

## **INSULIN INITIATION IN ELDERLY PATIENT WITH TYPE 2 DIABETES MELLITUS: BARRIERS ACCORDING TO A CLINICAL PRACTICE BASED PANEL**

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**Introduction:** Insulinization is recommended in patients with diabetes mellitus type 2 (T2DM) if blood glucose targets are not achieved. However in T2DM elderly patients it can be challenging, due to frequent physical, emotional and cognitive limitations. **Objectives:** Describe the insulinization barriers in T2DM elderly patients, according to the physician's perspective, and to suggest measures to overcome them. **Methods:** A survey with 45 questions regarding clinical characteristics, barriers to insulinization, and treatment strategies was sent to six Brazilian diabetologists from different geographic locations. Subsequently, a discussion with the respondents was performed to validate the responses and collect additional data. **Results:** Specialists had in average 15 years of clinical experience seeing 63 elderly patients each by month. About 25% of patients attended public healthcare system, of which 25% have adequate glycemic control and 40% are treated with insulin. Regarding private system patients, 55% have adequate glycemic control and 33% are treated with insulin. According to the specialists' perspective, the main barriers to initiate insulin are fear of the collateral effects (including hypoglycemia), perception that insulin introduction means disease aggravation (100%) and limited time to orientate the patient. Moreover, the anabolic effect of insulin was considered an important clinical benefit in elderly patients and insulin glargine a treatment that broke barriers. **Conclusions:** Fear of hypoglycemia, perception of disease aggravation and limited time to educate are the crucial barriers to insulinization in T2DM elderly patients. Education was considered, through patient support program and medical events, as the solutions to overcome the current barriers.