Self-Injection is a Success

Jonna Gintberg, Clinical Nurse Specialist, Phd
Henriette Brahe Høj, Specialist Nurse in Endocrinological Disease
Endocrinological Department

Background:
29 of the 120 patients with Acromegaly, who annually attend check-up visits at Aarhus University Hospital, are in lifelong Ipstyl treatment. Ipstyl, which is a viscous compound, is injected using a rather large needle. This requires both mental energy, skill and muscle power. Therefore, these people have so far received injections at their own doctor’s. Many of the 29 feel healthy, are working and live normal lives. Therefore, it may be a recurring nuisance having to consult their physician monthly to have the injection. On this basis, it is believed that self-injection will increase the individual’s quality of life.
This project is therefore about quality assurance of the 29 citizens’ current quality of life, whether they want training in self-administration at our hospital unit and follow-up contact about how the self-injecting is going.

Significant findings:
Reasons for training in self-administration wanted.
Family doctor injects quickly – which gives bruising, may bleed profusely, and might hurt the rest of the day. Bumps occur which almost disappear from time to time.
No talk with their doctor about everyday things, only at the beginning.
Injection days can be varied by private activities.
Hygiene important - lack of hand hygiene caused infection at the GP.
Solves practical problems (transport, fatigue).
Freedom to plan.
Feel confident giving yourself injections.

Experiences after repeated self-injection:
“Evening injection - you will sleep from any nausea.”
“When I inject, it hurts less, I know when it happens and it does not bleed.”
Opinion: "I can only recommend others to learn it themselves, it works so well."

Method for data generation:
Written information to the 29 citizens - feedback from 21.
Review and approval from 'Regional Research Ethics Committees' isn’t relevant.
Preparation of interview guide consisting of validated questions.
Telephone Interviews.
Training in self-injection, including material and carrying out qualitative interviews.
Follow-up telephone interviews.
Analysis (Steiner Kvale’s three operational levels).

Implications for clinical practice:
Encourage training for self-administration when the others come for their annual checks.
Possibly encourage persons who do self-injections to write 20 lines about why they think it’s going well.
This could be given to patients who come for control appointments.