

National survey of usage of continuous glucose monitoring in children and adolescents at non reimbursed setting



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INTRODUCTION AND OBJECTIVES:

Continuous glucose monitoring (CGM) correlates with optimal control in type 1 diabetes (T1D)

CGM plays a major role in decreasing the time spent in hypoglycemia and



RESULTS:

➢ 354 (36%) families returned filled-in questionnaires – *fig 1, 2* Mean age of parents 39.4±6.9 y Mean age of children 11.1±3.9 y, 50.8% boys – *fig .3*

hyperglycemia, and achieving better QoL.

>Aim: To evaluate the usage and benefits of out-patient CGM and assess parents' attitudes to it at a non-reimbursed setting.

METHODS:

All families (984) with T1D children from 8 settings were invited to participate in the study by filling-in an on-line or paper version short questionnaire.

DATA WAS COLLECTED ABOUT:

- •Demographics
- •Antropometrics
- •Duration of diabetes
- •Type of insulin treatment
- •CGM usage: duration and type
- Parents' attitude to new technologies •Frequency of measuring ketones

Duration of CGMs usage according to



 \succ Mean duration of diabetes 5.5±13.6 y

> Type of insulin therapy - *fig . 4, 5* >44.9% (159) used CGM at least once >108 (30.5%) use it continuously f**ig.6**

HbA1c correlates with CGM usage consistency & type of therapy - *fig.* 7 Frequency of sensor usage by company - *fig. 8* Most common reasons for usage CGMs are shown on *fig. 9* ► BGL with finger pricks - 4.3±2.6 times/day (sensor users vs. non users 3.2 vs. 4.5) >149 (42.1%) measure blood

ketones; 44.1% check urine ketones; **39.3%** have never measured ketones **83.6%** have Glucagon prescribes by the physician

• Psycological support

Distribution of participants





Types of used sensors by company



82,3%

>Families receive information about CGM mostly from pediatric endocrinologists (81.8%) followed by internet/groups (55.1%) and lectures (12.1%).

▶82.5% of all are discussing innovations and new technologies in T1DM with the pediatric endocrinologist;

> Only **26.8%** of families get support from a psychologist



Fig, 1

Education of the parents

University College High School Primary School

Mother Father Grandfather Granmother Other



65,4% 56,6% 56,0% 52,8% 50,3% 41,5%

Reasons to use CGM

2,5% Redicong Optimizing Reducing Remote kids Better HbA1c Dawn Other Increased insulin therapy hypoglycemis surveillance phenomenon independence glucose of the child variability episodes Fig 9



