MDForLives

MDFORLIVES IN-DEPTH INSIGHT REPORT

Living With Newer Diabetes Treatments: Are Better Numbers Making Daily Life Easier?

Patient perspectives on newer diabetes treatments, quality of life, daily routines, treatment trade-offs, affordability, and long-term expectations. This report follows the treatment journey from adoption and first expectations to the gains, frictions, and outcomes that make therapy feel worth continuing.

Context → Data → Insight → Impact

163	4	15	79.5%
Complete responses	Countries represented	Closed-ended findings	Completion rate

THE CLINICAL QUESTION

Can newer diabetes treatments improve control and make daily life easier?

Yes, they can. The findings suggest that newer treatments may improve glucose predictability, quality of life, and daily flexibility, but the benefit is strongest when the routine, cost, side effects, and long-term expectations remain manageable.

This report looks at how people judge newer diabetes treatments once they become part of daily life. It follows the story from awareness and adoption to predictability, lifestyle change, treatment burden, and the outcomes patients want next.

The American Diabetes Association 2026 Standards continue to place the individual at the centre of care and include well-being, health behaviours, and treatment burden alongside clinical outcomes. The lived experience of treatment is therefore part of the clinical picture, not an optional extra.

> **Countries covered:** United States, United Kingdom, Italy, Germany. The responses came primarily from the United States, with additional perspectives from the United Kingdom, Italy, and Germany.

EXECUTIVE SUMMARY

What the data is showing

FINDING 01

58.2% are currently using a newer diabetes treatment

Adoption is already part of everyday diabetes care for many respondents, not a future possibility.

FINDING 02

57.4% try to balance glucose control and quality of life equally

The dominant goal is balance, rather than choosing numbers or daily life in isolation.

FINDING 03

44.2% value more stable and predictable glucose levels most

Predictability can reduce both clinical uncertainty and the mental load of constant adjustment.

FINDING 04

64.3% say treatment makes healthy habits easier to maintain

The treatment effect may extend beyond medicine by making supportive routines feel more achievable.

01 SECTION 01

Treatment adoption is already real, but experience is uneven

CONTEXT

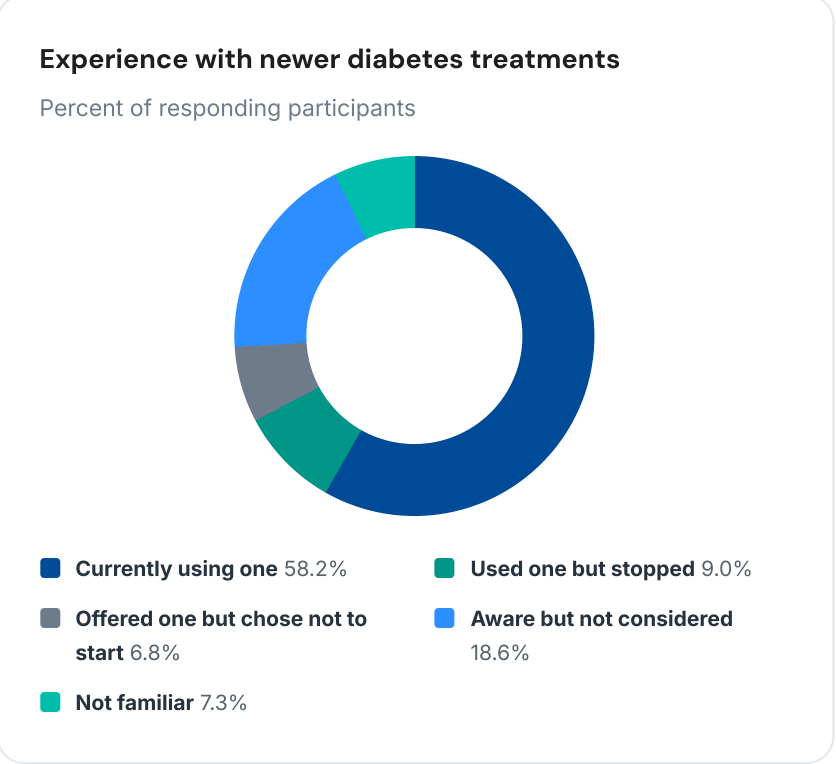
Many respondents already use newer therapies, while others have stopped, declined, or not considered them. The starting point is therefore different for each person: some are evaluating lived experience, while others are still deciding whether the treatment is relevant to them.

THE INSIGHT

Newer therapies are not a niche experience in this cohort. At the same time, a meaningful group has not considered them or lacks familiarity, showing that access to treatment and access to understandable information do not move together.

WHY IT MATTERS

The starting point should be the person's current experience and knowledge, not an assumption that awareness equals readiness.



02 SECTION 02

Success now combines control with a life that feels normal

CONTEXT

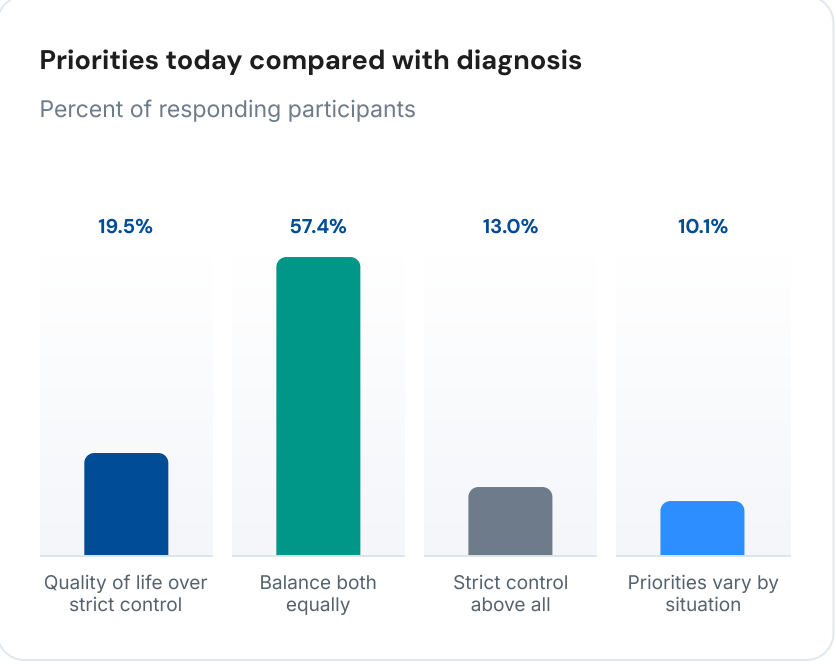
People often learn over time that diabetes care is not only about reaching a target. A plan can be numerically successful and still feel unsustainable if it dominates meals, work, family life, or emotional well-being.

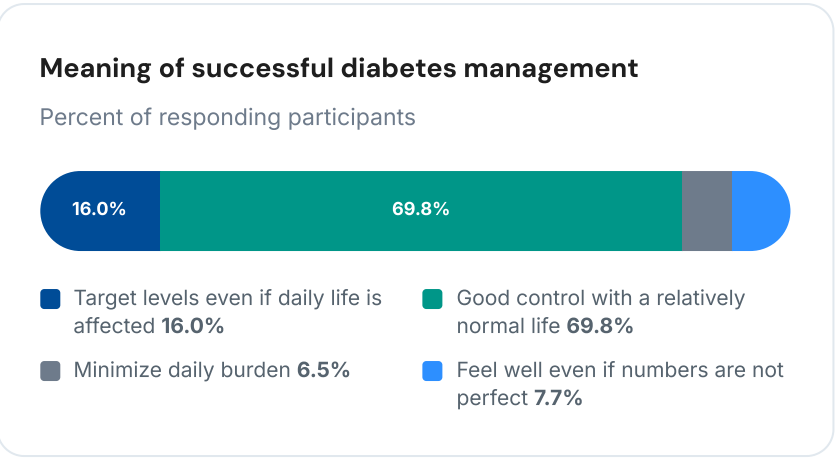
THE INSIGHT

The dominant pattern is balance. People are not rejecting glucose targets; they are asking for targets that coexist with daily functioning, well-being, and changing circumstances.

WHY IT MATTERS

Shared decisions become stronger when the clinical target and the lived target are made explicit.





03 SECTION 03

The most valued gain is stability, not novelty

CONTEXT

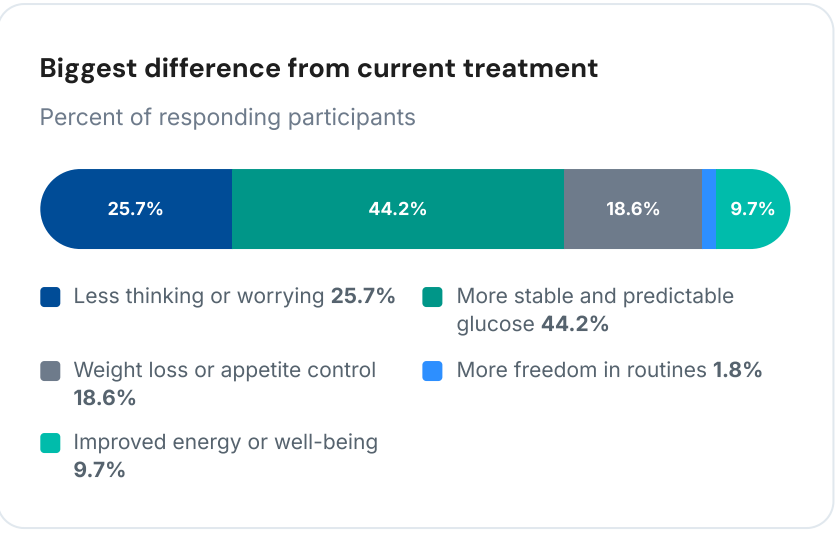
The benefits patients notice first are often practical. Fewer unpredictable readings, less worry, and a stronger sense of stability can change how diabetes feels long before a person uses technical language to describe the improvement.

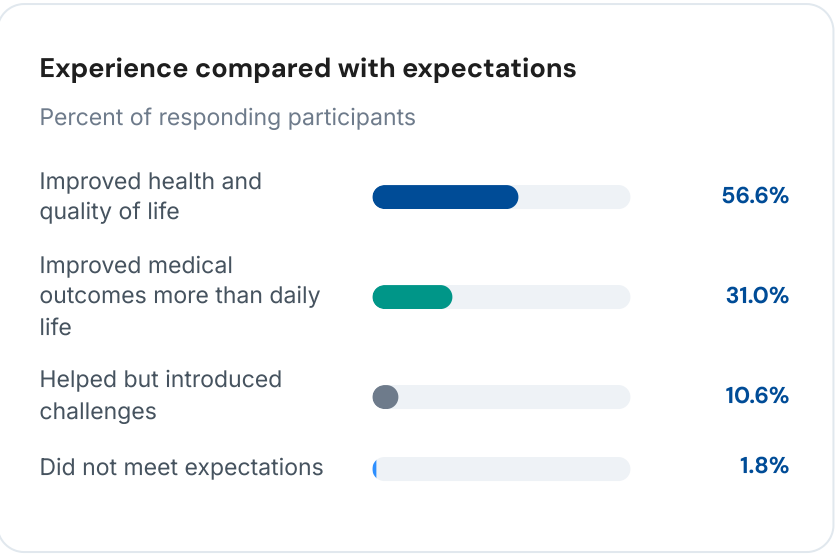
THE INSIGHT

Predictable glucose and reduced worry are prominent, while more than half say health and quality of life improved together. The treatment feels valuable when clinical benefit becomes visible in ordinary life.

WHY IT MATTERS

Outcome reviews should ask what changed between appointments, not only what changed on the laboratory report.





04 SECTION 04

Routine burden and cost can erode an otherwise positive experience

CONTEXT

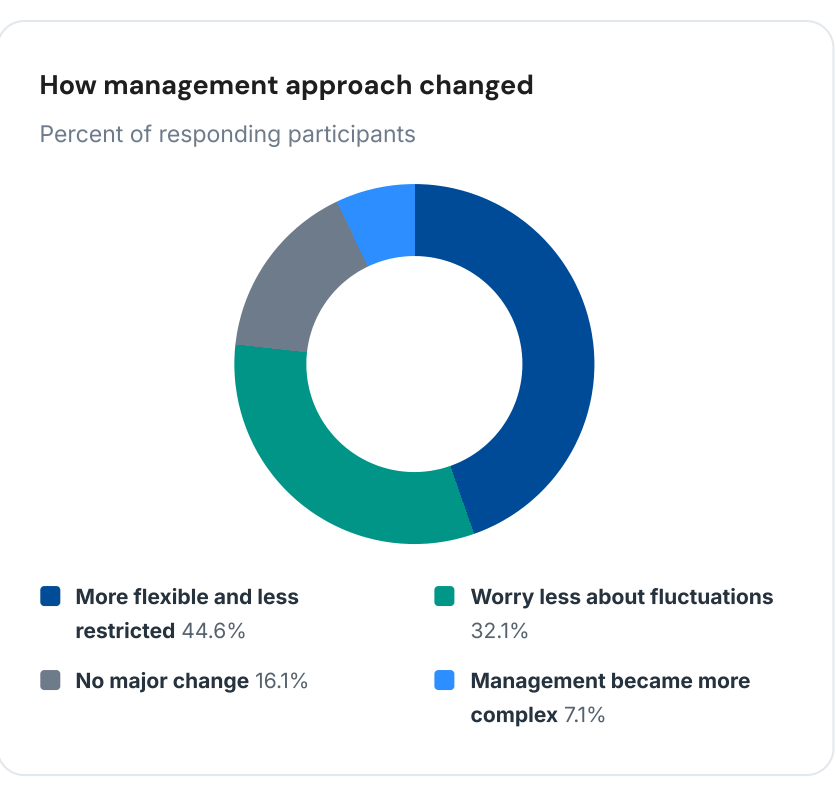
A positive clinical response can still be weakened by the work required to reorganise routines or absorb cost. Treatment burden is created by the whole process, including administration, monitoring, side-effect management, and access.

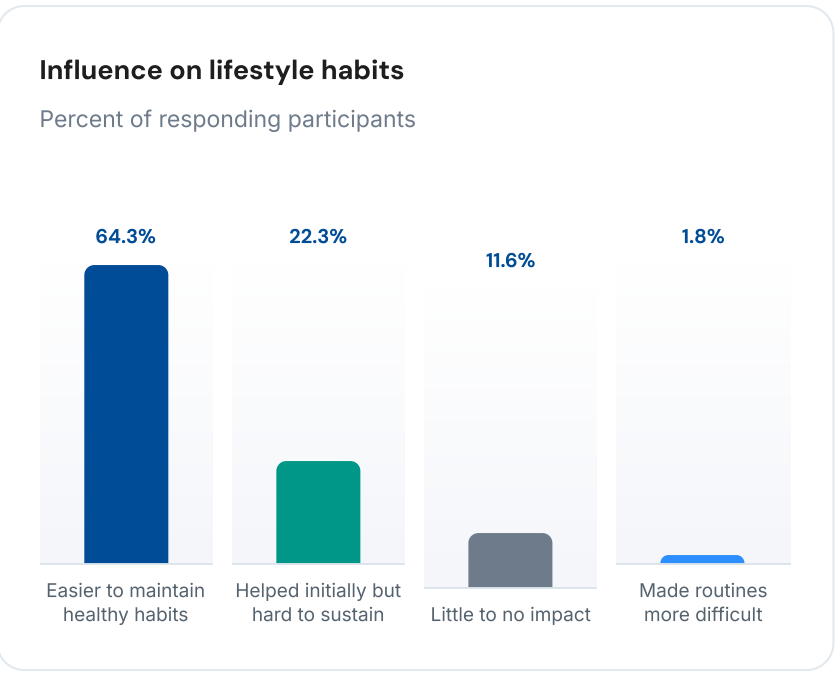
THE INSIGHT

Many people feel more flexible and find healthy habits easier, yet adapting to treatment and paying for it remain major trade-offs. This is a reminder that adherence is partly an operational outcome.

WHY IT MATTERS

Practical coaching and affordability support can protect benefits that the medicine alone cannot sustain.





05 SECTION 05

People considering treatment need confidence, not pressure

CONTEXT

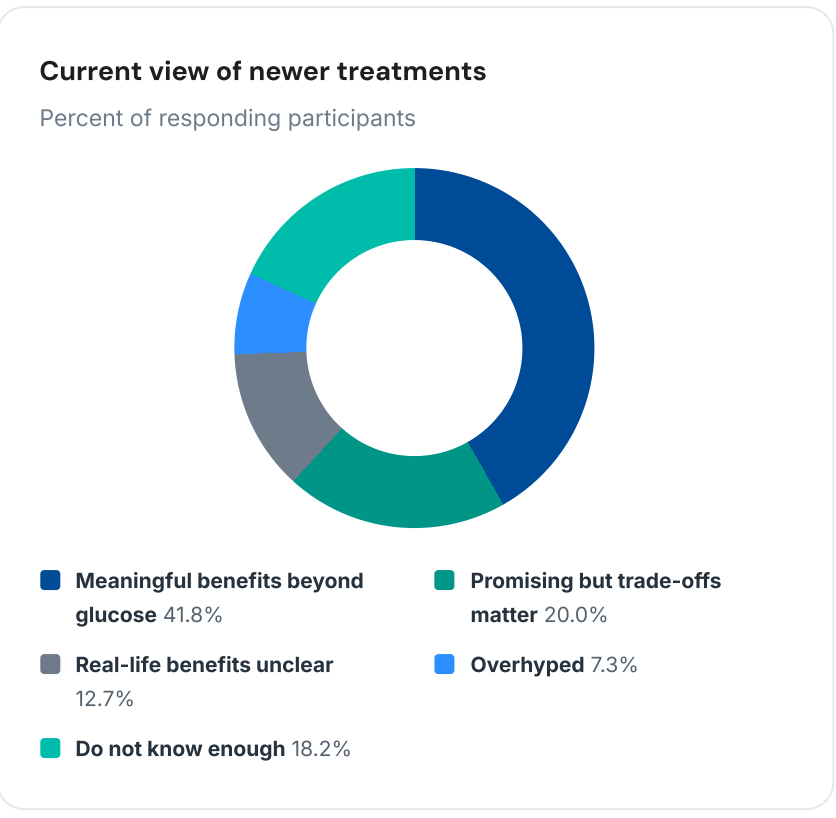
For people not yet using a newer therapy, hesitation is rarely explained by one issue. It can combine adequate current control, side-effect concerns, affordability, limited understanding, and uncertainty about what the treatment changes in real life.

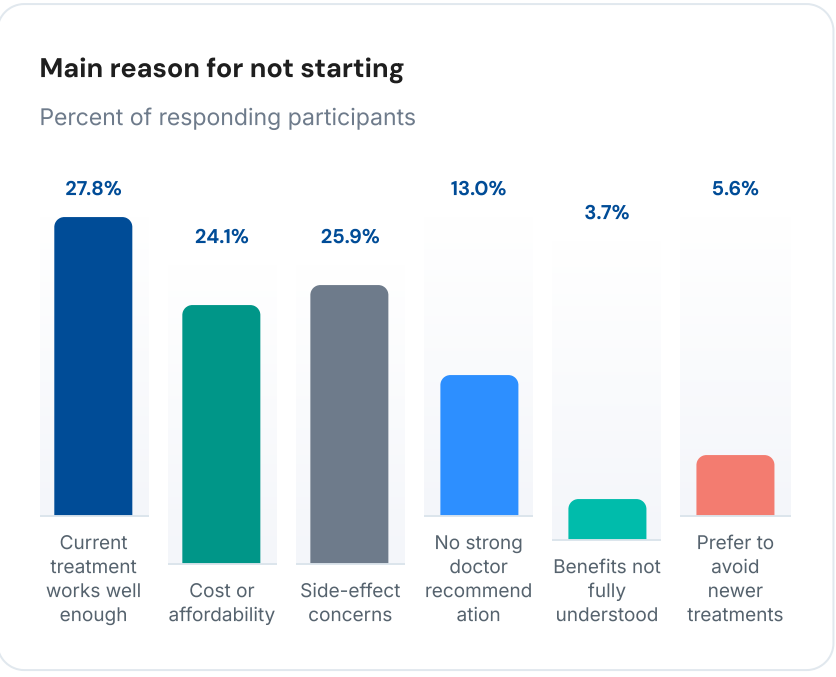
THE INSIGHT

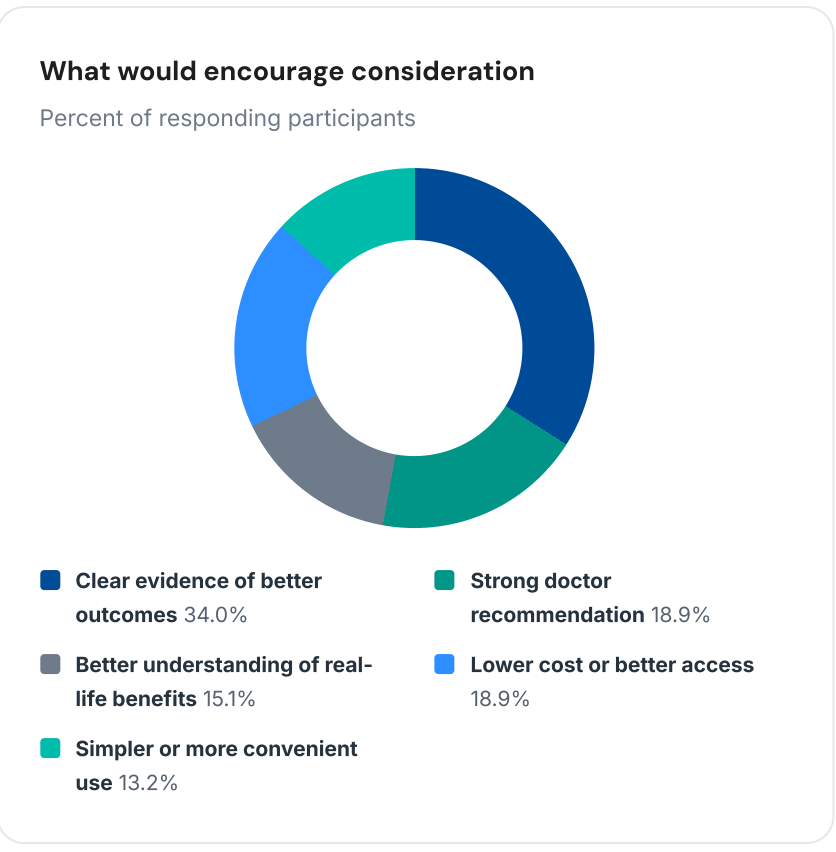
Interest is shaped by clear evidence, clinician recommendation, safety, and cost. Reluctance often reflects a reasonable effort to judge value rather than resistance to innovation.

WHY IT MATTERS

A good conversation explains expected benefit and uncertainty without treating acceptance as the only successful outcome.







06 SECTION 06

The future definition of benefit is wider than glucose control

CONTEXT

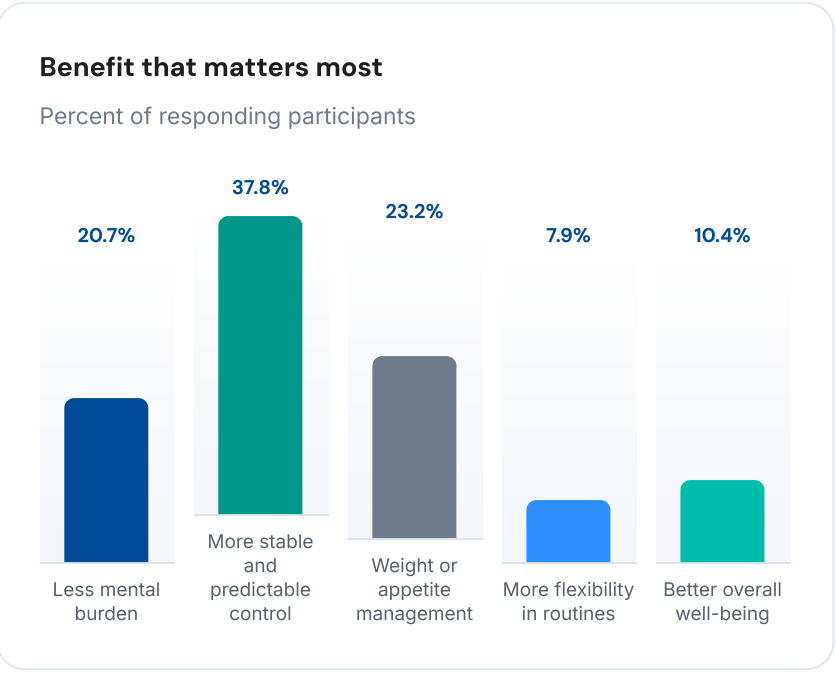
Future treatment choices are likely to be judged across several outcomes. Glucose control remains essential, but patients also look at weight, metabolism, quality of life, side effects, convenience, and the confidence to sustain the plan.

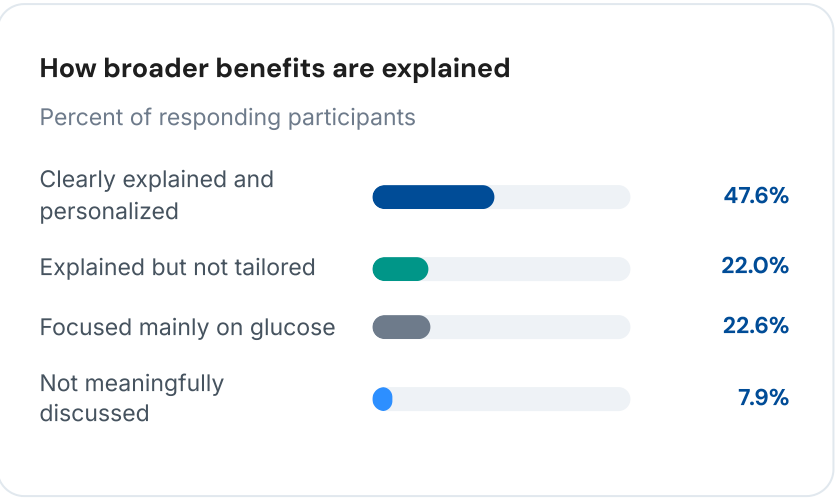
THE INSIGHT

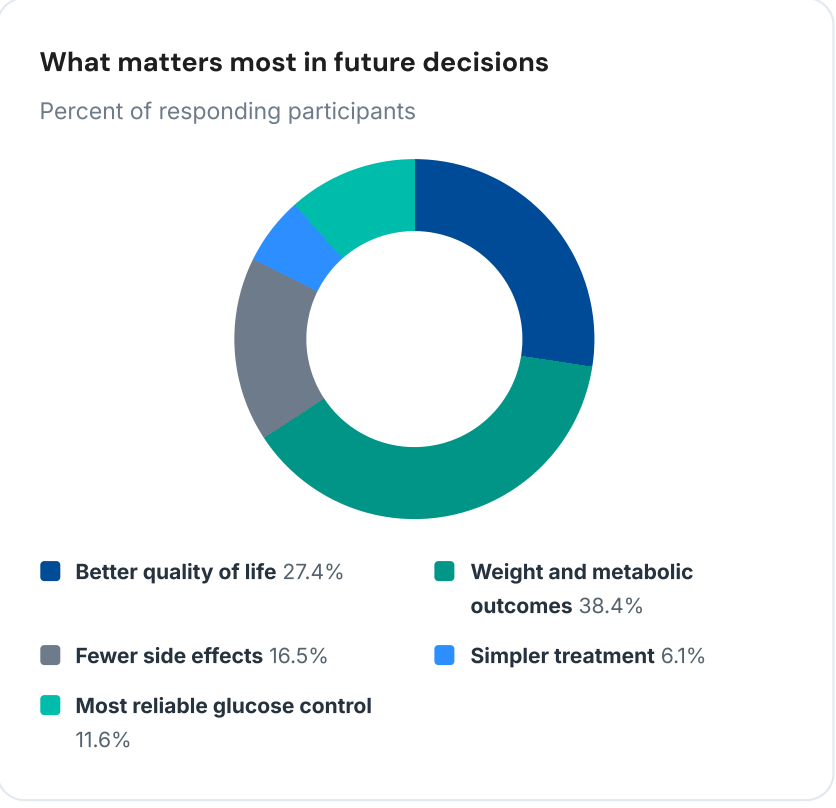
Stable control, metabolic outcomes, mental burden, and quality of life all matter. Nearly half say broader benefits are explained and personalised, but many still receive a glucose-centred or non-tailored explanation.

WHY IT MATTERS

Treatment communication should connect evidence to the outcomes the person is most likely to notice and sustain.







PRACTICE LENS

What this pattern means for care

The implications are framed for real-world use rather than ideal conditions.

Define success together

Practice implication

Treatment goals should include the clinical target and the daily-life outcome the person most wants to protect or improve.

Prepare for the routine change

Practice implication

Starting support should cover meals, dosing, side effects, travel, work, and what to do when the usual routine is disrupted.

Revisit value over time

Practice implication

A treatment can work medically while still feeling difficult to sustain. Follow-up should ask whether the benefit remains worth the burden, cost, and uncertainty.

OPEN-TEXT THEMES

What respondents added beyond the fixed choices

The survey asked: "What would make a diabetes treatment truly worth it for you, and what still feels missing today?" The themes below group recurring ideas from patient responses. They are qualitative themes, not additional percentages.

1. **Affordability and lower out-of-pocket cost**
   Respondents repeatedly linked value to lower personal cost, affordability, and a treatment that remains financially realistic over time.
2. **Stable glucose with minimal side effects**
   A worthwhile treatment was described as one that improves glucose and overall health without creating a new burden through side effects.
3. **Quality of life and freedom around food**
   Several responses connected value with better quality of life, more flexibility around food, and less disruption to everyday choices.
4. **Weight, energy, and broader health**
   Weight loss, metabolism, energy, laboratory results, and overall well-being appeared alongside glucose improvement as meaningful outcomes.
5. **Simple treatment that remains effective**
   Respondents also emphasised convenience, avoiding insulin where possible, and support that makes self-care easier to maintain.

CLOSING PERSPECTIVE

A diabetes treatment earns its place when better control also makes life easier to live.

The report does not suggest replacing clinical targets with comfort. It shows that sustained benefit is more likely when clinical control and daily feasibility reinforce one another.

The strongest positive signals are stable glucose, better health and quality of life, greater flexibility, and support for healthy habits. The strongest frictions are routine change, cost, and long-term safety uncertainty. Together, they explain why the same treatment can feel transformative to one person and difficult to sustain for another.

The practical question for care teams is whether the benefit can be made understandable, affordable, and manageable before the burden begins to erode it. A treatment plan becomes more durable when the patient knows what success should feel like, what challenges to expect, and where to seek help when real life disrupts the plan.

SELECTED EXTERNAL CONTEXT

1. ADA Standards of Care in Diabetes 2026
2. Facilitating Positive Health Behaviors and Well-being

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The Global Pulse of Healthcare

Real Opinions to Insights. Validated by Data.

This report combines MDForLives survey findings with carefully selected external clinical context. Survey values are presented exactly as reported.