



Overview of Insulin Pump Therapy

For many people living with diabetes, access to an endocrinologist is limited—more than 75% of U.S. counties have none, while 96% have at least one primary care provider.¹

With advancements in automated insulin delivery systems (AID), insulin pumps now require far less provider intervention, making them more accessible for PCPs to prescribe and manage. Ninety-three percent of surveyed² PCPs saw advantages in prescribing AID, and many would consider prescribing for both Type 1 and Type 2 diabetes.

By integrating insulin pump therapy into primary care, PCPs may be able to expand access to life-changing technology, improve glucose control, and reduce and may help reduce health disparities for patients who do not have access to an endocrinologist.

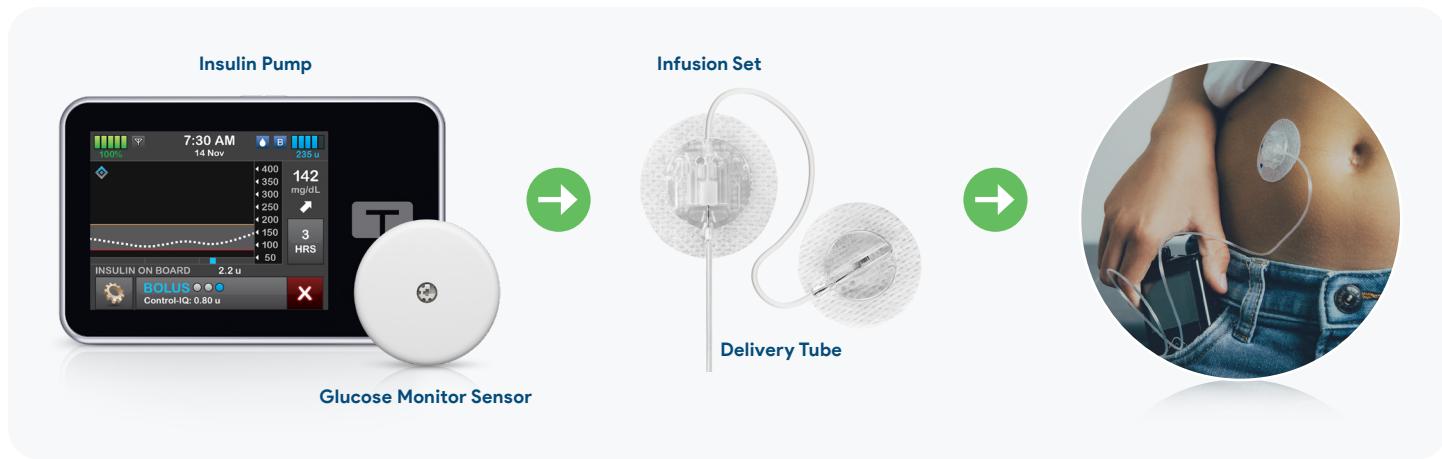


Resources:

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9705045/>
2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8297491/>

How Insulin Pump Therapy Works

- **Basal Insulin:** Delivered continuously to maintain a stable blood glucose level between meals and overnight.
- **Bolus Insulin:** Administered as needed for meals and to correct blood glucose spikes.



Key Benefits of Insulin Pump Therapy

Reduced Blood Glucose Variability

Fluctuations: The pump's ability to adjust basal rates throughout the day can minimize highs and lows, particularly during challenging periods like the dawn phenomenon.

Greater Flexibility

It's a more discreet and convenient way of delivering insulin boluses particularly when patients leave the house, which increases adherence and improves outcomes. Patients have increased flexibility with mealtime and food choices as they don't have to adhere to strict schedules for injections.

Reduced Hypoglycemia Events

By providing more controlled insulin delivery, pumps may help reduce incidents of hypoglycemia.

Reduced Need for Injections

Insulin is delivered through a small, flexible tube connected to a pump, or a remote patch (depending on model) eliminating the need for multiple daily injections.

Tips for Presenting Insulin Pump Therapy to Patients



Introduce Early

Mention insulin pumps as an option even to those who are just beginning insulin therapy, so they know all available choices.



Emphasize Flexibility

Explain how pump therapy may help them better manage their schedule and meal planning.



Discuss the Commitment

Ensure patients understand the ongoing responsibility of monitoring their glucose levels and that they are not alone in this process. Let them know that Certified Diabetes Care and Education Specialists (CDCESs), Certified Pump Trainers (CPTs), and their healthcare providers are available to help evaluate and fine-tune pump settings if their therapy doesn't feel optimal.



Gauge Patient Interest

Some patients may be excited by the technology and flexibility, while others may prefer injections. Tailor the discussions accordingly.

Frequently Asked Questions

Q: What Are the Advantages of Insulin Pump Therapy?¹

A: Improved matching of insulin needs: Basal and bolus rates can be individually adjusted to match the body's natural insulin needs.

Reduced fluctuations: Reduces blood glucose fluctuations and provides a more stable control of glucose levels.

Lifestyle flexibility: More discreet and convenient particularly when leaving the house.

No fixed schedule for injections and greater ease with meals and activity.

Q: Will My Diabetes Be Better Controlled?²

A: With improved insulin matching and reduced variability from long-acting insulin, patients may see better control. Insulin pump therapy and injections are both a matter of personal preference. Explore consultation questions below that may help you uncover those preferences.

Q: Is It Surgically Implanted?

A: No. The pumps in this guide are small, wearable device about the size of a pager, sometimes (depending on model) connected to the body by a flexible tube.

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Resources:

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6695255/>

2. <https://diabetes.org/about-diabetes/devices-technology/insulin-pumps-relief-and-choice>