Evaluation of the Uptake of a Novel Tool to Adjust Insulin Boluses Based on CGM Trend Arrows and Insulin Sensitivity (CGM TIME Trial Trend Arrow Adjustment Tool)

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Methods

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40 CHEO participants in TIME Trial

- CareLink data reviewed over 6 week
 - periods:
 - at CGM initiation
 - 3 months
 - o 6 months
- CareLink Professional 'daily details'
 - when subject makes an



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Background

- CGM provides: 288 glucose levels per day, updated every 5 minutes, displayed in real time....<u>But</u> ACTING on information is required
- CGM data interpretation can be difficult³
- $\,\circ\,$ CGM use decreases over time & A1 $_{\rm C}$ rises 1,4
- Pediatric studies: CGM must be used at least 6/7 days to improve A1c^{1,2}

Comparison of

10/20% vs. TAAT

CGM Time Tria

Adjustment Tool based

on Insulin Sensitivity

ISF = 5

Add 0.3 units

Add 0.6 units

 $(3.0 \div ISF = 3.0 \div 5 = 0.6)$

Subtract 0.3 units

 $(1.5 \div \text{ISF} = 1.5 \div 5 = 0.3)$

Subtract 0.6 units

 $(3.0 \div | SF = 3.0 \div 5 = 0.6)$

 $(1.5 \div \text{ISF} = 1.5 \div 5 = 0.3)$

STAR 1 Trial and JDRF

CGM Study Group

Add 10% to bolus

Add 20% to bolus

Subtract 10% from bolus

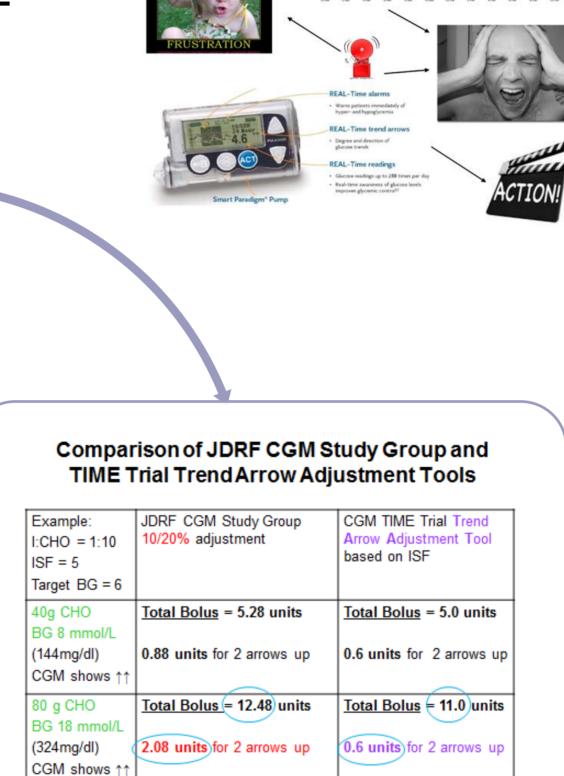
Subtract 20% from bolus

- Early acceptance of CGM predicts extended use^{3,5}
- Algorithms guiding response to CGM improve QoL⁶

CGM Trend

Arrows

↓↓



adjustment for arrows, this is shown as "difference"

 Correlated with ISF and CGM sensor tracing

BG (mmolit.)		7,8	3.3		8.0		10.3	98,3	18.3	12.5					
BS Target Betting (mmolt.)	4.0- 6.0	4.0 - 8.0	40- 60	4.0 - 6.0	4.0 - 8.0	4.0- 8.0	40-80	4.0- 8.0	4.0- 8.0	4.0 - 8.0	Yotal Daily Insulin (U)	53.8			12.8
Insulin Sensitivity Setting (mmolil, per U)	3.0	3.0	(1)	3.0	3.0	3.0	3.0	3.0	3.0	3.0	Daily Ranal (V)	9.3	17%	9.4	17%
Correction Bolus (V)	0.000	6.300	-0.290	0.650	0.850	0.050	1.40	1.40	1.40	2.18	Duily Bolus (V)	44.5	82%	45.1	12%
Active Insulin (ii)	-	6.400	4.95	1.65	7.65	8.70	2.45	2.45	3.65	1.00	100	-1	-	14	20.30

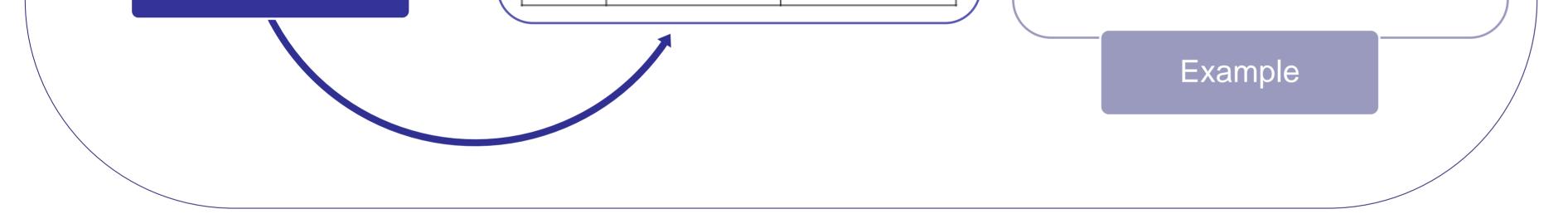
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Frequency of use of TAAT

Enable use of dynamic data, beyond SMBG Allow proactive adjustments to prevent hypos or high sugars

 Trend arrows "most helpful feature" according to survey of T1D Exchange (92% CGM users indicated arrows were helpful)⁷

CGM Trend Arrows

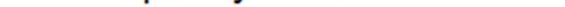


Objectives

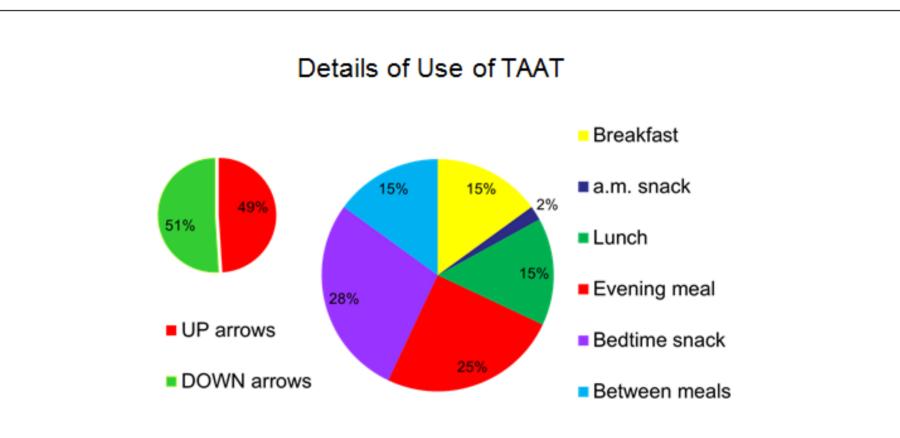
- Evaluate uptake and use of TAAT through retrospective audit of CGM data of CHEO participants in the multicentre CGM TIME Trial.
- To determine whether use of TAAT was sustained over 6 months
- To examine details of TAAT use (used for up/down arrows, time of day)

CGM TIME Trial Demographic Characteristics

	Simultaneous CGM	Delayed CGM	Overall
Number	20	20	40







Conclusions

Age (yrs)	Mean	12.1	12.03	12.07
	Std Deviation	3.41	3.26	3.29
Gender	Female	35%	50%	42.5%
Race	White	95%	75%	85%
	Other	5%	25%	15%
Diabetes duration (yrs)	Mean	4.5	3.9	4.2
	Range	1-14	1-11	1-14
HbA1c %		7.94	7.81	7.87

- TAAT uptake was high (87.5%) & sustained over 6 months following CGM initiation (73%)
 Erequency of use was variable: subjects used TAAT to
- Frequency of use was variable; subjects used TAAT to avoid low & high sugars; most frequently used in evenings
 A prospective study is underway to evaluate the effect of TAAT on postprandial glycemic control, ease of use and patient satisfaction

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