Blood Sugar Control Delayed in People With Diabetes Who Say No to Insulin

Patients who refuse insulin treatment face chronic kidney disease, heart disease and blindness.

February 27, 2020 By Alicia Green

Individuals with type 2 diabetes who refuse insulin therapy find it harder to control blood sugar and lower their glucose levels when compared with those on treatment, according to new findings by researchers from Brigham and Women's Hospital in Boston published in Diabetic Medicine. These patients are also at greater risk for complications such as chronic kidney disease, heart disease and blindness.

In order to determine why patients frequently delayed insulin, researchers assessed more than 5,000 adults with type 2 diabetes who were followed by primary care doctors for 14 years. Investigators identified patients' documented insulin decline as noted in their electronic medical records.

Investigators observed that more than 2,000 patients (43%) declined insulin therapy. These patients reached target blood sugar levels at an average of 50 months, compared with an average of 38 months among those who started insulin therapy upon their doctor's recommendation.

People were also more likely to start insulin therapy if they experienced diabetes complications or high blood sugar levels or if they were already seeing an endocrinologist. Older patients and those taking other diabetes medications were less likely to accept insulin therapy.

Findings failed to show why patients refused insulin therapy, as reasons weren't documented in their records. (Study authors noted that insulin costs in Massachusetts—where the study took place—were lower than in other parts of the United States.)

"Our study calls into question an assumption of therapeutic inertia—the idea that if a patient with diabetes has high blood sugar, it's always the fault of the health care provider for not treating the condition more aggressively," said Alexander Turchin, MD, MS, the director of quality in diabetes at Brigham and the study's corresponding author.

Turchin added that patients are autonomous and make their own health care decisions. "When we think about improving health care, we must take into consideration that both the providers and patient are involved in these decisions," he said.

For related coverage, read “Why Diabetes Treatment Shouldn’t Focus Only on Controlling Blood Sugar Levels” and “Can Money Motivate Adolescents With Diabetes to Check Blood Sugar More Often?”

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