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KNOWLEDGE AMONG OLDER ADULTS AND INFORMAL CAREGIVERS ABOUT INSULIN THERAPY: CHALLENGES AND STRATEGIES FOR SELF-MANAGEMENT

CONOCIMIENTO DE LAS PERSONAS MAYORES Y DE LOS CUIDADORES INFORMALES SOBRE LA INSULINOTERAPIA: DESAFÍOS Y ESTRATEGIAS PARA EL AUTOCONTROL

CONHECIMENTO DE IDOSOS E CUIDADORES INFORMAIS SOBRE INSULINOTERAPIA: DESAFIOS E ESTRATÉGIAS PARA AUTOGESTÃO

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Dear Editor,

Population aging and the epidemiological transition pose a challenge to the Unified Health System (UHS) in managing complex chronic conditions, with Diabetes Mellitus (DM) taking center stage. However, more than the high prevalence of the disease, the gap in competence, knowledge, and skills for self-care at home, as well as for self-management of treatment, has sparked extensive discussions in the scientific, political, and healthcare fields[1].

Among therapeutic alternatives, insulin therapy is a common resource, often indispensable for metabolic control. It is a highly complex intervention that, when associated with the functional and cognitive decline inherent in senescence, creates a high-risk scenario for serious adverse events, complications, and hospitalizations, which are mostly avoidable[1,2].

In this context, it is observed that the responsibility for administering insulin is often shared with informal caregivers who, although essential, rarely possess the necessary health knowledge or technical training. The literature points out that the effectiveness of insulin therapy depends not only on the pharmacological prescription, but also on self-management, which involves everything from correct storage and application technique to clinical reasoning for dose adjustments and

recognition of signs of decompensation[3,4]. When older adults lose autonomy, and the caregiver is not trained, the patient's safety in the home setting is frequently compromised.

It is therefore essential to problematize the role of Nursing in Primary Health Care (PHC). Although PHC is the organizer of care, educational strategies remain fragmented or excessively normative. The simple delivery of supplies or quick verbal instructions in the office proves insufficient to guarantee adherence and the correct administration technique[4-6]. Health education for older adults and caregivers requires active methodologies, such as simulation, demonstration, and continuous monitoring, considering the sensory, educational, and cognitive limitations of this population, as well as the lack of technical and scientific preparedness of their support networks.

In light of the above, it is argued that competence in insulin management should not be presumed, but rather evaluated and certified periodically by the Nursing team, given that gaps in knowledge about insulin therapy represent a direct determinant of unfavorable clinical outcomes.

Thus, strengthening patient safety in insulin use requires a paradigm shift: the transition from a prescription-centered model of care to one focused on the continuous training of the older person–caregiver dyad. Reflections on the leading role of Nursing in this process are necessary, considering its potential for implementing structured and longitudinal educational interventions that transform technical information into safe, effective, sustainable, and evidence-based practical skills to reduce the gaps between disease complexity and the capacity for treatment self-management.

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