

## Satisfaction with Treatment in Type 2 Diabetes Patients Requiring Insulin Treatment in Buenos Aires, Argentina

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### ABSTRACT

**OBJECTIVE:** To assess different dimensions of treatment satisfaction in patients with type 2 diabetes mellitus (T2DM) receiving insulin therapy.

**STUDY DESIGN:** Cross-sectional study. We included 183 patients with T2DM followed by diabetes specialists in an ambulatory setting: 93 treated with neutral protamine Hagedorn insulin (NPH) and 90 with insulin glargine (IG). We used a Spanish version of the Diabetes Treatment Satisfaction Questionnaire (DTSQ) for Argentina.

**RESULTS:** Overall treatment satisfaction was 30.04 (SD 5.40) for a maximum score of 36. The lowest score observed was for the satisfaction item “Flexibility of treatment” (4.7 out of 6, SD 1.27), and the highest score for the item “Recommending treatment to others” (5.39 out of 6, SD 1.23). In patients treated with IG, the overall treatment satisfaction score was 30.56 (SD 4.43); and 29.64 (SD 6.13) for those receiving NPH, not reaching a statistically significant difference. Perception of hypoglycemia was infrequent, with a mean score of 1.82 out of 6 (SD 1.62). For hyperglycemia, the mean score was 2.62 out of 6 (SD 1.54). In both cases, we found no difference between patients treated with IG and those treated with NPH insulin.

**CONCLUSION:** This is the first study describing patient satisfaction with treatment in T2DM patients in Argentina. We have found levels of treatment satisfaction similar or greater to those described in developed countries. We expect that the results of this study may encourage physicians not to delay the initiation of insulin therapy in poorly controlled patients.

**KEYWORDS:** Argentina; Treatment satisfaction; Type 2 diabetes mellitus

**Diabetes** mellitus is a major public health concern with worldwide prevalence escalating at an alarming rate. Prevalence has been projected to increase substantially between the years 1995 and 2025, with a greater increase in developing countries (48%) compared with developed countries (27%).<sup>1,2</sup>

There is increasing appreciation of the need to measure patient-reported outcomes and patient's perspective on health, disease, and medical treatments, as well as their health-related quality of life (HRQoL).<sup>3</sup> In diabetes care, comprehensive assessments of the impact of glucose control regimens on health and HRQoL are recommended, as opposed to the sole emphasis on strict glycemic control.<sup>4</sup>

Treatment satisfaction is an important influence on HRQoL.<sup>5</sup> The importance of studying treatment satisfaction is well documented, and numerous health organizations have implemented the measurement of patient satisfaction with treatment in projects designed to improve quality of care.<sup>6-8</sup> Moreover, greater satisfaction with treatment has been found to be correlated with higher rates of adherence, glycemic control, and lower body weight, suggesting that higher satisfaction is related to better clinical outcomes.<sup>9-13</sup>

Although the benefits of insulin for individuals with type 2 diabetes mellitus (T2DM) who are poorly controlled by oral agents have been established, delay in transition to insulin treatment is common, especially in developing countries.<sup>14,15</sup> The DEAL study evaluated the quality of T2DM care provided by general practitioners in private practice in 9 Latin American countries, including Argentina. Results of this study showed that only 20.7% of the surveyed private medical practitioners thought that the addition or increase of insulin doses would be a good strategy to achieve glycemic control.<sup>16</sup>

The prevalence of high glycemia or diabetes among adults in Argentina is estimated to be 9.6% in those subjects that reported having had a laboratory measure.<sup>17,18</sup>

According to Gagliardino et al,<sup>19</sup> in Latin America, 14% of patients with T2DM are treated with insulin, and the average time to insulin treatment is 12 years. In addition, results from the A1chieve study showed that among insulin-naïve patients, 43% have no therapy, the average time to insulin treatment was 10 years, and when they initiated insulin treatment the mean HbA1C value was 10.2%.<sup>20</sup> These data show the delay in starting or optimizing insulin therapy in Latin America.

The concern that the addition of insulin may worsen the quality of life or the satisfaction with treatment of T2DM patients may be one of the factors influencing this clinical inertia.

Information about satisfaction with treatment in patients with T2DM receiving insulin is scarce in Argentina. The primary objective of this study was to assess treatment satisfaction in patients with T2DM on insulin therapy and to explore the effects of demographic-, disease-, and treatment-related variables at the satisfaction level.

## METHODS

We performed a cross-sectional study to describe satisfaction with diabetes treatment regimens. A consecutive sample of eligible patients with T2DM, treated by diabetes specialists at private doctors' offices in Buenos Aires, Argentina, was taken for this study. We included patients with T2DM who were above 21 years of age, treated with either neutral protamine Hagedorn insulin (NPH) or insulin glargine (IG), who had not changed their baseline schedule in the last 6 months. They were invited to participate during their usual doctor visit. We included 9 private doctors' offices. At the time of the recruitment, IG and NPH were the only insulin baseline treatment schemes available in Argentina. Patients with any unstable medical illness, mental disease, inability to read or write, and those who chose not to participate in the study were excluded. An independent Institutional Review Board approved the study protocol. The written informed consent was obtained from all the participants included in the study.

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