DOB: 20/04/1934 DEVICE: FreeStyle LibreLink PHONE: 0346011491 Generated: 20/11/2024

AGP Report

6 November 2024 - 19 November 2024 (14 Days)

LibreView

GLUCOSE STATISTICS AND TARGETS

6 November 2024 - 19 November 2024	**14 Days**
Time sensor active:	**100%**

Ranges And Targets For: Type 1 or Type 2 Diabetes

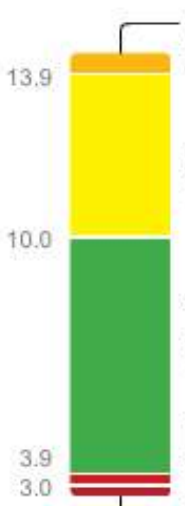
Glucose Ranges	**Targets** % of Readings (Time/Day)
Target Range 3.9-10.0 mmol/L	Greater than 70% (16h 48min)
Below 3.9 mmol/L	Less than 4% (58min)
Below 3.0 mmol/L	Less than 1% (14min)
Above 10.0 mmol/L	Less than 25% (6h)
Above 13.9 mmol/L	Less than 5% (1h 12min)

Each 5% increase in time in range (3.9-10.0 mmol/L) is clinically beneficial.

Average Glucose	**9.8** mmol/L
Glucose Management Indicator (GMI)	**7.5% or 59 mmol/mol**
Glucose Variability	**20.3%**

Defined as percent coefficient of variation (%CV); target ≤36%

TIME IN RANGES



Very High	>13.9 mmol/L	**3%** (43min)
High	10.1 - 13.9 mmol/L	**39%** (9h 22min)
Target Range	3.9 - 10.0 mmol/L	**58%** (13h 55min)
Low	3.0 - 3.8 mmol/L	**0%** (0min)
Very Low	<3.0 mmol/L	**0%** (0min)

Changes

- Started Novorapid
- Increased Lantus dose
- Tried to get funded CGM- test negative for MODY

Tina Langston
DOB: 20/04/1954

MRN: _____
DEVICE: FreeStyle LibreLink

Waitemata DHB Diabetes Service
PHONE: 094861491

Generated: 19/02/2025

AGP Report

6 February 2025 - 19 February 2025 (14 Days)

LibreView

GLUCOSE STATISTICS AND TARGETS

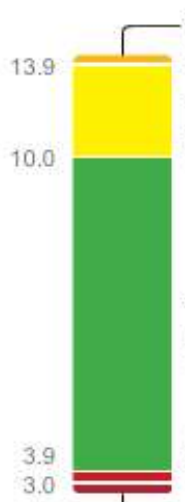
6 February 2025 - 19 February 2025	**14 Days**
Time sensor active:	**90%**

Ranges And Targets For	Type 1 or Type 2 Diabetes
Glucose Ranges Target Range 3.9-10.0 mmol/L	**Targets** % of Readings (Time/Day) Greater than 70% (16h 48min)
Below 3.9 mmol/L	Less than 4% (58min)
Below 3.0 mmol/L	Less than 1% (14min)
Above 10.0 mmol/L	Less than 25% (6h)
Above 13.9 mmol/L	Less than 5% (1h 12min)
Each 5% increase in time in range (3.9-10.0 mmol/L) is clinically beneficial.	

Average Glucose	**9.1** mmol/L
Glucose Management Indicator (GMI)	**7.2% or 56 mmol/mol**
Glucose Variability	**16.4%**

Defined as percent coefficient of variation (%CV); target ≤36%

TIME IN RANGES



Very High >13.9 mmol/L	**0%** (0min)
High 10.1 - 13.9 mmol/L	**21%** (5h 2min)
Target Range 3.9 - 10.0 mmol/L	**79%** (18h 58min)
Low 3.0 - 3.8 mmol/L	**0%** (0min)
Very Low <3.0 mmol/L	**0%** (0min)

Table 2 | Proposed use of CGM throughout the natural history of T2DM

Group	At diagnosis and early disease	Management of stable disease	Long duration of disease[a]
All people with T2DM	Utilize CGM for 14 days after T2DM diagnosis Establish a baseline glucometric profile Provide education on the glycaemic response to diet and exercise in T2DM Decide on the initial treatment plan and therapy Evaluate the patient's early (14-day) response to T2DM treatment	Predict risk of microvascular complications Adjust therapy Manage glycaemic goals for time in range, time below range, time above range, glycaemic variability and glucose management indicator (CGM-defined HbA_{1c} correlate)	Facilitate T2DM therapy de-escalation in older and/o people with T2DM Prevent hypoglycaemia Reduce risk of cardiorenal complications (for example, chronic kidney disease) Reduce incidence and prog of microvascular disease Allow care workers to more effectively manage the care people with T2DM
People with T2DM on: Multiple daily injections Basal insulin Premixed insulin Insulinotropic drugs[b]	**Continuous access to CGM for daily use**		
	Prevent hypoglycaemia Manage hyperglycaemia Support self-management	Prevention of hypoglycaemia Manage hyperglycaemia Facilitate periods of therapy escalation or de-escalation Support self-management	
People with T2DM on non-insulin therapy[c]	**Intermittent use of CGM at least every 3 months, with HCP review**		
	Reinforce education on glucose profiles, diet, physical activity and the effects of medication	Can be combined with a coincident HbA_{1c} test HCP can make decisions on whether to change therapy or not Predict changes in risk of microvascular complications People with T2DM can re-establish the behaviours of good self-management with support from CGM	

CGM, continuous glucose monitoring; HCP, health-care professional; T2DM, type 2 diabetes mellitus. [a]People with long-standing T2DM, with risk of consequent comorbid microvascu macrovascular disease. [b]People with T2DM at increased risk of frequent hypoglycaemia confirmed during a CGM-led medical review. [c]Can include people on insulinotropic oral drugs risk of hypoglycaemia confirmed during a CGM-led medical review

- CGM in T2DM presents multiple opportunities
- Already pregnant women at risk of GDM-> beneficial
- Effective as an education tool in early T2DM
- Glycaemic Benefits even in intermittent CGM use
- Mixed Impact on Weight /Lipids/other parameters
- Strong metanalysis evidence /local trial evidence of efficacy T2DM on SGLT-2 and GLP-1
- Should have continuous use in any patient with insulin/SGLT-2/GLP-1 treated T2DM.
- Equity- Ethnic minorities?


DISCUSSION

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Thank You