MDFORLIVES FULL IN-DEPTH INSIGHT REPORT

Living With Diabetes: What Makes Long-Term Management Harder

What patients across six countries say about glucose stability, treatment burden, daily routines, long-term concerns, and what would make diabetes management easier to sustain.

DAILY LIFE → GLUCOSE CONTROL → TREATMENT FIT → LONG-TERM MANAGEMENT

151	6	71.5%	8981038
Survey records	Countries represented USA · UK · Canada · France · Italy · Germany	Completion rate	Survey ID

WHY THIS REPORT

Diabetes management is measured in clinical outcomes, but patients experience it as a daily routine.

A treatment plan can look straightforward on paper: take the medicine, monitor glucose, eat well, stay active, and attend follow-up. In real life, those steps have to fit around energy levels, meals, work, family, travel, cost, side effects, sleep, and the uncertainty of glucose moving higher or lower than expected.

This creates a practical tension. Patients want treatment to work, but they also need it to be manageable enough to continue. A plan that improves glucose but creates difficult side effects, restrictive routines, or repeated disruption may still feel hard to live with.

The MDForLives survey examines that tension from the patient perspective. It explores what affects daily life, what outcomes matter most, which treatments people are using, what limits current therapy, what people do when treatment is not working, what complications they worry about, what keeps them on treatment, and what would make long-term management easier.

CLINICAL CONTEXT

Effective diabetes care has to balance glucose control with a plan people can sustain.

NIDDK describes diabetes management as a combination of glucose, blood pressure and cholesterol management, healthy living, medicines, monitoring, and regular work with the healthcare team. It also notes that medicine choice can be influenced by other health conditions, cost, insurance coverage, the care setting, and lifestyle.

WHO highlights the long-term risks of diabetes for the heart, kidneys, eyes, nerves, and other parts of the body. CDC guidance on living with diabetes emphasizes that self-care has to fit into family, work, school, holidays, and everyday life. These external sources provide context for why the survey's patient-reported trade-offs matter.

Survey scope: the source report contains 151 survey records across the USA, UK, Canada, France, Italy, and Germany, with a 71.5% completion rate. Reader-facing percentages use the question-level bases shown in the survey report, which vary across items.

External diabetes context is provided for interpretation. MDForLives survey findings remain the source for all respondent percentages in this report.

EXECUTIVE SUMMARY

Six signals that show why long-term diabetes care is as much about daily fit as clinical control.

INSIGHT 01

52.3% - Lifestyle change is the hardest long-term task

Maintaining lifestyle changes is selected far more often than medication cost, access, or treatment fatigue when patients identify what makes long-term management hardest.

INSIGHT 02

50.5% - Visible glucose improvement drives continuation

Improved glucose or HbA1c is the strongest influence on the decision to continue treatment, ahead of daily well-being, fewer side effects, or an easier routine.

INSIGHT 03

38.7% - Fatigue is the leading daily-life issue

Low energy narrowly exceeds dietary restrictions as the diabetes-related issue patients say affects everyday life most.

INSIGHT 04

31.5% - Inadequate control leads current treatment limits

Glucose control is the most selected limitation, but side effects and treatment complexity follow closely, showing that effectiveness and burden coexist.

INSIGHT 05

42.3% - Most seek provider input when treatment is not working

Contacting a healthcare provider is the most common next step, although many first adjust lifestyle or ask about a treatment change.

INSIGHT 06

29.7% - Fewer side effects lead future improvement priorities

Patients put fewer treatment side effects slightly ahead of more personalized care, better quality-of-life outcomes, and easier glucose monitoring.

01 CURRENT EXPERIENCE

Most respondents are already living with an established treatment routine

59.8% are living with diagnosed diabetes and receiving treatment.

CONTEXT

Patient needs can look very different depending on whether someone is newly starting treatment, already established on a regimen, or actively changing it. The amount of education, reassurance, troubleshooting, and confidence required may shift across those stages.

WHAT THE DATA SHOWS

59.8% say they are living with diagnosed diabetes and receiving treatment. 23.2% have recently started diabetes treatment, while 17.0% are currently adjusting or changing treatment.

THE INSIGHT

The largest group is not at the beginning of the journey. Their challenges are more likely to involve sustaining treatment, interpreting results, managing burden, and deciding whether the current plan is still working for them.

WHY IT MATTERS

Established treatment does not mean the management problem is solved. Long-term care needs repeated review because glucose patterns, health priorities, tolerability, routines, and life circumstances can change over time.

02 DAILY LIFE

Fatigue and food restrictions carry more of the everyday burden than monitoring alone

38.7% say fatigue or low energy affects daily life the most.

CONTEXT

Diabetes can affect daily life before a person reaches the pharmacy or clinic. Energy, meals, timing, monitoring, and the possibility of glucose changes can influence work, travel, exercise, sleep, and social plans.

WHAT THE DATA SHOWS

Fatigue or low energy leads at 38.7%. Food or dietary restrictions follow closely at 35.1%, medication or monitoring burden at 23.4%, and emotional stress at 2.7%.

THE INSIGHT

The burden is concentrated in ordinary activities: having enough energy, deciding what to eat, and keeping up with treatment tasks. Those frictions can be persistent precisely because they recur every day.

WHY IT MATTERS

Patient support should make room for the practical experience of living with diabetes. Asking only whether the medicine is being taken can miss whether the person is exhausted, struggling with food restrictions, or finding monitoring too intrusive.

03 OUTCOME PRIORITIES

Stable glucose is the leading goal, but patients also value energy and future risk reduction

43.2% say stable blood glucose is the diabetes outcome that matters most.

CONTEXT

Clinical targets are important, but people interpret them through lived consequences. A glucose value can mean fewer symptoms, less uncertainty, better energy, less fear of hypoglycemia, or greater confidence about long-term health.

WHAT THE DATA SHOWS

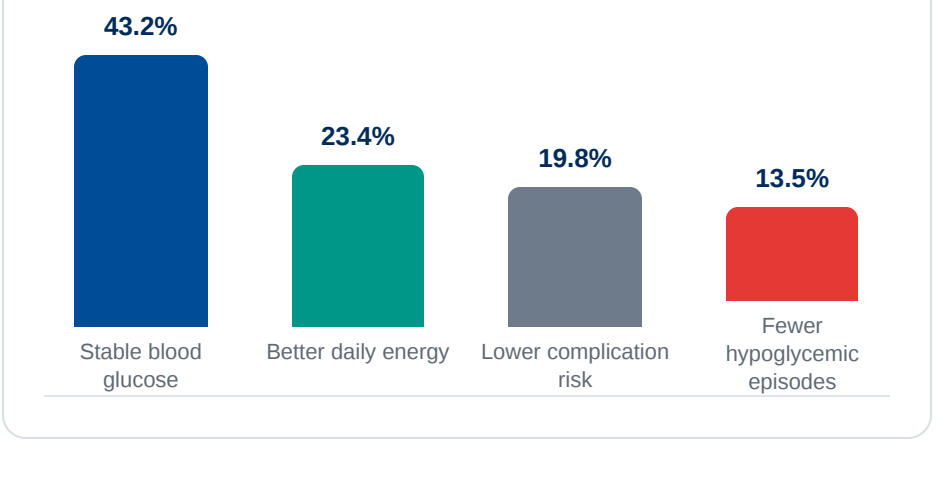
Stable blood glucose leads at 43.2%. Better daily energy is selected by 23.4%, lower complication risk by 19.8%, and fewer hypoglycemic episodes by 13.5%.

THE INSIGHT

The result connects a technical goal with everyday experience. Patients prioritize stability, but more than half of the remaining selections are about how diabetes feels now or what it may cause later.

WHY IT MATTERS

Goal-setting can be more meaningful when the care team connects glucose targets to the outcome the patient cares about, such as steadier energy, fewer lows, or reducing long-term cardiovascular or kidney risk.



04 CURRENT TREATMENT

Oral medication is the most common treatment approach in this respondent group

46.8% report currently using oral diabetes medication.

CONTEXT

Diabetes treatment can range from lifestyle change alone to oral medicines, non-insulin injectable treatment, and insulin. Each approach creates a different pattern of dosing, monitoring, side effects, education, and treatment burden.

WHAT THE DATA SHOWS

Oral diabetes medication is reported by 46.8%. Insulin therapy is reported by 20.7%. Lifestyle changes alone and non-insulin injectable medication are each reported by 16.2%.

THE INSIGHT

There is no single treatment experience represented in the survey. People managing diabetes through tablets, injections, insulin, or lifestyle alone may face very different trade-offs even when they share the same goal of glucose control.

WHY IT MATTERS

Patient communication should match the treatment actually being used. Monitoring needs, hypoglycemia risk, side-effect discussions, injection burden, and lifestyle expectations can differ substantially across regimens.

05 TREATMENT LIMITATIONS

Effectiveness, tolerability, and complexity compete as reasons treatment feels difficult

31.5% identify inadequate glucose control as the main limitation of current treatment.

CONTEXT

When patients say a treatment is difficult, the problem may be clinical or practical. Glucose may remain above target, side effects may be disruptive, the regimen may be complicated, or the routine may simply be hard to follow consistently.

WHAT THE DATA SHOWS

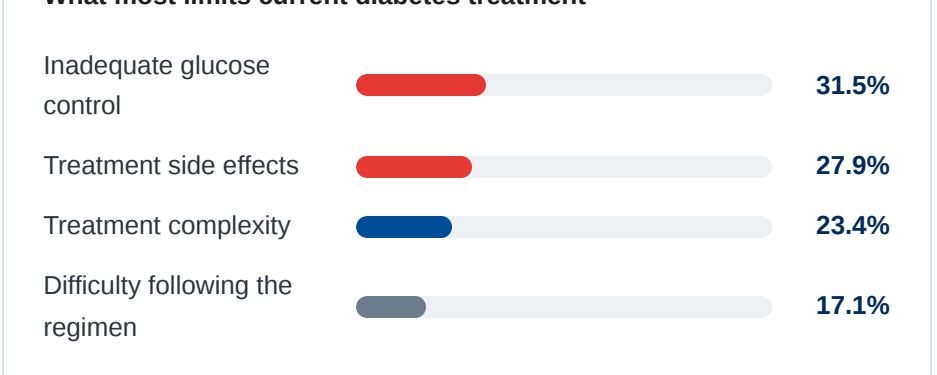
Inadequate glucose control leads at 31.5%, followed by treatment side effects at 27.9%, treatment complexity at 23.4%, and difficulty following the regimen at 17.1%.

THE INSIGHT

The four responses are relatively distributed, which suggests there is no single dominant source of treatment friction. A patient can be dissatisfied because the treatment is not effective enough, because it is hard to tolerate, or because it asks too much of the daily routine.

WHY IT MATTERS

Reviewing treatment should therefore include both outcome and burden. Asking what is hardest about the current plan can uncover a different problem than asking only whether glucose is at target.



06 WHEN TREATMENT IS NOT WORKING

Provider contact is the most common response, but patients take different routes before treatment changes

42.3% contact their healthcare provider when treatment is not working well.

CONTEXT

Patients often notice treatment problems between appointments. They may see glucose trends, feel side effects, experience lows, or simply feel that the plan is not delivering the outcome they expected. What they do next affects how quickly the problem is assessed.

WHAT THE DATA SHOWS

42.3% contact their healthcare provider. 29.7% adjust lifestyle changes, 18.9% ask about changing treatment, and 9.0% continue their current treatment.

THE INSIGHT

The strongest response is to seek clinical help, which is encouraging, but more than half choose another first action. Some may reasonably experiment with diet or activity, while others may wait or continue the same treatment despite concern.

WHY IT MATTERS

Clear instructions about when to contact the care team, how to share glucose patterns, and what symptoms or side effects need review can reduce uncertainty between visits.

07 LONG-TERM CONCERNS

Heart and vascular complications lead the list of future worries

36.0% say heart or vascular complications concern them most long term.

CONTEXT

Long-term diabetes risk can feel abstract until it is connected to specific outcomes. Cardiovascular disease, kidney disease, vision problems, and hypoglycemia may each carry a different personal meaning based on age, treatment, family history, and previous experience.

WHAT THE DATA SHOWS

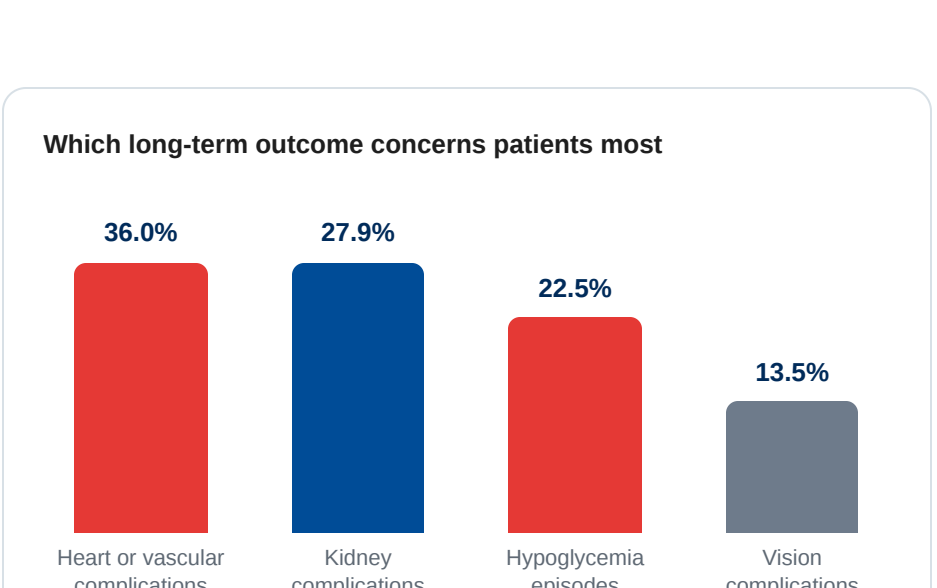
Heart or vascular complications lead at 36.0%, followed by kidney complications at 27.9%, hypoglycemia episodes at 22.5%, and vision complications at 13.5%.

THE INSIGHT

Patients are thinking beyond the next glucose reading. The distribution shows concern about both chronic complications and acute episodes such as hypoglycemia.

WHY IT MATTERS

WHO and NIDDK both describe diabetes as a condition that can affect the heart, kidneys, eyes, nerves, and other organs. Connecting preventive care and risk-factor management to the complication a patient fears most can make long-term care feel more personally relevant.



08 WHAT KEEPS TREATMENT GOING

Patients are most motivated to continue when they can see better glucose control

50.5% say improved glucose or HbA1c most influences their decision to continue treatment.

CONTEXT

Persistence becomes easier to understand when treatment produces a result the patient can recognize. That result may be a laboratory value, a glucose trend, better energy, fewer side effects, or a simpler routine.

WHAT THE DATA SHOWS

Improved glucose or HbA1c leads at 50.5%. Better daily well-being follows at 35.1%, while fewer treatment side effects is selected by 9.0% and an easier treatment routine by 5.4%.

THE INSIGHT

Clinical improvement appears to carry the most weight, but day-to-day well-being is also a substantial signal. Patients may be more willing to accept some burden when the treatment is clearly helping them.

WHY IT MATTERS

Follow-up conversations can make progress visible. Reviewing glucose trends, HbA1c, symptoms, energy, and other goals can help patients understand whether the effort they are making is producing a meaningful benefit.

09 LONG-TERM MANAGEMENT

Sustaining lifestyle change is the biggest challenge, while fewer side effects is the leading future priority

52.3% say maintaining lifestyle changes is the hardest part of long-term diabetes management.

CONTEXT

Diabetes management is repetitive by design. Healthy eating, activity, monitoring, medication, sleep, and follow-up have to be maintained through ordinary weeks and disruptive ones. That repetition can become difficult even when the person understands what to do.

WHAT THE DATA SHOWS

Maintaining lifestyle changes leads at 52.3%, followed by treatment access at 17.1%, treatment fatigue at 16.2%, and medication costs at 14.4%. When asked what future improvement would help most, 29.7% choose fewer treatment side effects, 25.2% more personalized treatment, 24.3% better quality-of-life outcomes, and 20.7% easier glucose monitoring.

THE INSIGHT

The long-term problem is not simply medicine access or cost in this respondent group. It is the sustained behavioral work around diabetes. At the same time, future preferences show that patients want treatment itself to become easier to tolerate and better fitted to the individual.

WHY IT MATTERS

NIDDK and CDC both frame diabetes management as a long-term process that has to work within daily life. Support that focuses on small, practical, repeatable changes may be more useful than treating lifestyle advice as a one-time instruction.

OPEN RESPONSE LENS

Patients describe treatment burden through symptoms, restrictions, and the unpredictability of glucose.

The source includes visible responses to a question asking patients to describe a time when diabetes treatment affected how they felt or lived, what happened, and what would have helped. The responses are not a coded quantitative dataset, so no theme percentages are reported. They add detail to the structured findings by showing what treatment burden can look like in ordinary life.

Hypoglycemia and glucose variability

Several responses describe hypoglycemia, irregular glucose, or difficult highs and lows. Some mention needing to intervene with sugary drinks or adjust medication after low-glucose episodes.

Side effects and physical symptoms

Patients mention vomiting, intense fatigue, gastrointestinal discomfort, and other physical effects that made treatment harder to tolerate.

Food restrictions and social life

Dietary restrictions appear repeatedly, including having to change eating habits and feeling unable to enjoy food or holidays in the same way.

Mixed experiences

Not every response is negative. Some report no specific change, manageable discomfort, or benefits such as improved glucose and weight with treatment.

What the qualitative responses add: The percentages identify the leading sources of burden. The open responses show that those burdens can overlap within one day: a person may be managing food restrictions, fatigue, side effects, and glucose variability at the same time.

FREQUENTLY ASKED QUESTIONS

Common questions about diabetes treatment and long-term management

Why can diabetes cause fatigue?

High or low glucose can contribute to tiredness, and sleep, nutrition, other health conditions, medicines, and the work of managing diabetes can also affect energy. Persistent fatigue should be reviewed with a healthcare professional.

What does good glucose control mean?

It means keeping glucose within individualized targets as safely as possible. Targets can differ by age, treatment, health conditions, hypoglycemia risk, and other factors, so they should be set with the care team.

When should diabetes treatment be reviewed?

A review may be needed when glucose is repeatedly outside target, side effects are difficult, hypoglycemia occurs, the routine is hard to follow, or health and life circumstances change.

What is hypoglycemia?

Hypoglycemia is blood glucose that is too low. For many people with diabetes, a level below 70 mg/dL is considered low, although individual targets may differ. Severe hypoglycemia can be an emergency.

How can lifestyle changes support diabetes management?

Healthy eating, physical activity, sleep, weight management where appropriate, and avoiding tobacco can support glucose and cardiovascular health. The best plan is one that is realistic and sustainable for the individual.

Why are heart and kidney checks important in diabetes?

Diabetes can damage blood vessels and kidneys over time. Monitoring blood pressure, cholesterol, kidney function, glucose, and other risk factors helps the care team identify problems early and reduce long-term risk.

PATIENT MANAGEMENT LENS

Four priorities that can make long-term diabetes care easier to live with.

The survey does not identify one treatment plan that is right for every person. It does, however, highlight recurring patient needs that can be addressed during routine diabetes care.

Make goals visible and personal

Focus: Connect glucose and HbA1c targets to outcomes the patient values, such as steadier energy, fewer highs and lows, or lower complication risk.

Ask about burden, not only adherence

Focus: Discuss side effects, food restrictions, monitoring effort, complexity, cost, and how treatment fits around work, travel, and family life.

Create a clear plan for when treatment is not working

Focus: Make it easy for patients to know when to contact the care team, what glucose information to bring, and which symptoms or side effects need prompt review.

Treat lifestyle change as ongoing support

Focus: Use realistic, repeatable steps and revisit them over time rather than presenting diet and activity as one-time instructions.

CLOSING PERSPECTIVE

The long-term diabetes challenge is not knowing what to do. It is making effective care workable enough to keep doing.

The survey connects clinical goals with the lived work of diabetes. Stable glucose is the outcome patients value most, and improved glucose or HbA1c is the strongest reason they give for continuing treatment. Yet maintaining lifestyle changes is the most selected long-term difficulty, while fatigue and dietary restrictions dominate the daily-life burden.

The first issue is effectiveness. Nearly one-third identify inadequate glucose control as the biggest limitation of current treatment. Patients need evidence that the effort of treatment is producing a meaningful result. That is why visible improvement in glucose or HbA1c matters so strongly to continuation.

The second issue is tolerability and complexity. Side effects and treatment complexity together account for substantial treatment friction. The open responses make those problems tangible through vomiting, fatigue, gastrointestinal symptoms, hypoglycemia, and the need to constantly think about food and glucose.

The third issue is response. When treatment is not working well, contacting a healthcare provider is the most common next step, but many patients first adjust lifestyle or consider a treatment change. A clear pathway for timely advice can help prevent uncertainty from turning into prolonged poor control or unmanaged side effects.

The fourth issue is the future. Patients worry most about heart or vascular complications, with kidney complications and hypoglycemia also prominent. Those concerns show why long-term management cannot focus only on today's reading. People are thinking about what diabetes may mean years from now.

The final issue is sustainability. More than half say maintaining lifestyle changes is the hardest part of long-term management. Future preferences reinforce the same theme from another angle: fewer side effects, more personalized treatment, better quality-of-life outcomes, and easier monitoring all point toward care that asks less unnecessary effort while preserving clinical benefit.

1 · Show progress clearly

Use glucose trends, HbA1c, symptoms, energy, and patient-defined goals to make treatment benefit visible.

2 · Review treatment burden directly

Ask about side effects, complexity, monitoring, cost, food restrictions, and the parts of the plan that are hardest to repeat.

3 · Give patients a clear escalation route

Make it explicit when to contact the care team for persistent highs, lows, side effects, or concern that treatment is not working.

4 · Personalize the routine

Adapt treatment and self-management expectations to the person's schedule, preferences, risks, and ability to sustain the plan.

5 · Connect prevention to what patients fear

Explain how glucose, blood pressure, cholesterol, kidney checks, eye care, and other preventive steps relate to long-term complications.

6 · Support lifestyle change as a long-term process

Use practical, staged goals that can survive busy weeks, travel, holidays, fatigue, and changing life circumstances.

REFERENCES AND DATA SOURCE

Sources used for this report

1. MDForLives internal survey report. SGID 8981038, Engagement Campaign | Sep - Diabetes patients Insight Survey. 151 survey records, 71.5% completion rate, across the USA, UK, Canada, France, Italy, and Germany. Reader-facing quantitative items use the question-level values shown in the source report.
2. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Managing Diabetes. Guidance on diabetes self-management, medicines, glucose monitoring, lifestyle, and care planning.
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4. Centers for Disease Control and Prevention (CDC). Living with Diabetes. Updated January 1, 2026.
5. World Health Organization. Diabetes fact sheet. Context on diabetes complications, treatment, and prevention.

The Global Pulse of Healthcare

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