

DID
YOU
KNOW ?



Nearly 50% of patients with diabetes reuse their needles.^{1*}
Here's why that matters.

Diabetes self-care goes beyond healthy eating and activities

You may know **using a new needle** for every injection is recommended as part of proper injection technique, but did you know that proper injection technique **may help lower A1C?**^{2-5†}

↓ A1C **1.0%**



In a study of patients with diabetes who inject insulin, patients educated on proper injection technique (including using a new needle for every injection, rotating injection sites, and shifting to a 4mm or 5mm needle) experienced a 1% reduction in A1C at 6 months.^{5‡}

Take a moment to talk to patients with diabetes about using a new needle for every injection

Patients with diabetes may need a reminder about this important topic. Talk to them about the reasons to use a new needle.



Needles are no longer sterile after use²



Reuse may increase risk of injection pain and bleeding^{2,3}



Reuse has been associated with increased risk of developing lipohypertrophy,^{4†} which can contribute to erratic insulin absorption, increased glycemic variability, and unexplained hypoglycemic episodes.³



Ensure patients with diabetes have enough pen needles or insulin syringes

- Remind your patients of the importance of using a new needle with each injection
- Ask your patients to check their needle supply every time they refill their insulin

*13,289 patients with diabetes who inject insulin participated in an ITQ survey. 38.8% of the 2,711 patients using insulin syringes reported needle reuse and 55.8% of the 11,961 patients using pen needles reported needle reuse. †13,289 insulin-injecting patients from 423 centers in 42 countries participated in a survey. Incorrect injection site rotation, years taking insulin, and pen needle reuse were associated with lipohypertrophy (all significant at $P < 0.05$). ‡116 patients with diabetes on insulin were randomized to 3 intervention groups to assess the change from baseline in A1C at 6 months following structured injection technique training and changing to a shorter needle length (4mm or 5mm pen needle). Baseline A1C for all groups were similar (mean: 8.5-8.8% [$\pm 1.4-1.9\%$]).

1. Frid AH, Hirsch LJ, Menchior AR, Morel DR, Strauss KW. Worldwide injection technique questionnaire study: population parameters and injection practices. *Mayo Clin Proc.* 2016;91(9):1212-1223. **2.** Frid AH, Kreugel G, Grassi G, et al. New insulin delivery recommendations. *Mayo Clin Proc.* 2016;91(9):1231-1255. **3.** American Diabetes Association. Standards of medical care in diabetes—2022. *Diabetes Care.* 2022;45(suppl 1):S1-S264. **4.** Frid AH, Hirsch LJ, Menchior AR, Morel DR, Strauss KW. Worldwide injection technique questionnaire study: injecting complications and the role of the professional. *Mayo Clin Proc.* 2016;91(9):1224-1230. **5.** Misnikova IV, Gubkina VA, Lakeeva TS, Deval AV. A randomized controlled trial to assess the impact of proper insulin injection technique training on glycemic control. *Diabetes Ther.* 2017;8(6):1309-1318.

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