

## Type 1 Diabetes & Continuous Glucose Monitoring

Dr Sheila Cook Director of Diabetes & Endocrinology Toowoomba Hospital

### Let's consider the traditional diabetes clinic...



### **The Diabetes Clinic**

I'm sure my HbA1c is going to be bad. He's going to really blast me today. I'm so scared of what he's going to say...

Whenever I check my sugar, it's high – even if I increase my insulin. It's so frustrating, I stopped writing them down.

> He makes me feel so bad – it's already hard enough. That hypo last ~ week really wiped me

> > He doesn't understand. I'm not going to come back

Patient with Type 1 M

**Tired Diabetes Doctor** 

Your HbA1c is 8.9%. Your diabetes is poorly controlled. You need to check your sugars more and eat better.

> The way you are going, you'll be in the dialysis unit before the end of the year.

She's such a hopeless diabetic. I don't know why I bother. No BGLs = No idea!

### How do we better understand each other & improve care?

?CGMS

### Meet Liam

- 37 year old man
- Type 1 Diabetes diagnosed at age 32

20

101

82.

0:00

- HbA1c 6.9%
- No complications
- Glucose record:
  - 5 8 mmol/L pre-meals
  - No hypoglycaemia
- Feels exhausted...



### Change to Humalog (but patient reveals poorer diet)



Glucose variability increases the risk for diabetic complications...*independent of HbA1c* 

- Retinopathy 1,2,3
- Peripheral neuropathy<sup>1,4</sup>
- Nephropathy 1,2,3
- Autonomic neuropathy<sup>5</sup>
- Severe hypoglycaemia <sup>1,2,3</sup>
- Cardiovascular disease <sup>1,2</sup>
  - Angina, MI, coronary revascularization



- 1. Kilpatrick et al. Diabetes Care 2006; 29: 1486-90
- 2. Kirkpatrick et al. Diabetes Care 2009; 32:1901-3
- 3. Lachin et al. 2008; 57: 995-1001
- 4. Sigelaar et al. Diabetologia 2009; 52: 2229-32
- 5. Houssay et al. 2011 ADA Conference Abstract

### In patients with Type 1 Diabetes, Coronary heart mortality is 7 times higher than those without diabetes

### & 2 times higher than Type 2 Diabetes

### ↑HbA1c predicts cardiac mortality Glucose instability may be an even stronger predictor

# How can we help our patients stabilize their glucose levels?



### How can CGMS improve glucose variability?

- 1. Retrospective CGMS
  - Improve insulin prescribing
  - Improve carbohydrate counting
    - $\rightarrow$  patient education, change ratios
  - Improve responses to exercise, alcohol, stress
  - Better communicate changes to patients
- 2. Real time CGMS
  - Improve patient engagement in self management
  - Hypoglycaemia avoidance
  - Proactive approach to exercise





### Use of real-time CGMS to improve glucose control

- Improved patient wellbeing
- Improved confidence in self-management
- Improved HbA1c
- Significant reduction in hypoglycaemic events
- Increased time in target glucose range
- Increased participation in exercise

RT-CGMS used intermittently for 3 – 6 months, with reflective education sessions with DNE

### Use of CGMS at Toowoomba Hospital Diabetes Clinic

#### August 2014 Use CGMS when clinically indicated

eg. Suspected hypoglycaemia

#### Feb 2015

Use in new referrals to Type 1 Diabetes Clinic

#### Sept 2015

Pre-pump patients

### May 2016

Dexcom CGMS

- >500 patient assessments
- 4 CGMS per week
- Waiting list 2-4 weeks

### Type 1 Diabetes, Levemir 20 units mane, Humalog 6 units tds



### Type 1 Diabetes, Lantus 14 units nocte, Novorapid 5 units tds

#### Sensor Data (mmol/L)



### Type 1 Diabetes, Levemir 10units mane, 8 units dinner Humalog 4 – 6 units tds

Sensor Data (mmol/L) Thu 03/12 Fri 04/12 Sat 05/12 Mon 07/12 Tue 08/12 Sun 06/12 Average 20 15 10 ·----5 STREET STREET 2.2 0 0:00 2:00 6:00 8:00 10:00 12:00 14:00 16:00 18:00 20:00 22:00 0:0 4:00

### Meet Mary...

- 38 year old woman attending T1DM clinic
- Type 1 Diabetes diagnosed at age 12 "A brittle diabetic"
- Insulin pump at 34 yo, HbA1c 6.9%
- Complications:
  - Painful peripheral neuropathy
  - Background diabetic retinopathy
  - Proteinuria treated with ACE inhibitor



### Continuous glucose monitor result, HbA1c 6.9%





# WHAT IN TARNATIONS

### IS GOING ON HERE makeameme.org

### Postprandial glycaemic response



Mixed methods study of Australian adults who have adopted a very low carbohydrate diet

- Recruited from an Australian Facebook group that promotes low carbohydrate diet in T1DM
- n = 36
- Mean age = 45 years
- Mean duration of DM = 18 years
- 100% following Dr Bernstein diet
  - Mean daily carbohydrate intake = 36g
  - Duration of LCD = 3.5 years (Range 0.25 35)
- 9 had started low CHO at diagnosis
- 27 had changed from higher CHO to low CHO









### Results: HbA1c, n = 27



HbA1c, %

### Results: Insulin requirement, n = 27



### Results: Lipid profile, n = 12



### Results of Questionnaire

Experience of Lowering Carbohydrate in Type 1 DM n = 36

Domain	Questions	Agree or strongly agree
Glucose control	My glucose levels have been easier to control	<mark>100%</mark>
	My glucose levels have been lower overall	<mark>100%</mark>
	It is easy to work out my insulin doses	94%
	<mark>I have had more hypo's</mark>	<mark>6%</mark>
	I have found it hard to manage the hypo's	<mark>0%</mark>
Confidence in managing diabetes	I feel more confident in managing my diabetes	<mark>100%</mark>
	I feel more in control of my diabetes	<mark>100%</mark>
Health effects	My energy levels are better	91%
	This has been good for managing my weight	86%
Enjoyment of food	I enjoy eating this more than my previous diet	83%
	I feel free to eat what I want to eat	54%
	I am always worried about what I can eat	11%
	I have trouble choosing foods in restaurants	57%
Appetite control	My appetite is better satisfied	<mark>100%</mark>
	I often feel hungry	3%
Cost of food	Eating like this is more expensive	37%
	My food bills are no different on this diet	46%
Education about diet	I found a lot of information via social media	88%
	Social media helps to motivate me to eat this way	80%
	It is easy to find information about low carb diets	91%
	It is easy to find information about low carb diets and diabetes	57%

### Qualitative analysis... key findings

- Internet and social media are key drivers of behaviour change
  - Community of support
  - Information journal articles, YouTube videos

#### • Rapidly adopt low carbohydrate diet after reading Dr Bernstein's book

"So, I ordered the book, Dr Bernstein's Diabetes Solution, and actually, that was the last time I ate carbs. I have not eaten carbs at all since that day. My life has completely changed."

#### • Rapid, dramatic improvement in diabetes control, quality of life

"Well definitely the low hunger, the no hypoglycaemic attacks, much flatter lines for my blood glucose, lower HbA1c, lower risk of complications and my athletic performance is improved."

"So I did it for a week straight, and I remember my blood sugar didn't go above 9, and it was so stable and I just remember thinking, "This is incredible. I didn't realize it could be this good. I don't have to deal with going high every day from these high carb meals and my insulin not working."

#### • Negative perception of endocrinologists, dietitians

"I went twice to an adult endocrinologist and had a very negative experience. He went into, "That's not normal to be on so little insulin. If you're not eating carbohydrate, what are you eating?" Why would I ever put myself in that situation again?"

"And the endocrinologist: she's not at all supportive. I just get lectured. I walk out feeling like the naughty child all the time."

### Summary

- CGMS can be used in clinic to improve:
  - Patients' experience of your service
  - Insulin prescription
  - Glucose control reduced variability, HbA1c
  - Patients' self-management & confidence
- CGMS has completely changed my practice...





# Questions?