Users Exit Continuous Glucose Monitors Benefits

By Miriam E. Tucker  Senior Writer

WASHINGTON — Use of continuous glucose monitoring is a surprisingly diverse group. Ms. Halford, an experienced diabetes educator at the Rocky Mountain Center, said that the Rocky Mountain Center’s questionnaire inquired retrospectively about hypoglycemia before and after CGM use. Among all CGM users, the reported fear of hypoglycemia dropped from a score of 3.30 to 2.52, a statistically significant difference. The drop was significant for both those who continued using CGM (3.44 vs. 2.64) and those who quit (3.19 vs. 2.41). Fear of severe hypoglycemia dropped from 2.48 to 1.67 overall, from 2.70 to 1.89 among the continuing users, and from 2.22 to 1.79 among the quitters. Those values were also all statistically significant.

It’s possible that for the quitters, even the short 6 months of use might have improved glucose control enough that they felt more confident in managing it themselves, or that those with hypoglycemic unawareness regained their symptoms to the extent that their fear was diminished.

A follow-up questionnaire was sent to the same 150 patients, this time asking about actual rates of severe hypoglycemia requiring assistance from individuals nearby or emergency personnel. Among the 58 who responded, 33 reported having had at least one episode of severe hypoglycemia in the 6 months prior to using CGM, and 25 had not.

Fourteen reported an episode of severe hypoglycemia while using CGM, and 44 said they had no such episodes. That 33% reduction in severe hypoglycemia was highly statistically significant, with a P value of .0006. The costs of CGM are easily justified by the avoidance of one emergency room visit or automobile accident,” Ms. Halford said.

There was a statistically significant drop in self-reported hemoglobin A1c of 0.65 percentage points (from a baseline of 7.69%) among those who continued using CGM, while there was virtually no change in HbA1c among those who stopped. Ms. Halford cautioned.

It’s important for patients to be told at the outset that they will still need to do finger sticks, and that those values will be different from those of the sensor.

Education Approaches Need To Be as Diverse as CGM Users

By Miriam E. Tucker  Senior Writer

WASHINGTON — Users of continuous glucose monitoring are a surprisingly diverse group. Ms. Sulik cautioned. "They tend to use the word "sensor" to refer to the entire CGM system, it’s important to explain to patients that the CGM actually includes three separate parts: the sensor, the transmitter, and the receiver.

As with all diabetes education, CGM training must be tailored to the individual patient. However, Ms. Sulik described the four major “diabetic patient types” that she and her colleagues have identified over time, and the educational approaches that might work best for each.

“Deer in the Headlights.” These patients are overwhelmed with the amount of data yielded by the CGM and may feel helpless and frightened. Such patients are often older and not as comfortable with technology. They may even become immobilized and end up doing nothing with the data.

For these patients, the key is to start simple. It may take more than one visit to teach them how to use the device, with several follow-up visits to reinforce the skills. Get them to practice the basics of pattern management, and build their confidence by focusing on small successes.

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Ms. Sulik advised.

“The Analyzers.” These patients ‘real’ like the data” and may become so pre-occupied with the individual readings that they miss overall trends. They are often quick to make multiple changes without waiting to see the effect of one change before making more. Sometimes it’s the patient or spouse who is the analyzer, Ms. Sulik said.

With these patients it helps to focus on pattern management. Tell them to “explore” with cause and effect before making more changes. Prioritizing the changes is also key. For example, reducing insulin doses at certain times to correct low blood sugars may take precedence over correcting highs. Patients should make a change and then wait and watch,” she advised.

“The Complainers.” Every practice has a few of these. They tend to see the downside of the technology—such as the nuisance of the alarms or what they perceive as the CGM’s accuracy problems—rather than its benefits. With these patients, it’s important to reset their expectations, to make sure that such issues, such as blood glucose monitoring, and to remind them of the reasons they were interested in the device in the first place.

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