Injection technique – promoting best practice

HELEN TWAMLEY, CLINICAL NURSE MANAGER, BEAUMONT HOSPITAL
SONYA BROWNE, CLINICAL NURSE SPECIALIST, BEAUMONT HOSPITAL
HELEN BURKE, ADVANCED NURSE PRACTITIONER, UNIVERSITY COLLEGE HOSPITAL GALWAY
PATRICIA COADY, CLINICAL NURSE SPECIALIST, CORK UNIVERSITY HOSPITAL,
YVONNE MOLONEY, CLINICAL MIDWIFE SPECIALIST, MID-WESTERN REGIONAL MATERNITY HOSPITAL

ALL ARE MEMBERS OF THE FORUM FOR INJECTION TECHNIQUE (FIT) IRELAND
Diabetes is a major chronic illness, with type 2 diabetes affecting 1 in 20 people in Ireland. It is estimated that 180,000 people, of all age groups, have either type 1 or type 2 diabetes, and this is expected to rise to 233,000 by 2020. Recent research conducted by Diabetes Ireland shows that 1 in 3 people has a family member with diabetes.

It is estimated that almost 30% of people with diabetes use injectable therapies, which, based on current figures, can be calculated as approximately 54,000 Irish people. For injectable therapies to work optimally, correct injection technique is essential.

Support for primary care teams
Recently launched in Ireland, the Forum for Injection Technique (FIT) is an initiative which aims to raise awareness of emerging and existing research relating to diabetes injection technique and the impact this may have on health outcomes. FIT is an international endeavour which originated in the UK and now also has boards in Canada, India and Ireland.

FIT’s mission is to support people with diabetes using injectable therapies, through evidence based practice in order to achieve the best possible health outcomes that are influenced by correct injection technique. This will be done through professional and patient education, accessible support and research. For the last three years a dedicated group of injection technique experts have analysed the literature and have helped to bring together new recommendations.

One of FIT Ireland’s first actions has been the publication of the First Irish Injection Technique Recommendations, which have been adapted from the First UK Injection Technique Recommendations 2nd Edition, published by FIT UK. The recommendations provide up-to-date guidance for diabetes practitioners and equip them with a clear and concise educational resource to share with their diabetes patients.

Supporting self-care is a crucial aspect of any high-quality diabetes service, and structured patient education is an important part of this. High-quality, structured education can have a profound effect on biomedical outcomes, and can significantly improve a patient’s quality of life and satisfaction. Once a patient is imbued with knowledge, skills and confidence, they are better able to control of their own condition and integrate effective self-management into their daily lives.

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Supporting practitioners and patients with educational tools will not only increase self-management but, importantly, this knowledge will help to ensure that the dose is delivered to the right injection site, using the right technique every time. Injection technique is one of the keystones of diabetes injection therapy, and it is vital that patients are educated on best practice. When injectable therapies are not absorbed properly, immediate problems such as hypoglycaemia (a sudden drop in blood sugar because of accelerated insulin absorption) and/or hyperglycaemia (a rise in blood sugar because of slow insulin absorption) can occur.

Hypoglycaemia is a serious side-effect of insulin therapy and sulphonylurea therapy and can cause both autonomic symp- toms (nervousness, sweating, and hunger) and neuroglycopenic symptoms (confusion, weakness, and less frequently seizure or coma), and can ultimately lead to death if treatment is not given. Longer-term problems can also include lipohypertrophy (accumulation of fat under the skin which can be caused by injecting too frequently in the same area). Where lipohypertrophy occurs, the effectiveness of absorption from subcutaneous tissue may be affected.

In addition to health benefits, establishing a culture of good injection technique could contribute to managing the cost of
diabetes care. The cost of diabetes care is becoming an increasing burden for the Irish Health Service Executive as diabetes treatment and complications contribute to up to 5% of Irish national health expenditure.7 Recent research shows that the cost of treating diabetes complications greatly outweighs the cost of maintaining good blood glucose control.8 Achieving optimal glycaemic control can help reduce immediate problems such as hypoglycaemia and longer term complications such as lipohypertrophy.

Conclusion
Diabetes care management is a process that supports an ongoing partnership between healthcare professionals and people with diabetes. It is important that the resources are available to support both parties. Establishing FIT in Ireland will help to improve diabetes care by providing relevant and fully-researched guidance to promote best practice in injection technique for all those involved in diabetes care. It is our belief that by establishing a culture of good injection technique in Ireland, the chronic situation that diabetes presents may be greatly improved.

FIT Ireland will be holding Diabetes Educational Meetings in Dublin and Cork in conjunction with the Irish Nurses and Midwives Organisation (INMO) from April-June 2013.

The First Irish Injection Technique Recommendations can be found at: www.fit4diabetes.com/ireland

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