Diabetes-Related Medications

A Resource for Healthcare Heroes

Having productive conversations on diabetes-related meds

dStigmatize

What's the challenge?

Whether it's metformin, insulin, or newer medications like SGLT-2 inhibitors, GLP-1 receptor agonists, or dual agonists, there are dozens of helpful medications designed to help people with diabetes manage their glucose levels and reduce their risk for diabetes-related complications.

However, conversations around diabetes medications, especially insulin, can be difficult and fraught with stigmatizing and judgmental language. This guide is designed to help you navigate these conversations with people with diabetes in a more respectful and inclusive way.

General language guidance

People with diabetes, their families, and people at risk of diabetes deserve communications that are clear and accurate, respectful, inclusive, and free from judgment and bias.
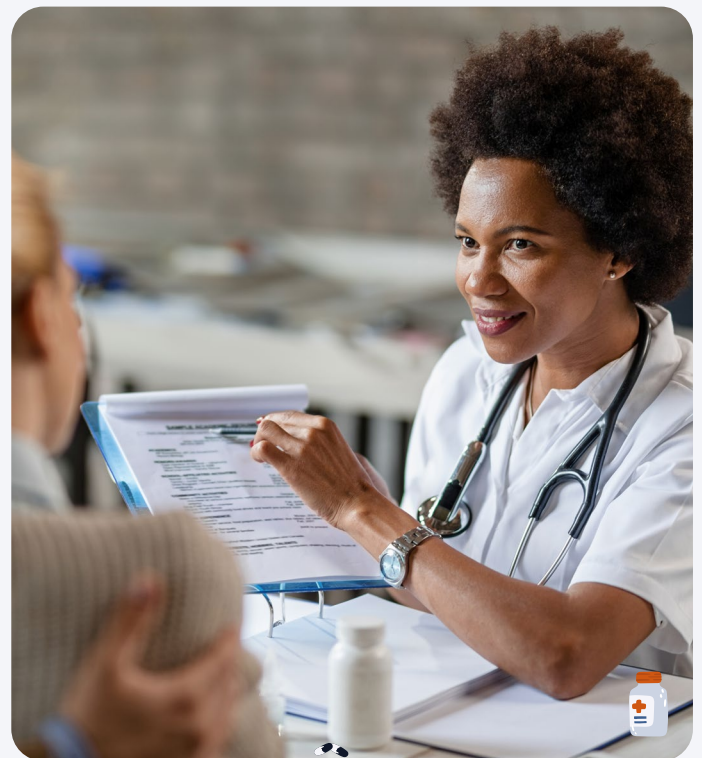
No matter what the topic, there are some basic guidelines that everyone can implement.

Choose to use language that:

Is neutral, nonjudgmental, and based on facts, actions, or physiology/biology.[1,2]

Is strengths-based, respectful, inclusive, and imparts hope.[1,2]

Is person-centered.[1,2]

Fosters collaboration between people with diabetes and healthcare teams.[1,2]

When a conversation centers around diabetes-related medications, remember:

People may feel discouraged if a certain medication "doesn't work" for them.

Focus on strengths-based feedback, and emphasize that people may respond to medications differently and you'll work together to find the right fit:

" I know that you haven't seen the types of increases in your time in range that you were hoping for when we started this new medication; however you're having a lot less hypoglycemia and no side effects, and that's a great sign. Would you like to talk about some additional strategies that may help us reach your time in range goals? "

It's important that you make sure people with diabetes feel heard when asking questions or expressing fear or reservations about certain medications, including insulin, side effects, or needles.

" I know that starting insulin can sometimes be scary, so I want to pause. Do you have any questions or concerns that we can talk through today? "

As a health professional, prioritize asking questions and allow each person to have a say in the decision-making process.

For more information about general language guidance that can help reduce diabetes stigma, including specific words and phrases to use (or avoid), visit the **dStigmatize Language Guide**

Having a stigma-free conversation about diabetes medications

1

Be mindful of the stigma associated with insulin use.

People with diabetes have reported **being accused of using substances when trying to inject insulin** as well as being asked not to inject insulin in public spaces because it is **"disgusting."** [3,4]

Additionally, for people with type 2 diabetes, having to initiate insulin is often seen as **"failing,"** and many people have reported that health professionals use insulin initiation as a bargaining tool or scare tactic to encourage behavior changes.[5]

Because of the stereotypes, myths, and fears associated with insulin, it's important to avoid adding to the stigma people may face. When discussing insulin use or initiation with people, try to help limit people's fears by emphasizing that insulin is a life-saving medication, not a sign that someone has **"failed."**

2

Avoid using overly technical language or language commonly used in electronic health records in conversations with people with diabetes.

Each conversation should be tailored to a person's level of understanding.

When possible, avoid using overly technical language (such as acronyms or difficult scientific names for conditions or medications) that can cause people to feel disempowered and confused.

In addition, though you may be required to use certain terminology in electronic health records ("uncontrolled diabetes," "adherence," "failed"), where possible, avoid letting this language seep into your interactions with people with diabetes.

polyradiculopathy **EMR** **NPDR** *ESRD* **!**

3

Emphasize that medications are just one tool in a person's toolbox.

Medications can dramatically help people with diabetes manage a complex condition and prevent progression or further complications, however it's important to make sure each person is well informed on how medications may affect them.

This includes how medications are delivered, how often you have to take them, and their side effects.

Being hopeful, while also being realistic, can help foster trust between you and the people with diabetes in your care, and ensure you aren't setting people up to feel like they failed should a medication not deliver the desired results.
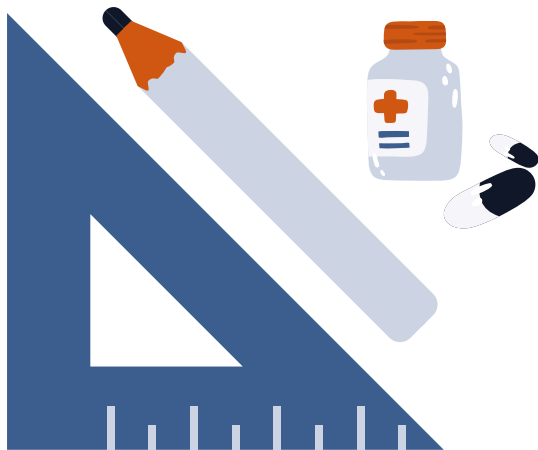
Choosing the right words and phrases

✔️

Words that describe collaboration or doing specific behaviors

e.g. taking medication, checking glucose levels

> Ralph takes metformin once daily.

> It seems like your HbA1c is not quite at goal.

> I know we've started you on insulin since your last visit, how has that been going, are you having any challenges?

❌

Adherence/compliance

e.g. adhere, (non-) adherent, comply, (non-) compliant

> Ralph was compliant and made sure to take his metformin every day.

> Your HbA1c is so high because you didn't adhere to your insulin regimen.

Rationale

Using terms that emphasize collaboration can be empowering and highlights that people with diabetes are not passive in the management of their condition, but should be a part of decision-making.

Words like **'adherence'** and **'compliance'** suggest that health professionals are always correct and that people with diabetes are disobeying them if they are not able to follow orders exactly. In reality, diabetes management is more complicated than simply **'following orders'** – especially when it comes to complex devices – and terms like **'adherent'** and **'compliant'** ignore the many challenges people with diabetes face every day.

✔ Manage

(referring to glucose levels or diabetes related tasks)

e.g. within/outside target range, high/low glucose levels, target glucose levels

> Leslie manages her diabetes with a GLP-1 receptor agonist.

> I think it might be time to consider starting you on insulin.

> I know this can cause some people anxiety but I don't want you to have any fears or feel like this is because you 'failed.'

> What questions do you have for me?

✖ Control

(referring to glucose levels or diabetes related tasks)

e.g poor control, good control, normal control, well controlled, poorly controlled, uncontrolled, glycemic control

> Leslie controls her diabetes by taking a GLP-1 receptor agonist.

> Because you have such poorly controlled diabetes we are going to have to put you on insulin unless you make some drastic lifestyle changes.

Rationale

A person's diabetes is influenced by many factors outside of their **'control'** including socioeconomic factors, hormones, access to medications and technology, their environment, stress, etc.[2]

'Management' is preferred over **'control'** because it acknowledges the effort people put in to maintain their health and it acknowledges the improvements people can make over time. The term **'control'** can lead to feelings of guilt, shame, and frustration and incorrectly implies that if people try hard enough they can **'control'** their diabetes.[2]

✔

- **Did not, has not, does not...**
- **Use the numbers, refer to choices**

Sara has not hit her target HbA1c on just metformin. Let's consider asking her about adding an additional medication to help her glucose levels and prevent complications.

We haven't been able to hit your health goals with your current medications.

Would you be willing to have a conversation about additional management options?

✘

- **Fail, failing to, failed, failure**
- **Good/bad/poor**
  (referring to glucose levels)

Sara failed on metformin so now we need to start her on insulin.

You've consistently had poor outcomes even though we have you on three diabetes medications.

Rationale

When discussing the choices people make and the health outcomes that result, avoid assigning a value judgment to the choice or result, such as **'failed,' 'good,' 'bad,'** or **'poor.'** All of these terms can lead to people with diabetes feeling guilty, blamed, or ashamed of the choices they make.[2]

✓

Tailor/personalize/change to more effective or appropriate treatment(s)

> After Kyle ended up in the ER, we increased his metformin dose by 100mg.

✗

Intensify/ escalate treatment

> After Kyle ended up in the ER, his treatment was intensified.

Rationale

When people with diabetes need to change their treatment, it is crucial to discuss this change in a way that feels approachable and achievable. Using words like **'intensify'** and **'escalate'** can incite fear or make the adjustment seem burdensome. This can lead to people delaying the necessary changes to avoid feeling scared or dealing with a difficult change, which can have a negative impact on their health.[2]

✓

Helping people manage diabetes, managing diabetes

Ronald manages his diabetes with an SGLT-2 inhibitor.

✗

Treating diabetes

We are treating Ronald's diabetes with an SGLT-2 inhibitor.

Rationale

'Treating diabetes' or **'treating patients'** implies that health professionals are doing something to the person with diabetes who is passively accepting treatment rather than being an active participant in their care. Health professionals are giving people with diabetes the tools to effectively manage their condition, empowering them to make their own informed decisions. about their health.[2]

Citations:

1. Dickinson, J. K., Guzman, S. J., Maryniuk, M. D., O'Brian, C. A., Kadohiro, J. K., Jackson, R. A., D'Hondt, N., Montgomery, B., Close, K. L., & Funnell, M. M. (2017). The Use of Language in Diabetes Care and Education. Diabetes care, 40(12), 1790–1799.
2. J, S., T C, S., T, D., T, B., G, K., C, L., R, S., & G, J. (2021). Our language matters: Improving communication with and about people with diabetes. A position statement by Diabetes Australia. Diabetes research and clinical practice, 173, 108655.

dStigmatize

Ignorance perpetuates
diabetes stigma.

The first step to address diabetes stigma is to understand what it is and how it affects people.
Visit the **dStigmatize Resource Library** to learn more.

dstigmatize.org/resources