

Determinants of insulin treatment satisfaction in type 2 diabetic older adults

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ABSTRACT

Introduction

Glycemic control in elderly diabetics is a challenge. Treatment Satisfaction reflects this control. The aim of our study is to determine the factors associated with insulin treatment satisfaction in type 2 diabetic elderly.

Methods and materials

A cross-sectional study on 86 type 2 diabetic insulin-dependent elderly recruited from the outpatient endocrinology consultation during June and July 2021. We applied the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and geriatric assessment scores.

Results

The median DTSQ score was 28.5 (34-15). Three quarters of the patients were satisfied with the insulin therapy. Satisfied patients had significantly less history of hospitalization and more regular follow-up. Diabetic neuropathy medications were significantly less taken by satisfied patients. The number of daily insulin injections was significantly higher in the unsatisfied patients. Diabetic foot was significantly more frequent in unsatisfied patients. Geriatric assessment showed that satisfied patients

were significantly less depressed, more independent in basic activities of daily living as well as instrumental activities, without memory impairment, in better nutritional status and not falling. Using the logistic regression analysis, higher DTSQ scores were associated with regular follow up (V 7.92, 95% CI 1.83 to 34.3). Lower DTSQ scores were associated with the history of hospitalization (V 0.12, 95% CI 0.02 to 0.58), the taking of medications for diabetic neuropathy (β 0.07, 95% CI 0.09 to 0.51), the high number of insulin injections (V 0.43, 95% CI 0.19 to 0.97) and the presence of diabetic foot (β 0.17, 95% CI 0.01 to 0.38).

Conclusion

Regular follow up is a positive factor associated with insulin satisfaction, while the history of hospitalization, the taking of medications for diabetic neuropathy, the high number of insulin injections and the presence of diabetic foot are risk factors for patient's insulin dissatisfaction. This needs to be confirmed by multi-center studies on a larger scale.