, caloric intake and physical activity. *Percentages among respondents who experienced hypoglycemi

Level One - Disengaged and overwhelmed Level Two - Becoming aware but struggling Level Three - Taking action Level Four - Maintaining behaviors and pushing further

DISCUSSION

- This study addresses the lack of understanding about the patient experience with BI titration
- Most people with T2D who responded to the survey were provided with training/resources at the time of BI titration initiation and the majority were satisfied with the support they received from HCPs.
- However, half of responders experienced hypoglycemia during titration and only one-third reached their FBG target, suggesting that effective BI titration proves difficult for many people with T2D.
- Despite this, survey responders were generally satisfied with their treatment and reported being confident in managing their
- Novel tools/strategies are needed to help people with T2D optimize their BI titration and achieve glycemic targets.

While many people with T2D initiating BI had received titration education/support, only one-third reached the FBG target, suggesting novel tools and strategies to empower patients and enable effective BI titration are needed.

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