New injection recommendations for patients with diabetes

Nouvelles recommandations pour les injections chez les patients diabétiques

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Every day millions of people with diabetes inject insulin one or more times per day. We as health care providers rarely instruct patients on proper injection techniques. There are many reasons for this: lack of knowledge, time constraints, scarcity of guidelines, etc. Many of the recommendations which do exist have little or no scientific underpinning and are based as much on habit and tradition as on evidence. Most of our time during our brief patient education encounters is spent discussing dosing, the patient’s ability to read the units on the pen or syringe and how to use or mix different types of insulin. If we discuss injection technique at all it is usually only site rotation and not the full range of important issues.

We need to remember that our patients get their supplies from many sources: the hospital, the local pharmacy, doctors’ offices, mail-order firms, Internet suppliers, etc. They are often provided with whatever needles are available or they choose the least expensive ones. Rarely do we as professionals explain to them the importance of using a needle length appropriate for their subcutaneous tissue depth, nor do we write this into their prescriptions. We expect each insulin’s PK/PD to remain consistent from day to day but this is only the case when injections are performed properly. How many times do we ask ourselves whether glucose fluctuations might be due to inconsistencies in injection technique, like changing needle sizes from week to week or using a size that is too long? And how many times do we wave our finger at the patients, blaming them for not taking the insulin correctly when we have not covered even the basics of proper injection technique? The chances are they are doing what we told them to do, whether it was evidence-based or not. We must emphasize the importance of proper needle size, the correct injection process, complication avoidance and all other aspects of injection technique from the first visit onwards. Proper injection technique must be addressed at every patient visit.

For the last three years a dedicated group of injection experts have analyzed the literature and have written a set of new recommendations. Their draft was discussed in detail at a meeting of 127 other injection professionals from 27 countries (the ‘TITAN’ meeting; see other publication in this Supplement) and it went through several iterations both during and after that meeting. We have now arrived at a consensus document which is as robust as it can be given our current state of knowledge. The recommendations published here are thoroughly evidence-based. They stress the need for correct technique in every injection and show how critical this is for achieving optimal control of diabetes. We must start today, learning from these guidelines and translating them into clinical practice. Only in this way can our patients build the habits that will lead to better control and fewer complications in years to come. We recommend these new recommendations as widely as possible, knowing that they may still need some local adaption.