

5PSQ-003 A10 – Drugs used in diabetes

A Qualitative Analysis of Barriers to Medication Adherence in Uncontrolled Diabetes Focus on Insulin and Suggestions for Practice Improvements

Myriam Jaam, Ahmed Awaisu, Muhammad Abdul Hadi, Mohamed Izham M. Ibrahim, Nadir Kheir, Mohammad Diab College of Pharmacy, Qatar University, Doha, Qatar



Qatar a country with a reported population of less than three million people, has a diabetes prevalence of 14% in 2017

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medications. Many patients receive quadruple oral therapy and refuse to take insulin.

The **purpose** of this analysis was to explore the barriers to insulin adherence among patients with uncontrolled diabetes in primary healthcare setting from the perspectives of the patients and their healthcare providers.



Methodology

A conceptual framework model was developed through systematic literature review, identifying all barriers to medication adherence in diabetes

A mixed method triangulation study design was used in primary healthcare centers (PHCC) in Qatar

Adult patients with uncontrolled diabetes and attending the PHCC for the past year completed an adherence questionnaire (ARMS-D) followed by semi-structured interviews

Healthcare providers involved in managing patients with diabetes within the PHCC were approached for semi-structure interviews

Thematic analysis was utilized and subgroup analysis was conducted to determine the barriers related to insulin adherence in patients with uncontrolled diabetes

Results and Discussion



"Insulin is a very dangerous medication... If you don't feel that he is well educated and that he will listen and understands correctly, you can't give it to him like that. If I felt that he [the patient] is not focusing a lot or would possibly have a problem and gets hypoglycemia, I might not give him insulin at all and give him oral... If he is very severe [uncontrolled], I may refer him to inpatient or I would refer him to the hospital" – HCP 16

"I am here in the gulf area for the last 30 years. I have seen each security man in the airport... So yourself you don't take it [insulin].. because they will remove it and throw it away ..so you don't take the insulin on that day .. traveling you take 5 to 6 hours to reach home .. then what happens is .. you are traveling from seven [o'clock] you are suppose to take your dose at 8, you don't take it." – P11



Traveling

"Patients are more denying to take the injection itself, so the refusal is not because of fear of being seen but the refusal of receiving the injection in the first place, but if the insulin was a tablet they would not have a problem. The problem itself is from the needle itself" – HCP10

"I remember I had one patient type 1 diabetes and she got married and pregnant and she did not tell her husband she is diabetic and I didn't know this information... So we started talking about diet and she would say it's gestational diabetes, because her husband was with her. So we started to deal with her that this [diabetes] is temporary, it came during your pregnancy and we will give you insulin for it. We did this and moved on; it is something that could possibly lead to a divorce because she did not tell her husband about it before" – HCP11

Suggestions for Practice Improvements



Educating the patient through an online portal created for diabetes



Documentations which take the patient's working conditions and religious rituals into account



Creating a platform for educating the public to eliminate and correct myths about insulin use



Creating country-specific guidelines which take into consideration patients' refusal of insulin, cultural issues, and action plan

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There are many barriers that contribute to patients' nonadherence to insulin. Urgent interventions and policies are warranted to reduce diabetes complications and increase patients' and caregivers' awareness of the benefits of using insulin.