PATIENT PERSPECTIVES · FULL IN-DEPTH INSIGHT REPORT

Living With Diabetes: What Makes Medication Routines Hard to Follow?

Patient perspectives on medication frequency, routine disruption, missed doses, timing burden, supply gaps, support tools, and communication with diabetes care teams.

Real Experiences · **Patient Patterns** · **Validated by Data**

880	376	6	42.7%
total responses captured	complete responses	countries represented	survey completion rate

WHY THIS REPORT

Medication plans may be clinically clear but still difficult to carry through in daily life.

Living with diabetes can require medication decisions every day, often around meals, work, travel, sleep, glucose readings, and access to supplies. The same plan that works on a quiet day may become difficult during a shift change, delayed meal, trip, or pharmacy shortage.

ADA guidance emphasizes that treatment should meet individual needs, while CDC resources highlight the role of routines, reminders, pharmacists, and diabetes self-management support. This report examines where the real-world routine breaks and what could make it easier.

> **About the responses.** The survey captured 880 responses, including 376 complete and 504 partial responses, from the United States, the United Kingdom, Canada, Italy, France, and Germany. Question-level percentages are reproduced exactly from the survey report. Multi-select questions may total more than 100%.

EXECUTIVE SUMMARY

Six findings that define this patient experience.

INSIGHT 01
Dose disruption is common
58.2% report at least one missed or delayed dose in the past month.

INSIGHT 02
Routine change is the leading barrier
56.3% select travel, late work, or being away from supplies.

INSIGHT 03
Timing creates meaningful burden
51.7% report significant planning or daily stress.

INSIGHT 04
Supply gaps reach many patients
46.8% experienced at least one delay over six months.

INSIGHT 05
Simple tools lead
36.3% use phone alarms or calendar alerts.

INSIGHT 06
Most say they can speak openly
77.9% feel comfortable telling the care team about struggles.

01 PATIENT CONTEXT

Type 2 diabetes is the largest group, but the routines are diverse

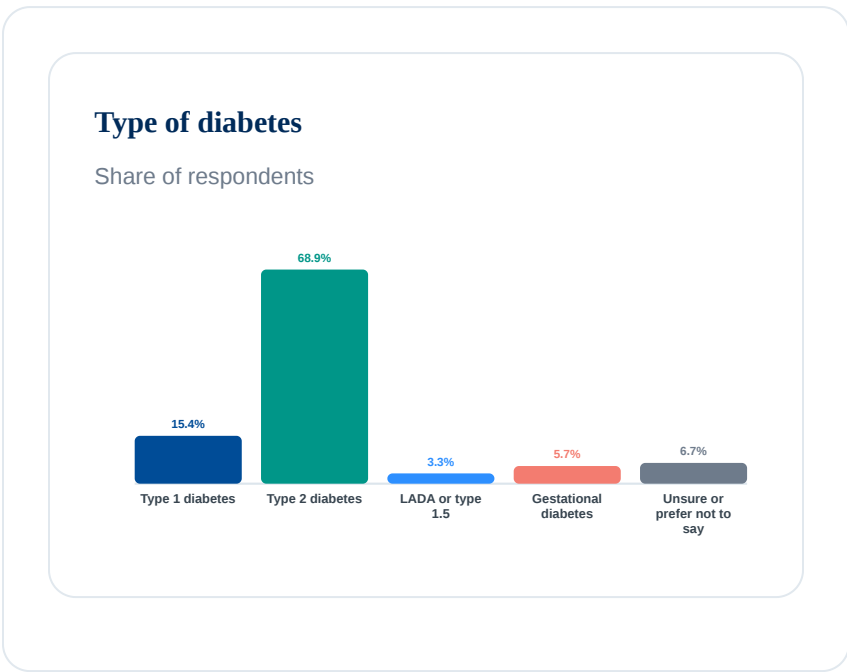
68.9% report type 2 diabetes

CONTEXT
The responses come from people living with diabetes across six countries and include type 1, type 2, LADA, gestational diabetes, and people who were unsure of their type.

WHAT THE DATA SHOWS
68.9% report type 2 diabetes, 15.4% type 1, 5.7% gestational diabetes, 3.3% LADA, and 6.7% unsure or prefer not to say.

THE INSIGHT
The report is led by type 2 diabetes experience, but the medication burden cannot be interpreted as one uniform regimen.

WHY IT MATTERS
Support needs to account for diabetes type, treatment method, and the number of daily actions required.



02 TREATMENT MIX

Many people are managing more than one treatment method

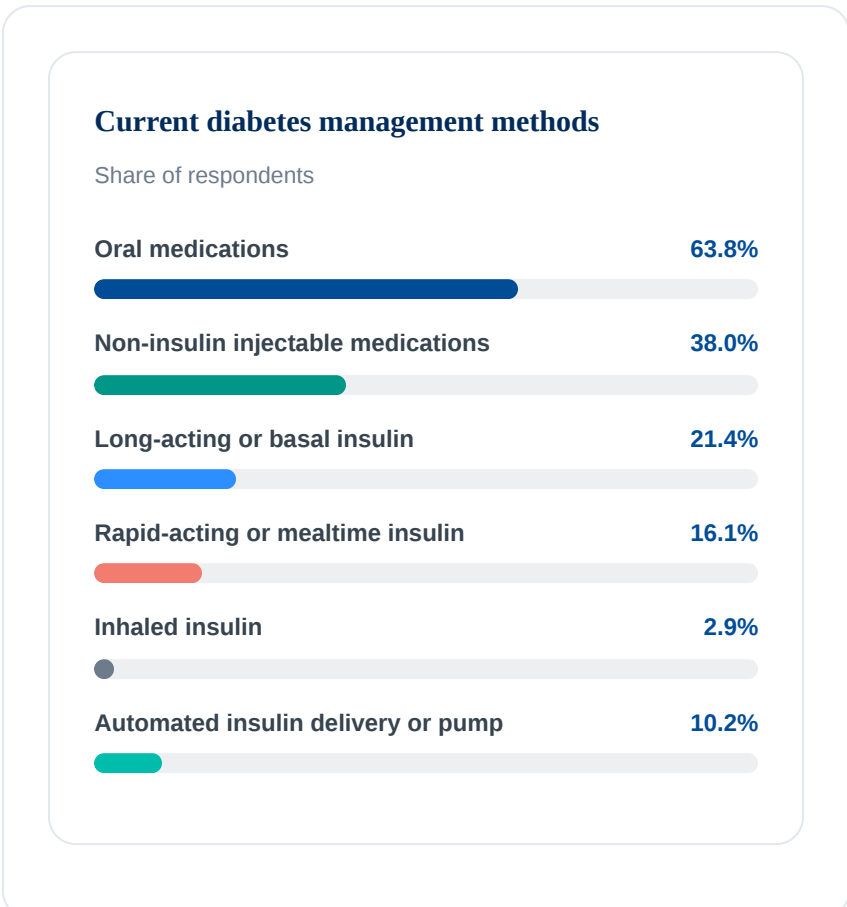
63.8% use oral diabetes medication

CONTEXT
Modern diabetes care can include oral medicines, non-insulin injectables, basal insulin, mealtime insulin, pumps, and connected devices.

WHAT THE DATA SHOWS
63.8% use oral medicines, 38.0% non-insulin injectables, 21.4% basal insulin, 16.1% mealtime insulin, 10.2% an automated insulin delivery system or pump, and 2.9% inhaled insulin.

THE INSIGHT
Because this was a multi-select question, the treatment methods overlap. The routine may combine different timing rules, devices, and refill pathways.

WHY IT MATTERS
A reminder or simplification strategy must be matched to the actual regimen, not only the diagnosis.



03 DAILY TREATMENT LOAD

Most respondents have at least one medication action every day

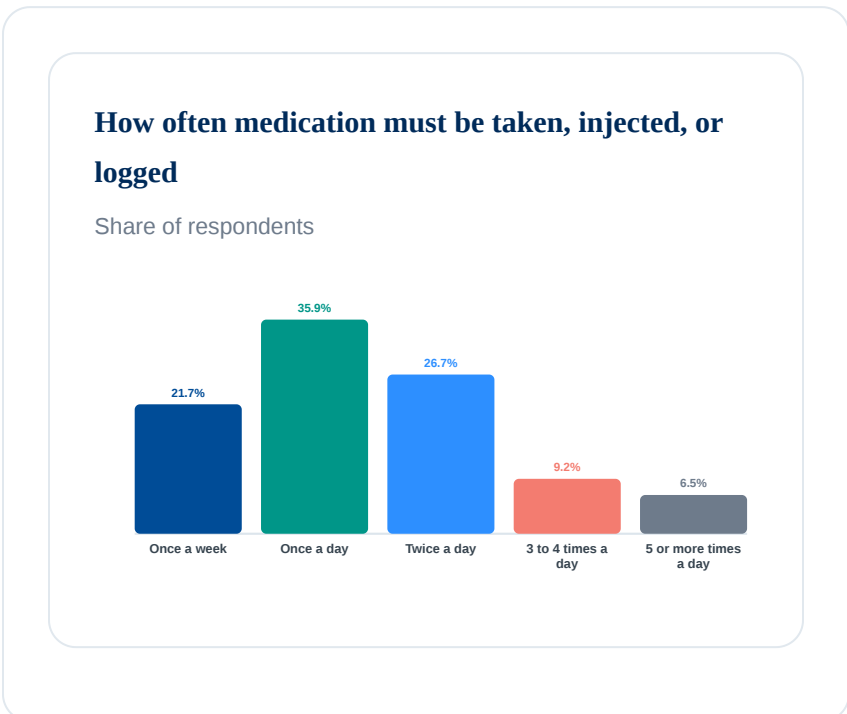
78.3% take, inject, or log medication at least daily

CONTEXT
Each medication action creates a point where timing, meals, work, or supplies can affect the plan.

WHAT THE DATA SHOWS
35.9% report once-daily action, 26.7% twice daily, 9.2% three to four times daily, and 6.5% five or more times daily. 21.7% report a weekly-only action.

THE INSIGHT
The routine burden is concentrated not only in complex insulin plans. Even one daily action must survive changes in work, travel, and family life.

WHY IT MATTERS
Support should focus on the daily context in which the medicine is taken.



04 DOSE DISRUPTION

More than half report at least one missed or delayed dose

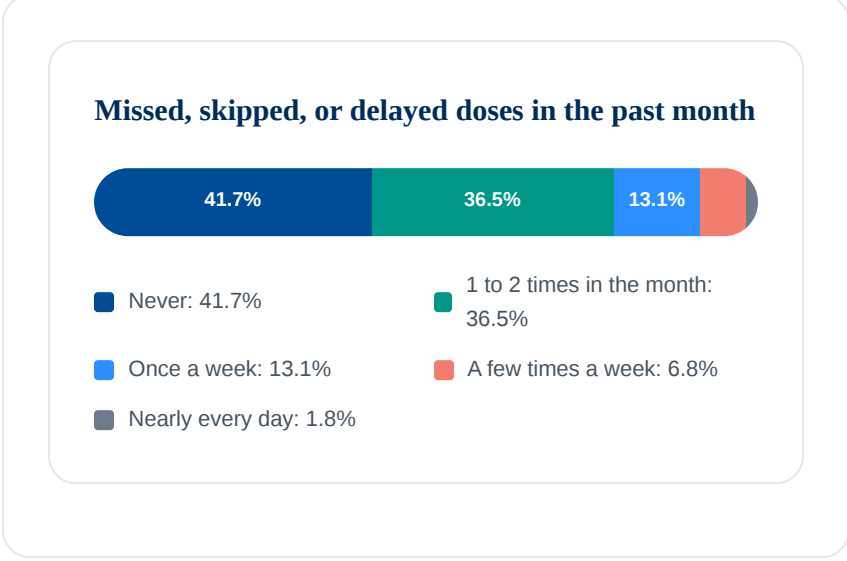
58.2% report at least one disruption in the past month

CONTEXT
Medication adherence is not always all-or-nothing. Many people have occasional interruptions rather than a persistent pattern.

WHAT THE DATA SHOWS
41.7% report never missing or delaying a dose, 36.5% report one or two times in the month, 13.1% once a week, 6.8% a few times a week, and 1.8% nearly every day.

THE INSIGHT
The largest opportunity is to prevent occasional disruption from becoming frequent by identifying the trigger early.

WHY IT MATTERS
A supportive review can focus on what changed that day instead of using labels such as non-compliant.



05 ROUTINE BARRIERS

Disrupted days matter more than motivation

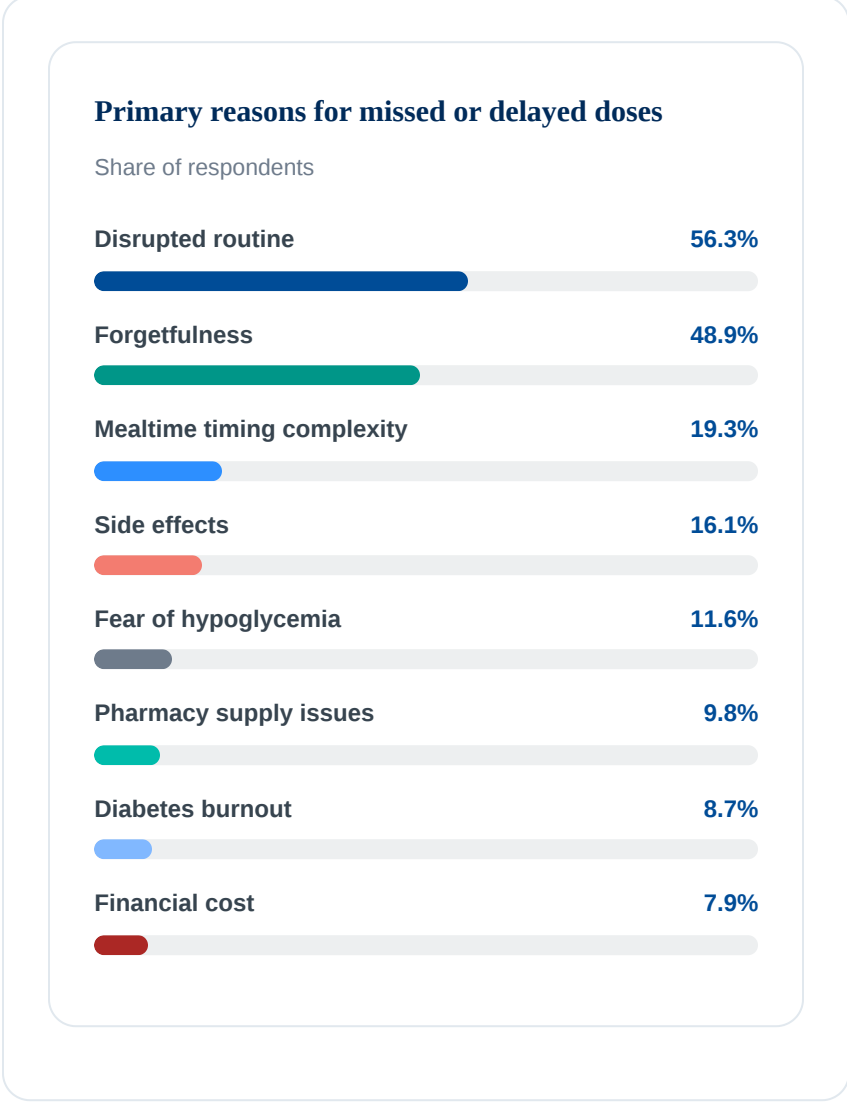
56.3% select disrupted routine as a reason for missed doses

CONTEXT
Work, travel, late hours, forgotten supplies, meal rules, and side effects can all interrupt the plan.

WHAT THE DATA SHOWS
56.3% select disrupted routine, 48.9% forgetfulness, 19.3% meal-timing complexity, 16.1% side effects, 11.6% fear of hypoglycemia, 9.8% supply issues, 8.7% burnout, and 7.9% financial cost.

THE INSIGHT
The two leading reasons are about the structure of the day. They are more likely to improve through planning and system support than through repeated warnings.

WHY IT MATTERS
The care plan should include what to do on travel days, shift changes, late meals, and supply problems.



06 TIMING BURDEN

Precise instructions create planning work for many patients

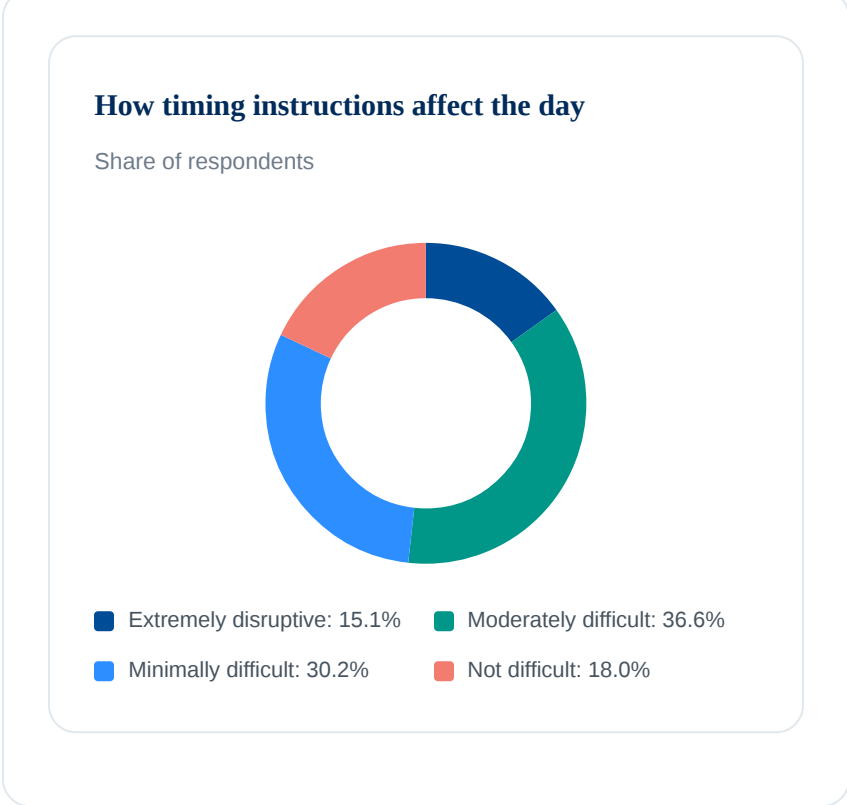
51.7% report significant planning or daily stress

CONTEXT
Some medicines must be linked to meals, an empty stomach, or glucose readings, which can make the schedule less flexible.

WHAT THE DATA SHOWS
15.1% say timing dictates the day and causes stress, 36.6% say it requires significant planning, 30.2% describe a smaller annoyance, and 18.0% say it fits easily.

THE INSIGHT
When more than half experience substantial burden, the problem is not only remembering. It is the fit between treatment instructions and daily life.

WHY IT MATTERS
Patients should be encouraged to discuss timing difficulties before changing or skipping doses.



07 SUPPLY CONTINUITY

Medication availability is part of the adherence pathway

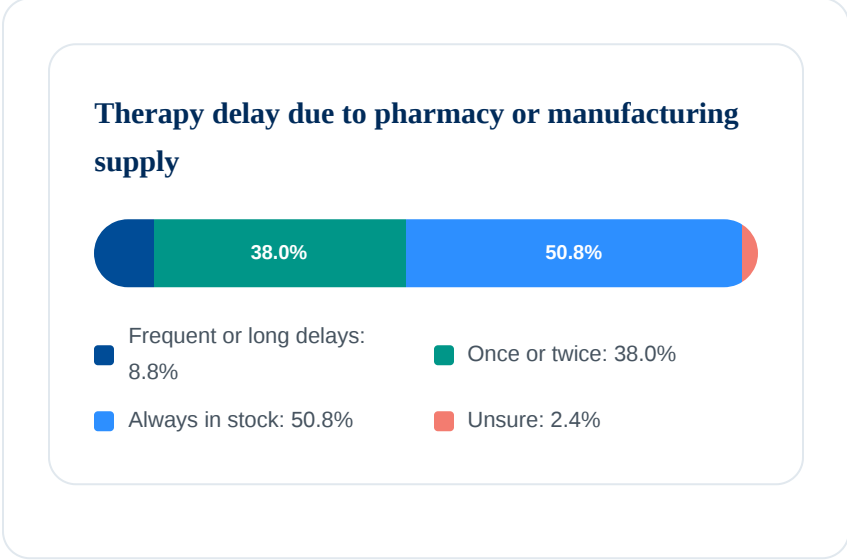
46.8% experienced at least one supply-related gap

CONTEXT
FDA notes that shortages can arise from manufacturing problems, quality issues, delays, and discontinuations. For patients, the effect is a broken treatment routine.

WHAT THE DATA SHOWS
38.0% experienced a delay once or twice and 8.8% experienced frequent or long delays. 50.8% report that medication was always in stock and 2.4% were unsure.

THE INSIGHT
Nearly half have encountered a supply interruption, even though pharmacy shortages are not the leading reason for individual missed doses.

WHY IT MATTERS
Refill reminders and early communication need to begin before the last dose is reached.



08 SUPPORT TOOLS

People rely most on familiar, low-friction reminders

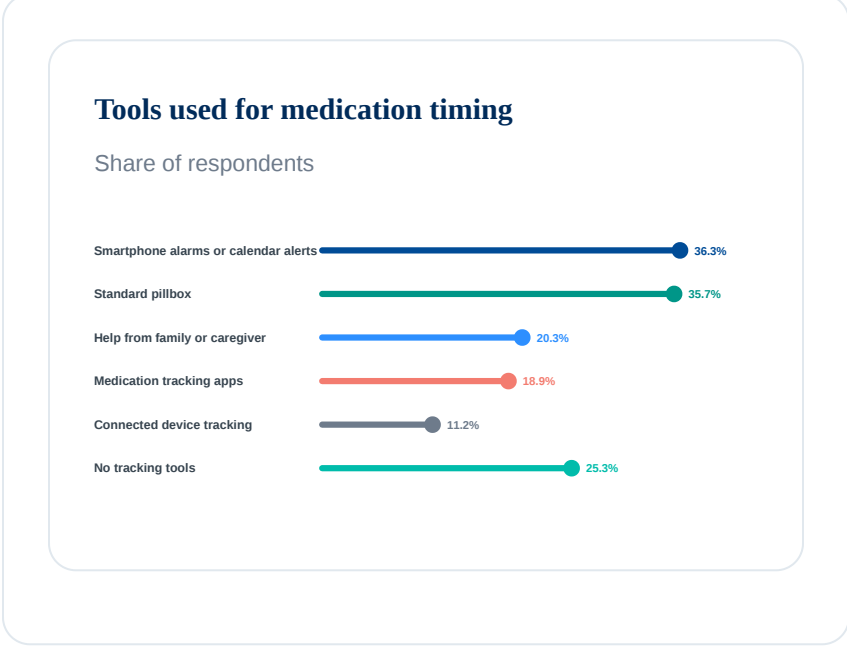
36.3% use smartphone alarms or calendar alerts

CONTEXT
Reminder tools range from pillboxes and phone alarms to caregiver help, apps, and connected devices.

WHAT THE DATA SHOWS
36.3% use phone alerts, 35.7% a pillbox, 20.3% family or caregiver help, 18.9% specialized apps, and 11.2% connected devices. 25.3% use no tracking tool.

THE INSIGHT
The most common tools are simple and already part of daily life. Specialized technology is not automatically the best fit.

WHY IT MATTERS
The right tool should reduce effort, not add another task to the diabetes routine.



09 CARE-TEAM COMMUNICATION

Most feel comfortable speaking up, but comfort does not guarantee a changed plan

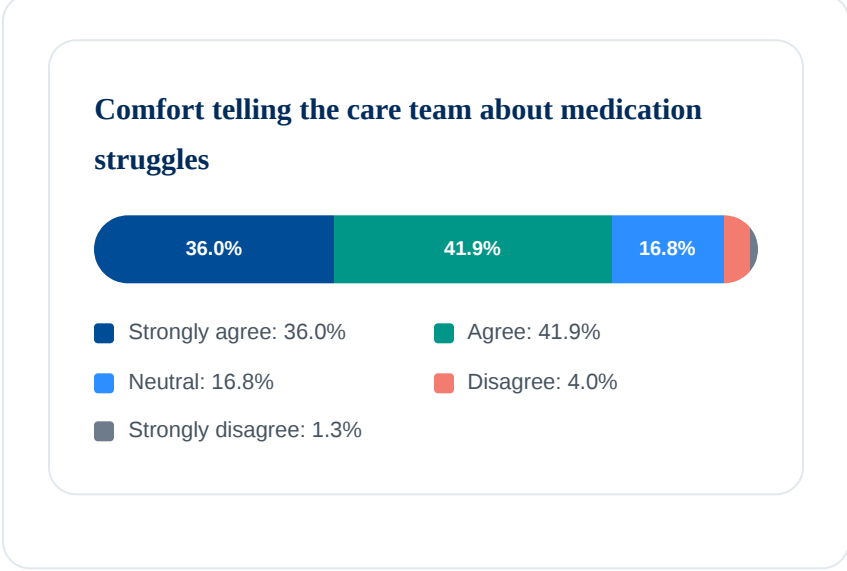
77.9% agree they can tell the care team about medication struggles

CONTEXT
Open communication is essential because side effects, timing, fear of hypoglycemia, and access problems may require different responses.

WHAT THE DATA SHOWS
36.0% strongly agree and 41.9% agree that they feel comfortable talking to the care team. 16.8% are neutral, 4.0% disagree, and 1.3% strongly disagree.

THE INSIGHT
The high comfort level is encouraging, but it should be tested with specific questions about real missed doses and routine barriers.

WHY IT MATTERS
Patients may say they are comfortable in principle while still believing the system cannot change the problem.



10 HESITATION LENS

For the uncomfortable group, the main concern is whether discussion will lead to change

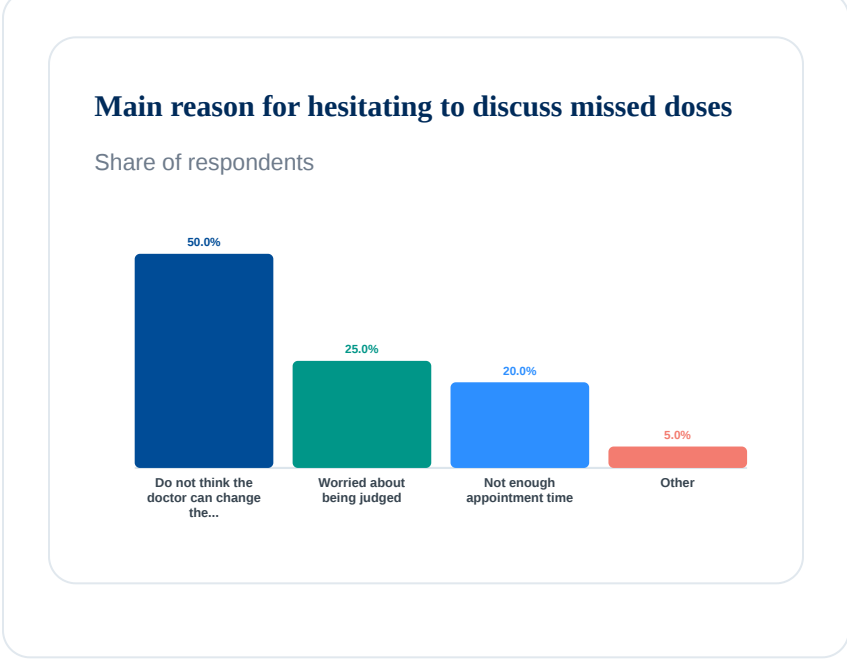
50.0% believe the doctor cannot change the routine

CONTEXT
This question was shown only to respondents who said they were uncomfortable discussing missed doses.

WHAT THE DATA SHOWS
Half say they do not think the doctor can change the routine, 25.0% fear judgment, 20.0% cite limited appointment time, and 5.0% select another reason.

THE INSIGHT
The barrier is not always trust. It can be low expectation that the conversation will produce a practical solution.

WHY IT MATTERS
Care teams should close the loop by explaining what can be adjusted, what cannot, and what support is available.



11 PATIENT VOICE

Patients want easier refills, clearer instructions, and less administrative friction

The open comments focus on practical changes: home delivery, automatic refills, affordability, simpler directions, fewer pills, continuous education, personalized insulin choices, and better data sharing with the clinic.

> Make refills automatic or send medication to the home before the supply runs out.
> OPEN RESPONSE THEME · REFILL CONTINUITY

> Give simpler instructions that are easier to follow in daily life.
> OPEN RESPONSE THEME · TREATMENT CLARITY

> Make medicines and supplies more affordable, with better communication between doctors, pharmacies, and insurers.
> OPEN RESPONSE THEME · SYSTEM COORDINATION

Interpretive note. Open-ended comments add context but are not quantified as prevalence.

PRACTICAL LENS

Four ways to make diabetes routines easier to sustain

Find the break point
Ask exactly when and why the routine fails: meals, travel, side effects, supplies, cost, or fear of low blood sugar.

Simplify where possible
Review dose frequency, timing instructions, device burden, and whether the regimen still fits the person's life.

Build refill protection
Use early reminders, pharmacy communication, delivery options, and a plan for expected shortages.

Use support without blame
Treat missed doses as information that can improve the plan, not as proof that the patient is careless.

FROM INSIGHT TO ACTION

A diabetes routine works only when it can survive an ordinary, unpredictable day.

Patients are already using reminders, pillboxes, family support, and careful planning. The next improvement is not simply more effort. It is a treatment and support system designed around the moments when real life interrupts the plan.

1. **Map the difficult moment** — Record what was happening before each missed or delayed dose.
2. **Choose one reliable reminder** — Use a phone alarm, pillbox, caregiver check-in, or device that fits the routine.
3. **Refill before the final week** — Create enough time to address stock, authorization, or delivery problems.
4. **Bring barriers to the care team** — Discuss side effects, meal timing, hypoglycemia fear, cost, and schedule conflicts before changing doses.

REFERENCES AND CONTEXT SOURCES

1. American Diabetes Association: Treatment and Care: Treatment plans should meet individual needs and change as needs change.
2. CDC: Promoting Medication Management: Pharmacists can help patients take medicines as prescribed and access medicines and supplies.
3. CDC: Diabetes and Shift Work: Irregular schedules can complicate diabetes medication timing, and reminders may help.
4. U.S. FDA: Drug Shortages: Shortages may result from manufacturing, quality, delay, or discontinuation problems.

MDForLives is a global healthcare focused insights platform where healthcare professionals, patients, and caregivers discover, share, and shape the future of healthcare.

This report presents survey findings and general educational context. It is not a substitute for individual medical advice.