

# Unmet Needs with Current Basal Insulin Therapy: Insights from US Healthcare Professionals

Cyrus Desouza<sup>1</sup>; Nathan Laney<sup>\*2</sup>; Natalie McCorkle<sup>2</sup>; Karen Salvesen-Sykes<sup>2</sup>



<https://sciencehub.novonordisk.com/adces2023/Laney.html?cid=qr-z5tvs738jl>

## Aims

- To identify current unmet needs of daily basal insulin therapy and the potential reasons for delaying insulin initiation in type 2 diabetes, according to US healthcare professionals (HCPs).

## Introduction

- Reported challenges and unmet needs in basal insulin therapy include insulin initiation, dose titration and hypoglycemia concerns, patient adherence or compliance issues, and economic barriers.<sup>1-3</sup>

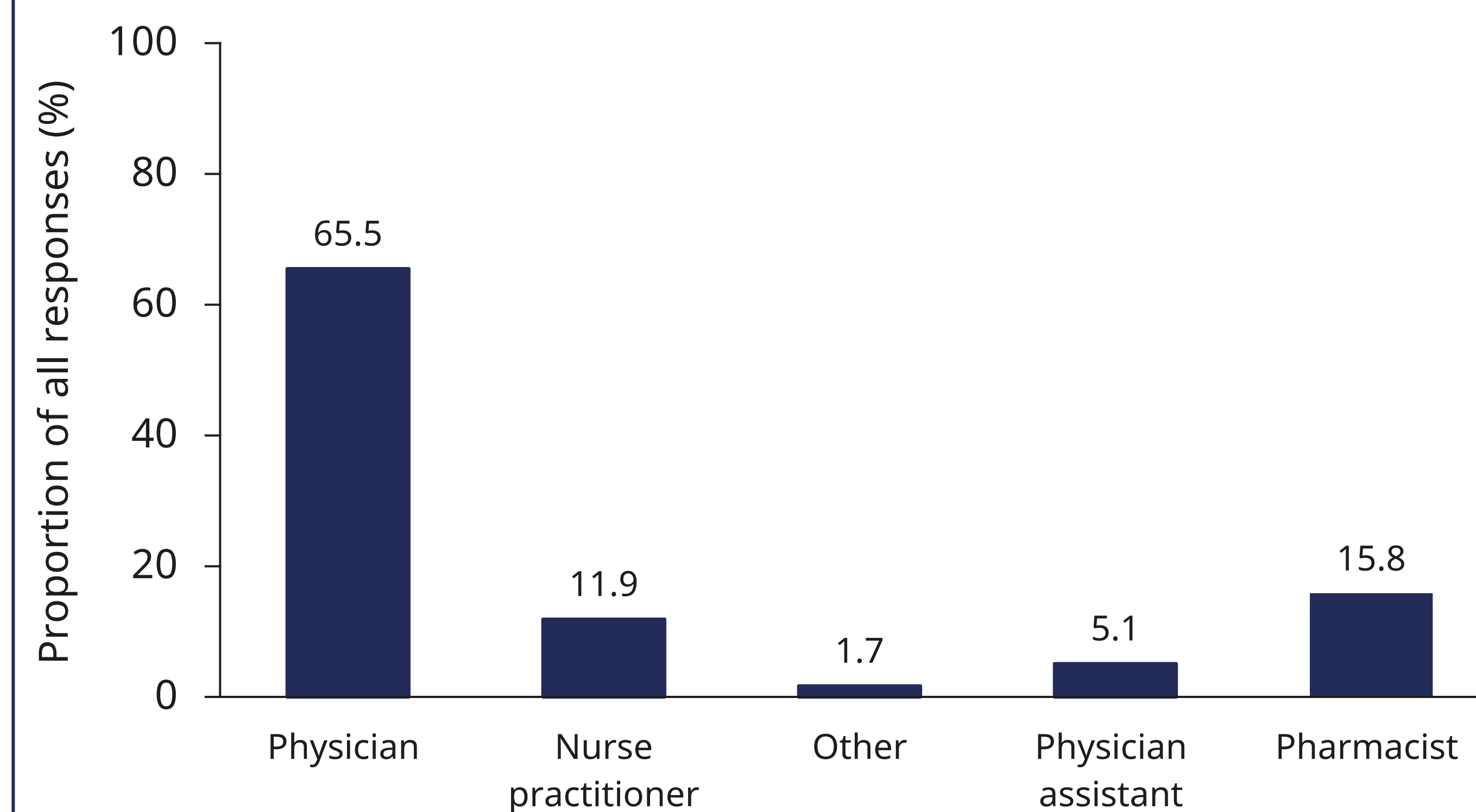
## Methods

- A six-question survey was completed by medical liaisons when meeting with 177 US HCPs (primary care or endocrinology), with responses collected July–December 2022.

## Results

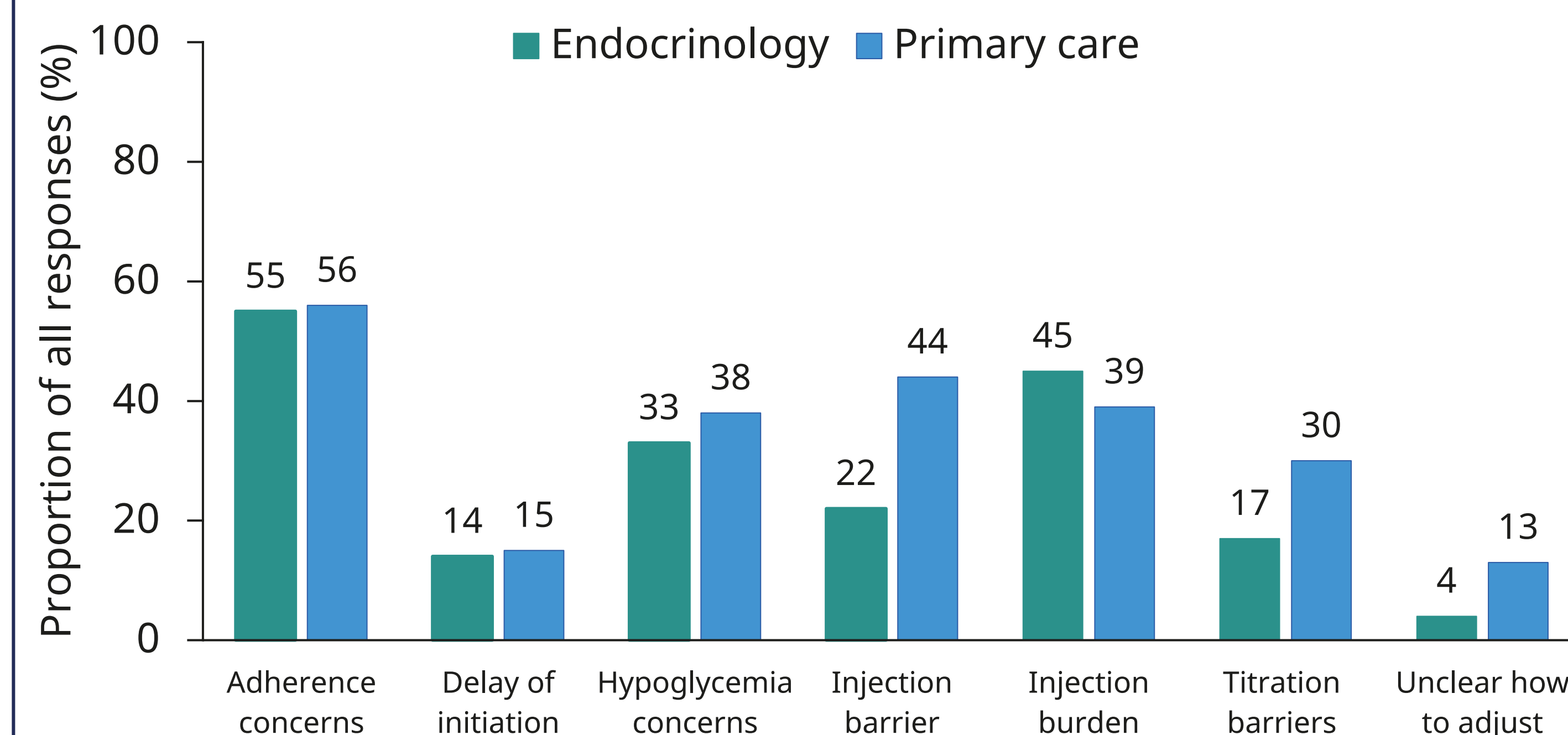
- A total of 177 HCP responses were collected from 71 endocrinology and 102 primary care specialists, as reported by survey question 2† (four reported ‘other’); physician was the most reported credential (**Figure 1**).
- Endocrinology and primary care specialists both perceived adherence concerns, injection burden, injection barrier and hypoglycemia as the top unmet needs in current basal insulins (**Figure 2**).
- Other unmet needs reported included weight gain concerns, cost, insurance coverage and inappropriate insulin use.
- A key driver for delaying insulin initiation was patient preference for a non-injectable agent (**Figure 3**).
- Better adherence and fewer injections would inspire HCPs to consider once-weekly insulin in clinical practice (**Figure 4**).
- HCPs felt that a once-weekly insulin could help overcome clinical inertia to insulin initiation (**Table 1**) and was valuable for decreasing injection burden while improving adherence.

**Figure 1:** Survey question 1: Credentials of the HCP providing the medical insight

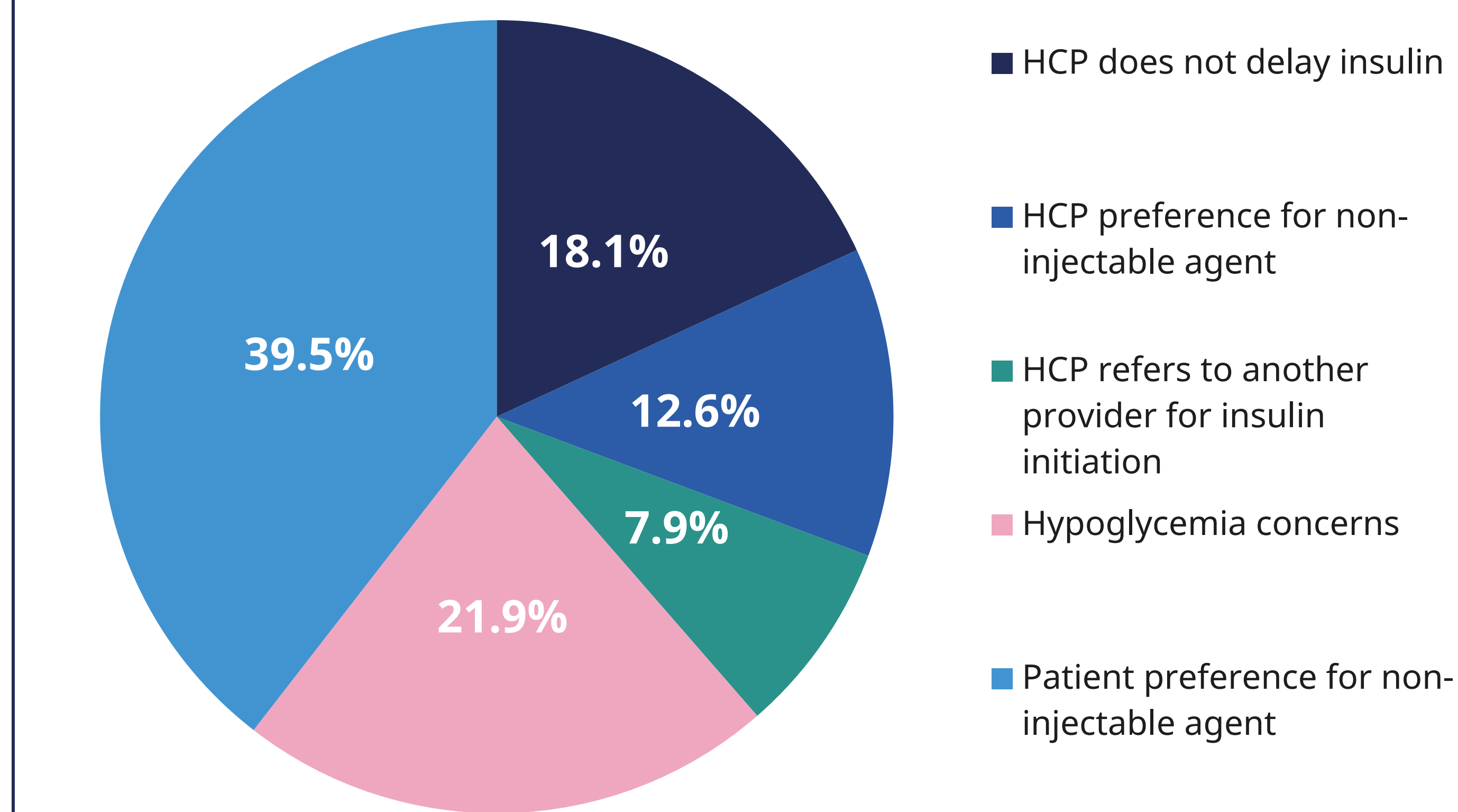


HCP, healthcare professional

**Figure 2:** Survey question 3: What are (your) unmet needs in current basal insulin therapy in type 2 diabetes? (Select all that apply)

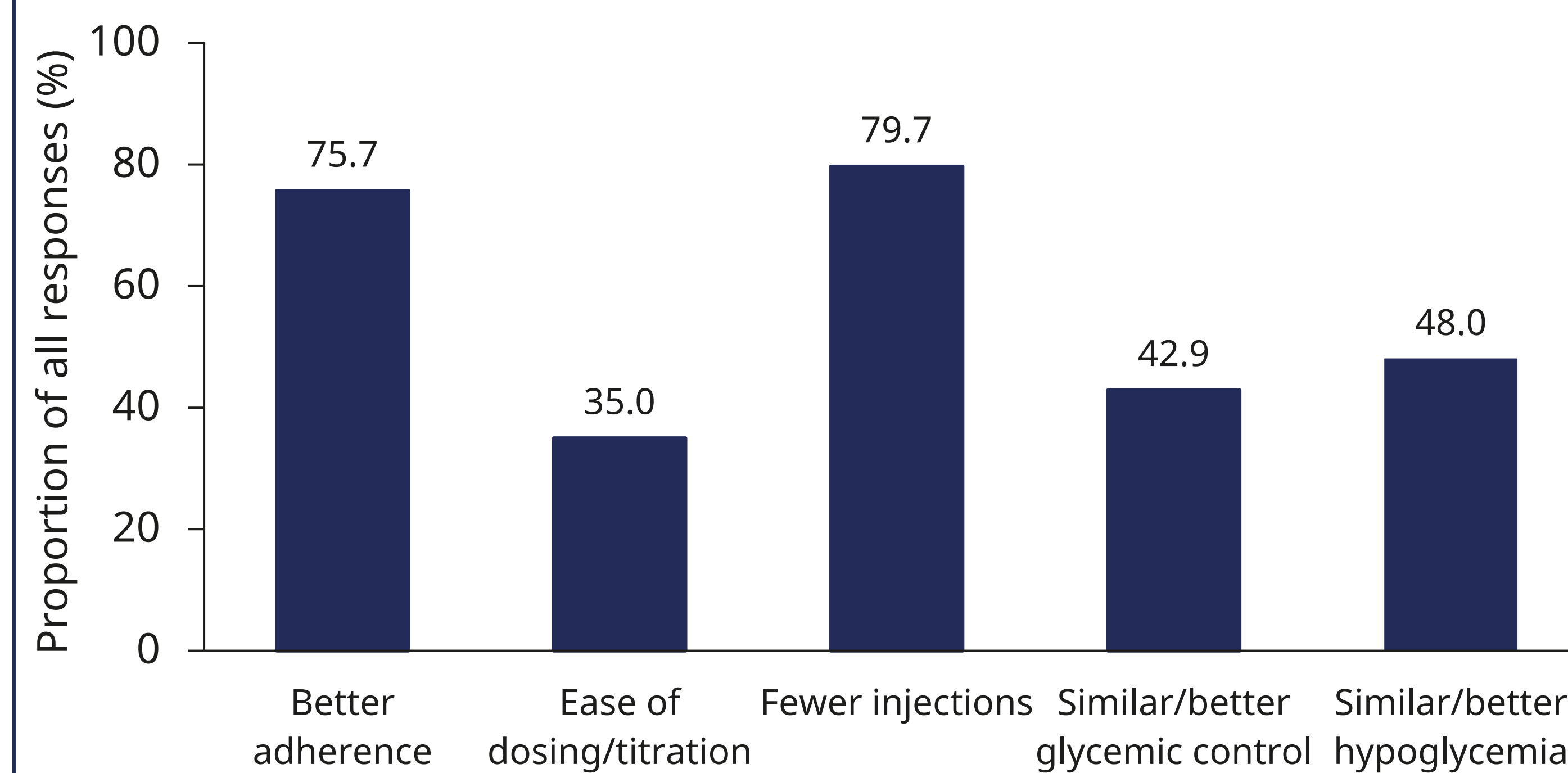


**Figure 3:** Survey question 4: Reasons for delay in insulin initiation



HCP, healthcare professional

**Figure 4:** Survey question 6: What would inspire you to consider utilizing a once-weekly insulin? (Select all that apply)



**Table 1:** Survey question 5: Do you think a once-weekly insulin could help overcome inertia to initiating insulin and, if so, why?

Dosing and administration	Compliance and adherence	Special populations	Hesitations
Reduced injection burden	Increased compliance especially in patients with busy lifestyles	Reduced burden for elderly patients with dementia and/or poor dexterity	Concern for patients with uncontrolled HbA <sub>1c</sub>
Reduced stigma attached to insulin	Increased patient adherence	Reduced burden for patients with mental health concerns	May only reduce injection burden and improve adherence
Increased convenience for the patient	Less frequent dose adjustments for the patient	Reduced burden on PCPs for patient titration education	Fear of hypoglycemia
Better compliance	Ease of use for patients	Easier for HCP to add to a medication regimen for patients with comorbidities	Efficacy concerns
Fewer encounters with needles for patients with a phobia	Simplified patient education for HCPs	Reduced polypharmacy and medication burden for patients with comorbidities	Apprehension with large starting dose and managing dose adjustments

HbA<sub>1c</sub>, glycated hemoglobin; HCP, healthcare professional; PCP, primary care provider

## Conclusion

- Both HCP and patient considerations lead to clinical inertia when initiating daily insulin. These may be overcome with a once-weekly insulin.

†Survey question 2: Specialty of the HCP providing the medical insight

**Affiliations:** <sup>1</sup>Division of Diabetes, Endocrinology and Metabolism, University of Nebraska Medical Center, Omaha, Nebraska, USA; <sup>2</sup> Novo Nordisk Inc., Plainsboro, New Jersey, USA.

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## References:

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