



Module 2, Vignette 2, Strategies to Improve Glucose Control with MTI and CGM (continued from Module 1)

Jay Shubrook, DO, FACOFP, FAFP

So, let's return to Johnny, who you met in Module 1. He was able to get his surgery, a shoulder repair, and he's back at work. He has found that the use of a CGM has totally changed his approach to diabetes because now diabetes makes sense. He says that now he knows what makes his glucose go up, what he can do about it, and he's starting to see this in real time.

So, he actually has really enjoyed continuing on the insulin, even though he had the option of multiple choices. He said, "I can then adjust the insulin to match my life." Occasionally, he does forget his mealtime insulin, but his A1C has improved, it's now down to 6.6%.

He comes in with his download, and you can see the following. First of all, you might notice that when you look at the mean, it is now entirely in the target range, and that first blue bar is actually quite a bit narrower than it was before. And then when I go up to the bar graph on the top right, you can see he's got 3% low, and we'll have to address that, 73% time in range, 18% high, and 6% very high.

So, a substantial improvement, and you notice that a CGM will also give you a GMI [glucose management indicator*] or an estimated A1C. He's currently at 6.9% on this reading, and that probably reflects, you can see, that there is some variation at lunch and a little bit of variation at dinner, which probably reflects when he forgets to take his insulin.

So, when I'm looking at this now, we see substantial improvement. We do need to reinforce the idea of making sure he stays regular with his meals. But he might actually even have to have some further reduction in his basal insulin because he's doing more work on his side, and he's going to need less insulin.

So, I hope that this really shows you the benefit of use by using both CGM and mealtime insulin to help someone get both short-term and long-term control.

*GMI indicates the average A1C level that would be expected based on mean glucose measured in a large number of individuals with diabetes.