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HOST: Jodi Lavin-Tompkins
Hello and welcome to this episode of the forefront utilization of a connected insulin pen platform to help address psychosocial barriers for people with diabetes.

My name is Jodi Lavin Tompkins and I'm a nurse certified diabetes care and education specialist and the Director of Accreditation and Content Development at the Association of Diabetes Care and Education Specialists.

Joining me today is Dr. Nicole Bereolos. She is a licensed clinical psychologist and certified diabetes care and education specialist in private practice in North Texas.

Doctor Bereolos is on the editorial board of Diabetes Spectrum and an advisor for Diabetes Sisters. She is a national speaker, author, and spokeswoman across several platforms such as SiriusXM, DOC Radio, WebMD, Diabetes forecast and Everyday Health. Most recently, she presented practical approaches for addressing behavioral health needs at last year's ADCES annual conference.

Doctor Bereolos was the spokesperson for ADCES for diabetes and mental health for many years. We're excited to have her here with us today.

With the support of Lilly Diabetes, the purpose of today's discussion is to recognize the behavioral challenges often faced by people with diabetes and how a connected insulin pen platform may help address those barriers.

Doctor Bereolos will also provide insights on how to facilitate and ease these sometimes-difficult discussions with people with diabetes.

Hi, Doctor Bereolos and welcome.

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**GUEST: Dr. Nicole Bereolos**
Hello, good morning.

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**HOST: Jodi Lavin-Tompkins**
**Q1. Can you share a little bit more about yourself, your years in practice, why you chose your clinical specialties for our audience?**

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**GUEST: Dr. Nicole Bereolos**
**A1**. Sure. Thank you everybody for having me today. So like she said, my name is Doctor Nicole Bereolos. I am a clinical health psychologist and certified diabetes care and education specialists working in private practice in North Texas. I see people from birth to death basically in working, helping people manage their chronic conditions because we know there are so many psychosocial variables that go along in managing any chronic conditions. And the reason I got into this is I never forget, in one of my undergrad classes, we started looking at some literature that was pretty new and it was termed Health Psychology and like wow, this is so interesting to me. It was talking about health behaviors and the roles people can have in managing their own conditions in addition to medications and other things that are out there. So I looked into the various graduate programs and chose the one I did actually here in North Texas. So thank you.

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**HOST: Jodi Lavin-Tompkins**
Great. Thanks for telling us all about yourself. That's really helpful. You know, some people with diabetes have fears when they start insulin, and they may even have difficulty talking about and expressing those feelings.

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**Q2: So based on your experience, how would you advise our audience to acknowledge and address those fears and work towards resolution?**

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**GUEST: Dr. Nicole Bereolos**
**A2**: My goodness, I think fears is probably one of the top three topics people with diabetes talk about when they're in the office with me. You know, often times, they see their healthcare professional, and they feel like they're not really being heard. They're not understood or there's all these biases about people with diabetes. So, I think it's very important to have a very open environment, very nonjudgmental language, make them feel comfortable about the good, the bad, the ugly of their lives.

And you've got to remember, they're not just somebody living with diabetes, but they are perhaps a parent. Perhaps they work full time. Perhaps they're caring for an elderly parent. They’re a friend. They’re a sister. They’re a brother. They have so many roles in their lives. This is just one of them.

So, you know, we all have successes and challenges in our life, right? So I think it could be very helpful to really start with what they've done well, what they're happy about, what they're proud of. This will help build their self-esteem, OK. And then you can start to work on those very diabetes specific behaviors. I'll never forget I had a woman; I think she was about in her sixties, 65. She's actually still working, but her husband had some pretty significant health challenges, and she had some aging parents, about 30 minutes from where she was living. And I tell you what, diabetes self-management behaviors were not at the forefront of what she was wanting to address in her day-to-day life. She just didn't feel that it was important. You know, her physician wanted her to start taking insulin. She was scared. She didn't know what to do. She had heard about having people having to go to the hospital if they took too much or if they didn't take enough. And all these things. So it can be just very helpful to start with your basic kind of stress management 101. Things you may talk with your friends and colleagues about how to manage your own provider burnout.

You know, these people in front of us, these people living with diabetes that come to us for help and assistance. They are people too. So talk to them like you would anybody else because the more kind of open, open with body language, open with questions, open ended questions that you use, the more likely you're going to get very honest answers, right? They're not going to try to fudge what they're saying based on what they think you want to know. I think that is so important when you talk about emotions, fear, acceptance of living with diabetes.

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**HOST: Jodi Lavin-Tompkins**
Yeah, all of those tips really resonate with me because I have family members with diabetes, and so I know that these are some of the challenges that they face, and this is really helpful.

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**HOST: Jodi Lavin-Tompkins**
Now one of the real challenges I've seen when people with diabetes take insulin is sometimes missing a dose, forgetting they already took a dose, taking a dose twice, or even taking the wrong type of insulin.

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**Q3:** **So how would a connected insulin pen platform help to reduce those errors and help to provide some resolution to their distress?**

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**GUEST: Dr. Nicole Bereolos**
**A3**: Yeah. So people are very feared, you know, when they hear the word insulin.

As I mentioned earlier, in people living with diabetes make hundreds of additional decisions day-to-day in their lives because of their diabetes alone. So there's, you know, thinking about insulin did I, didn't I? How do I set up a system to help me remind myself to take insulin? Are all concerns people with diabetes have who do take insulin? So we're fortunate to have things like connected pens that can help ease some of the stress. It kind of does a little bit of the work for you.

You know you can set up dosing reminders to help you with missed doses. It will log the actual time and date that you took insulin when the how much you took, what time you took, the type of insulin and it was even a little calculator that will help you if you use an insulin to carb ratio, determine how much insulin to take because sometimes the thought of doing that mental math, you can just be so overwhelming that rather than people taking the time to do it, they just don't do or they guess.

They're like, OK, well, you know, I had that Turkey sandwich yesterday I took, I don't know, 2 units seemed to do pretty well. So I'm just going to take that 2 units again today not realizing they maybe had a larger breakfast. They may still haven't a lot of insulin on board. And then what happens is insulin can stack right where we have more insulin in the body and the body needs just because we take insulin too close to each other. So that connected pen will really help you say, OK, well, it's 7:00 o'clock this morning I took 5 units. Well, I'm having an early lunch today. I may still have, you know, a unit 2 units in my body working, so I may or may not need to take as much as I really did yesterday, but that connected pen helped takes a lot of that work out of the out for you, right? Because you can just pull it up and say, OK, do this do this, do this do this, it just really is a guide to help you in making better decisions in living with diabetes and taking insulin as you intended to.

Because things happen, right? Oh, we put things in a different place. We, you know, had a bad phone call or bad news come in at 9:00 or 10:00 o'clock and our medication just goes right out the door. We don't know what we did and what we didn't do because it's again it's not in the immediate vicinity, it is not in the forefront of our brain about what we did. So that's why some of these devices could be so helpful for people.

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**HOST: Jodi Lavin-Tompkins**
Right. So the connected insulin pen platform seems to have features that could be very helpful for people. You know, the psychological impact when starting insulin, especially mealtime insulin, is an extremely important topic for our audience. So if you would like to find out more about the importance of meal time insulin, please go to www.diabeteseducator.org/forefront to learn more.

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**HOST: Jodi Lavin-Tompkins**
Now, Dr. Bereolos, I know there are emotions such as embarrassment or even discomfort when people with diabetes share their blood glucose values with their healthcare professionals.

People with diabetes might feel their values are not an adequate representation of their diabetes, self-management efforts, or even worse, they think they're healthcare professionals will be disappointed.

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**Q4: Can you share a story with our viewers that describes the situation?**

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**GUEST: Dr. Nicole Bereolos**
**A4:** So really the first thing that comes to my mind is punishment. You know, every time you look at a number, people feel like there's a pass and a fail, a good and a bad. You can talk about weight, BMI, cholesterol, blood pressure, cholesterol, so on and so forth. So that really comes through with diabetes because people with diabetes have so much guilt, so much embarrassment when it comes to that single number because it is sometimes said to them, well, what did you do wrong? It is your fault you ate something. You should not have eaten to cause your blood sugars to go up. And healthcare providers have got to take a step back. We know there are so many variables associated with what goes into blood sugars. What causes it to go up, what causes them to go down time of day, other hormones in the body, whether I mean you name it right. There's only so many things that people with diabetes have control of, right.

So often I share this with people in front of me and say, hey, we know there's all these things that affect diabetes. Look at this chart, look at these things that says there's 40 different things that affect blood sugar. Look what we can control, what we can't, you know, things are going to happen. If we could predict our blood sugars every day. Diabetes would be a cakewalk. But clearly, that's not the case. So just having, again, that atmosphere, that office that's welcoming and that's inviting, that's not punitive to that person in front of you. Be their cheerleader, get your pom poms out, get your I don’t care. Be as animated as possible because when they see somebody smiling and listening intently and perhaps using summative statements and reflective statements, you know some of the tools you probably have learned from motivational interviewing, there are going to be so much more comfortable and say, hey, you know what, it is just a moment in time that single blood sugar.

We can work on this, right? We've got all this other information that these connected pens give us. We could put in maybe we were sick that day. Maybe we, you know, had additional snack that we didn't bolus for. Maybe we didn't get any sleep that night. Maybe we unfortunately had a family member pass away. All these major things. You can put those notes in the connected pen apps, right, because you're not going to remember that. You know, you could go to your healthcare professional and have a let's say a 400 or a 300. Well, rather than being punitive, you can say you know what, it was not a good day for me, but I know why and when we know the why, we can then change our behaviors to have numbers that we’re more comfortable with. So again, having that welcoming environment, not being punitive, all information is welcomed. You know a lot of people in front of me, if they start to get teary eyed or they get upset., they will want to apologize. I say no, no, no, no, no. We do not apologize for emotions here. All emotions are valid, right? The good, the bad and the ugly. There is a reason you feel like this. So allow them to be open because you've got to remember: you may be the only person that there feel comfortable talking with this about too. OK. So you want them to get this off their chest and have that release if you will. it's so important when you talk about managing blood sugar values because they vary so much day to day.

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**HOST: Jodi Lavin-Tompkins**
Alright, Dr. Bereolos, you've convinced me and I'm going to go out and buy some pom poms right now. Right now.

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**GUEST: Dr. Nicole Bereolos**
Do it, do it.

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**HOST: Jodi Lavin-Tompkins**
Thanks for sharing these stories with us. There is quite a bit to learn now.

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**Q5: Could you elaborate on how a connected insulin pen platform could serve as a solution to help address the challenges and feelings that you’ve mentioned thus far?**

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**GUEST: Dr. Nicole Bereolos**
**A5**: So, person centered care has been a topic, a term we have used for many years.

These connected pens can be very much individualized. They are not a one size fits all, you know, your technology is to the point where one person can use technology for one reason and another person could use technology for another. So being sharing the options available to them, the different settings, the different inputs, the different things you could look at. You've got a very much tailor that to that person in front of you because you do not want to overwhelm Them. You can focus on just one or two things you know, such as when you last took your dose because it automatically logs that insulin dose the time that you took it now much you took. So maybe that is just enough where you can start to look at patterns, maybe that notes feature would be really important because they could then kind of in a way self-justify and there's probably a better word but kind of self-justify umm, why there was a higher than desired glucose value that day if they put it in their note section. Because again, some people may use that some people may not. You know, I'm here in North Texas, temperature is an issue. People go to the lake here. Maybe people in South Texas go to the ocean or they're people are going to amusement parks or water parks. You know, it helps look at temperature too, because that's a big issue, especially during the summer months, when it's when it gets so warm. It's just a provides that reassurance. And when we know we have that reassurance, that automatically reduces stress for people.

Which makes emotions easier to cope with, regardless of where that stress is coming from. Overall stress management helps us deal with the challenge that's in front of us in the right there, right there in in real life.

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**HOST: Jodi Lavin-Tompkins**
Absolutely. And there are some people with diabetes who express feelings of being overwhelmed or just saying it's just too much for me.

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**Q6: So how would you guide and navigate the diabetes care and education specialists through those discussions?**

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**GUEST: Dr. Nicole Bereolos**
**A6**: Yeah. So I'm going to sound like a broken record, but being open, using open ended question is so important. Be aware of your judgment. Be aware of your personal biases, right? Your stereotypes that you have within. You know, ask them what they want your help with. They may or may not have the answer to that, but ask them why they're here, because I almost guarantee it, the referral question that you may have gotten through your electronic health record likely is going to be different than what that person in front of you truly needs. But you've got to give them that time to express themselves. We as diabetes care and education specialists are very fortunate and that typically we can see these individuals in our office for a longer duration of time than your physician, or your pharmacist, or your PA or your nurse practitioner. So utilize that time to let that person with diabetes in front of you really have the stage. Let them share with you what works, what doesn't work. OK, build on those successes they have had in the past.

Make it a positive encounter. Because when it's a positive encounter, they're more apt to come back, first of all. They're more apt to say, you know what, that's actually kind of doable. You know, instead of talking about reducing A1C from, I don't know, a 9% to a 7%, talk about maybe just looking at your time and range, maybe moving that by 5%. Or maybe reducing body weight by three pounds instead of the total 30 that that individual would benefit from losing.

Making very small goals that makes that less overwhelming, less doable because you want that person with diabetes to walk out and say I've got this. I can do this, right. And that's going to translate to..so it's like a domino effect really.. that’s going to translate to them being more engaged, more willing to seek out technology to utilize diabetes, to be open about their condition, not be afraid, not shudder, not feel like they have to always go to the restroom to do their insulin injections or hide under the table. Or not even tell people their loved ones that they even have diabetes because that's really a big issue too, because of some of the stigma that goes along in living with diabetes.

Help them show that they can do it, but it's not the same condition as maybe they have heard about through various myths because there are so many myths about living with diabetes and the consequences of diabetes and how insulin works. And if you're on insulin, you're now a bad diabetic, right? Well, that's just not the case. We know that if you're living with type 2 diabetes, it's a progression. OK. So our treatments have to be a little bit more robust over time. That's not the fault of the individual. But utilizing those skills that you have learned to be a good clinician, to be a good people person to help you. Umm. Basically, help the person in front of you make better choices with regards to diabetes self-management.

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**HOST: Jodi Lavin-Tompkins**
You know, after listening to what you just said, I can hear that song called “Accentuate the Positive” in the background.

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**GUEST: Dr. Nicole Bereolos**
Yeah.

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**HOST: Jodi Lavin-Tompkins**
**Q7: So do you have any additional advice you would give for a new diabetes care and education specialist to engage in these conversations?**

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**GUEST: Dr. Nicole Bereolos**
**Q7**: Sit back. Observe. I remember when I was first in Graduate School, we had to observe season clinicians’ kind of in their style and just how they presented themselves in their office or in their practice setting. Sit back, take it in, look at the body language of the healthcare professional of the DCES. Look at the body language of the person with diabetes. Watch when they get tense, look at changes in their facial expressions, when they lean back in their chair. When they move forward into their chair.

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**GUEST: Dr. Nicole Bereolos**
All of that is going to give you subtle but extremely important clues on what's working and what's not working within that dyad between the person living with diabetes and the healthcare professional. You know, I often suggest that people look into the peer support communities, you know, online or through meetups, either in person or through different platforms. And just again be that lurker, see what's really going on in the lives of people with diabetes, what they're real concerns are.

Because I can pretty much guarantee that those concerns that are happening in real life, are not always the same as what we see in the literature, right. Or what us as healthcare professionals think should be going on, right? I think, if we think, we're making assumptions and that can get you in some trouble, right, so just try and see what people in your community are doing with diabetes management because there's so many. Don't forget about all the different cultures and how they look at these things so differently. And culture is a very broad term, meaning umm, where you grew up, your native language, the types of foods you eat, the time zone you're in. I mean, there's just the level of education, you know, there's just what your role is in your family. Cultures is a broad term, but culture can really dictate a lot about what you're going to do and what you're not going to do. So again, taking a step back, soaking in that information, especially if you're able to do this within the community you're going to work in the future as a DCES, will help you be a better clinician.

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**HOST: Jodi Lavin-Tompkins**
**Thank you. And I'm sure our audience would like to know where to go to learn more information.**

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**Q8: Could you share that with them?**

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**GUEST: Dr. Nicole Bereolos**
Sure. So you may have heard about the ADCES 7 self-care behaviors. It's been around a long time, but it really helps us focus, right? So you've got that person living with diabetes in the middle and that's crucial, OK? Because then you have these other variables around us. We've got coping, healthy eating, being active, taking medications, monitoring, reducing risk, problem solving. So some of you may be saying well, there's no way I can address all of these within one session, and you're probably right. But what you can do is let that person with diabetes help make that decision about which of those ADCES 7 behaviors is appropriate for that moment in time. It is simply a framework, but it is important that we consider all aspects of those framework because they are all affecting that person in the middle. That person living with diabetes. OK, so you can also go with the education.lillymedical.com. They have been dedicated for decades in providing resources for healthcare professional professionals. Helping us help them make better decisions day-to-day.

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**HOST: Jodi Lavin-Tompkins**
Well, Doctor Bereolos, this has been so great. Thank you so much for taking the time to join us for this episode of the forefront and sharing your knowledge and experiences with our audience.

You've really helped to bring awareness to some of the psychosocial barriers people with diabetes experience and then how a connected insulin pen platform addresses those challenges. It's great to know that additional resources and tools are available so thanks again for those. And for me, as a diabetes care and education specialist, I know how useful this information is for clinical practice. So I'm sure our viewers really appreciate hearing your firsthand experience.

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**GUEST: Dr. Nicole Bereolos**
Yeah. Thanks again, Jodi and everybody for having me. I mean, we're so fortunate to live in a time where we do have a technology available to us. People with diabetes have choices with regards to administration of insulin. Connected pens is one of those options, right. The psychosocial aspects of living with diabetes are there. They are always going to be there. The best technology is not going to stop that from happening. I mean, I could talk about this all day. I mean, I just. I'm really passionate and I always say.

You can have the best things out there, but if we don't have somebody willing to utilize these resources, then it doesn't matter what we have. So it's very difficult. But we know that we can help people with diabetes, make better decisions and hopefully improve their quality of life. So thank you so much to Lilly Diabetes and also to ADCES to bringing this topic to the forefront of our members. Thank you.

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**HOST: Jodi Lavin-Tompkins**
We want to thank our sponsor Lilly Diabetes once again for their support of this episode of the forefront. Thanks for watching and please join us again for future episodes. We'd love your feedback on this forefront, so please be sure to fill out the questions via the link in the show notes and thanks again.