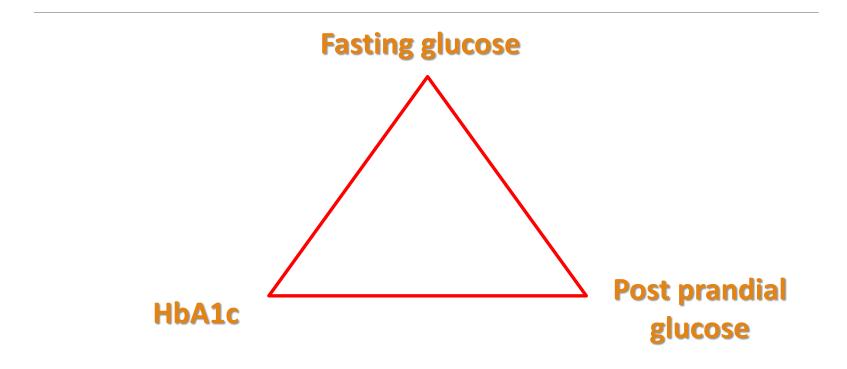
# **Smartly monitored blood glucose (SMBG)**

Maximising the benefit Minimising the pain

# **Glucose triad**

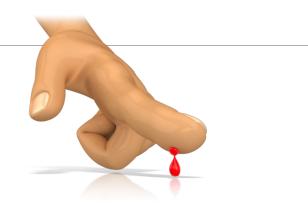




Painful

Scary

Cost



Unless supervised, reviewed and regimented, do not assist in management

Unless supervised, reviewed and regimented, do not lead to improvement in glycaemic control

# SMBG – why?

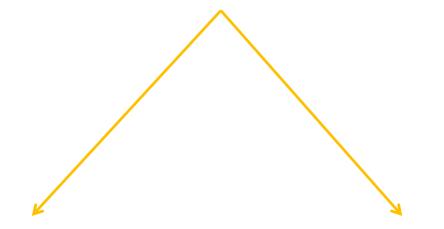
- Patient education explore relation with diet and exercises
- 2. Track progress
- 3. Explore glucose profile
- 4. Explore glycaemic control
- 5. Detect hypoglycaemia
- 6. When HbA1c is not valid
- 7. Medical legal issues



# Smart monitoring of blood glucose

- 1. Planned
- 2. Structured
- 3. Reviewed
- 4. Linked to management change

#### **Types of testing**



**Paired testing** 

#### **Intensive testing**

# **Paired testing**

	Breakfast		Lunch		Dinner		Before Bed	Quernicht	Comments
	Before	After	Before	After	Before	After	Delore Deu	Overnight	
Day 1	6.8	10.2							
Day 2			7.2	8.1					
Day 3					7.0	10.5	9.9		
Day 4	6.8	10.2							
Day 5			7.6	7.7					
Day 6					6.3	11.3	8.8		
Day 7	6.2	10.8							

### **Intensive testing**

	Breakfast		Lunch		Dinner		Defere Ded	Oversisht	Comments
	Before	After	Before	After	Before	After	Before Bed	Overnight	
Day 1	6.8	10.2	7.6	7.7	5.9	9.1	9.4		
Day 2	6.4	10.5	7.2	8.1	6.3	11.3	8.8		
Day 3	6.2	10.8	7.4	8.3	7.0	10.5	9.9		

# When should we used SMBG?

- 1. T1D
- 2. Newly diagnosed
- 3. Education
- 4. Suboptimal HbA1c
- 5. Inconsistent HbA1c
- 6. Look for Hypoglycaemia
- 7. Sick day management
- 8. Preparation for insulin therapy
- 9. When HbA1c is not valid red blood cell survival problem

### Who doesn't need SMBG?

- 1. Diet controlled T2D and well controlled
- 2. Well controlled T2D and not on agents with hypoglycaemic risk

## Who needs SMBG?

T1D

Newly diagnosed

Education

Suboptimal HbA1c

Inconsistent HbA1c

Unstable Glycaemic Control

HbA1c "too good"

Sick day management

Medication change

Preparation for insulin therapy

When HbA1c is not valid – red cell survivor issues

# NDSS

#### Glucometer strips now accessed through NDSS

#### The process:

- Patient **register** with NDSS
- All patients will have 200 strips when first registered
- Subsequent strips (200) will be available by filling in <u>6</u> <u>month approval</u> forms
- Patients on insulin needs to fill in <u>change of medication</u> <u>form</u> and no further forms filling is required

# Flash Glucose Monitoring

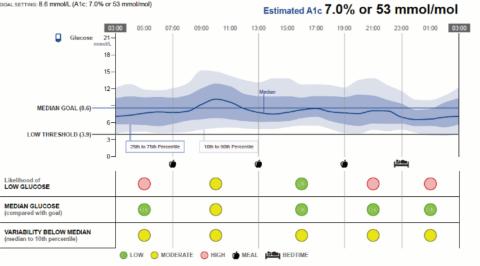


# AGP – looking better

#### Glucose Pattern Insights 17 July 2015 - 16 October 2015 (92 days)

LOW-GLUCOSE ALLOWANCE SETTING: Medium MEDIAN GOAL SETTING: 8.6 mmol/L (A1c: 7.0% or 53 mmol/mol)



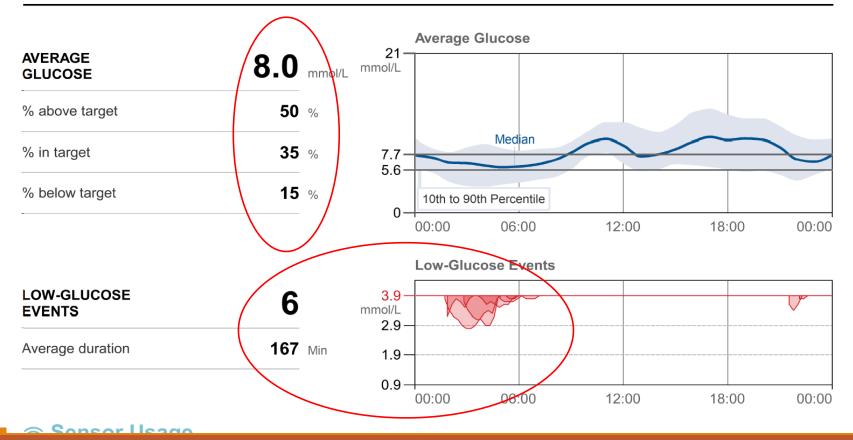


### **Snapshot**

1 May 2018 - 14 May 2018 (14 days)

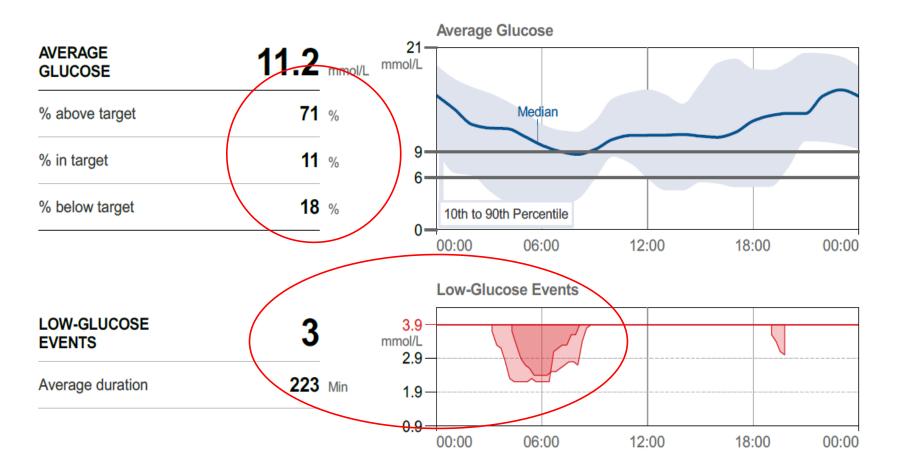
#### Glucose

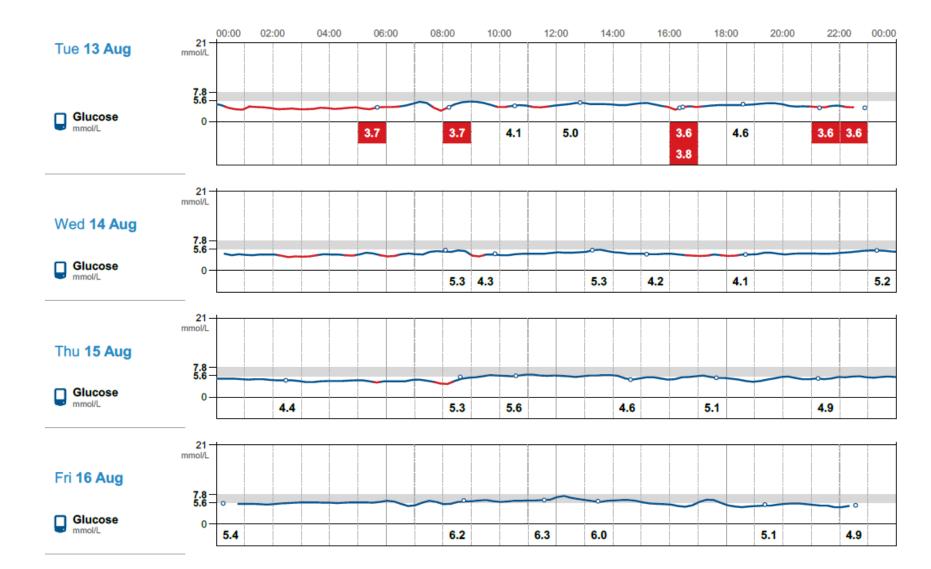
### Estimated A1c 6.7% or 50 mmol/mol



#### Glucose

### Estimated A1c 8.7% or 72 mmol/mol





# Who might benefit from FGM?



Severe or frequent hypoglycaemia suspected or expected



HbA1c too good to be true



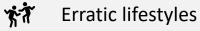
Hypoglycaemia unawareness



N

Suboptimal glycaemic control despite multiple daily injections (MDI)

High glucose variability



Travelling across time zones



Patient preference

### In summary

- Finger prick glucose monitoring is painful
- Smartly monitored blood glucose can be a vital tool in the management of patients with diabetes
- SMBG should only be used if it leads to management changes
- SMBG can either be intensive or paired
- Flash glucose monitoring is a new tool in the management of patients with diabetes (including patients with T2D)