Comment on “The pros and cons of continuous glucose monitoring for patients with type 1 diabetes on multiple daily injections of insulin.”

Frontino Giulio¹ · Favalli Valeria¹ · Bonura Clara¹

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In their article [1] the authors provide a broad picture of the pros and cons of continuous glucose monitoring (CGM) for patients with type 1 diabetes on multiple daily injections of insulin (MDI). When underlining the pros of CGM use however, they do not mention the potential benefits of effective use of glucose rate of change (ROC) arrows for insulin dosing adjustments. The accuracy of some CGM systems is now at levels similar to self-monitoring of blood glucose (SMBG), and recent data show that use of glucose data with MARD < 10% in combination with ROC arrows and alerts/alarms reduces potential hypoglycemia risks associated with CGM-based dosing decisions concurrently improving glycemic control [2]. Recent trials also provide important reassurance as to the safety and efficacy of the non-adjunctive use of CGM with significant hypoglycemia reduction even without alarm use. Although there are no universal consensus guidelines on ROC interpretation, there are recent recommendations that provide a useful educational tool that can be personalized according to the patients individual glucose profile [3]. Previous recommendations on insulin dose adjustment have not effectively incorporated useful CGM information as they did not integrate predictive information in insulin dosing (both for meals and hyperglycemia) algorithms. Furthermore, many patients already use their CGM data for insulin dosing without verifying SMBG values. As technology is as good as its user, new

randomized control trials assessing CGM in any patient (pumps and MDI alike) should evaluate ROC arrow interpretation and how education involving trend arrows implementation in dosing adjustments may have a beneficial impact on glucose control.

Compliance with ethical standards

Conflict of interest The authors declare that they have no competing interests.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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✉ Frontino Giulio
frontino.giulio@hsr.it

¹ San Raffaele Scientific Institute, Department of Pediatrics, Diabetes Research Institute, Via Olgettina 60, 20132 Milano, Italy