

Insulin Therapy

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The last time I had a hemoglobin A_{1c} (A1C) less than 8% was June 1998, 4 years ago. The lab result then showed an A1C of 7.7%.

I remember reading the note on the printed lab sheet that stated, “The American Diabetes Association recommends the goal of therapy to be A1C results less than 7.0% and re-evaluation of therapeutic regimens if results are consistently greater than 8.0%.”

Well, by the time I read the classified ad seeking qualified participants with type 2 diabetes for a study adding insulin to the existing treatment with two oral medications, I had almost 3 years of readings higher than 8.0%. In February of this year, I had an A1C of 9.7% and felt sicker than when I was first diagnosed 14 years earlier.

I was the one to broach the subject of being put on insulin 3 years ago. My doctors acknowledged my input but emphasized that this should be a last resort. Fine. But this was a last resort for almost 3 years. Yes, I should probably have lost more weight, but I was not obese. And the fact is that whatever I “should have done” either wasn’t getting done or wasn’t working.

Insulin has helped. And I wish that I had started this therapy at least 2 years ago.

When I first brought up the subject, I sensed reluctance. My family practice physicians responded, almost too quickly I thought, with concerns about low

blood glucose. While certainly these are important considerations, I just want to give one patient’s subjective impression that my doctors seemed more reluctant to begin insulin therapy than I was.

By February of this year, I was really feeling bad. Tired, oh so tired, all the time. Everything became a labor of Hercules: getting out of bed, walking up stairs, finishing an afternoon of paperwork at the office. I felt like syrup was running through my veins, which, in a sense, it was—the after-meal blood glucose levels were consistently above 300 mg/dl. My mood deteriorated. I became more irritable and impatient, more likely to snap at my family.

All of this has passed as my blood glucose has come down, and I have had the added relief of not going to the bathroom every 30 minutes.

How long is too long to try everything else?

Exercise? I exercised like a madman. I’d trained for and successfully completed seven marathons, and I lifted weights three times a week. I was, at that time, at 21% body fat. Too much? Sure. But not obese. I didn’t think of myself as a stupid person or just another “noncompliant” diabetic patient.

Medications? At first, I controlled my blood glucose with diet and exercise. This did the job for about 3 years. When that no longer kept me in range, we added smaller, and then larger, doses of Micronase (glyburide), until I was taking

20 mg/day. That worked for about 4 years. Then we added Glucophage (metformin), working up to 2,000 mg/day. Finally, we tried Actos (pioglitazone) to get down the after-meal glucose. That was of no measurable help to me.

You’re the professionals. You tell me, what constitutes readings of “consistently greater than 8.0%?”

I am thankful for this opportunity to give my input. I’m sure that there are plenty of people with type 2 diabetes who don’t want to go on “shots.” Some simply may be afraid of needles. More, I think, somehow feel stigmatized and rationalize that somehow their diabetes just can’t be that bad if they don’t have to take shots. The truth is, that is not the truth. Uncontrolled type 2 diabetes does all the same bad things as “real diabetes.” I use that term to illustrate the mindset of some people with type 2 diabetes, for it is the unarticulated mindset that I had myself in my early years, especially when I was able to control my disease without oral medications.

But not all people with diabetes think this way. Not all of us are afraid. Please don’t act out of accommodating either your patients’ resistance or your own beliefs about our being capable of or willing to take on insulin therapy.

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