

Καρδιομεταβολική Ιατρική (MSc in Cardiometabolic Medicine)

Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών

Έξυπνες πένες ινσουλίνης (smart insulin pens) Smart watches Apps

Κωνσταντίνος Μαρκάκης Παθολόγος με Εξειδίκευση στο Σακχαρώδη Διαβήτη Επίκουρος Καθηγητής Παθολογίας Τμήμα Ιατρικής, Σχολή Επιστημών Υγείας Πανεπιστημίου Πατρών Παθολογική Κλινική Πανεπιστημιακό Γενικό Νοσοκομείο Πατρών

Εκπαίδευση

- Διαβήτης Επιπλοκές
- Διατροφή
- Μέτρηση υδατανθράκων
- Δυναμική προσαρμογή δόσης ταχείας ινσουλίνης (γεύμα διόρθωση στόχοι)
- Εκτίμηση βασικής και γευματικής ινσουλίνης

Εκπαίδευση

- Διαβήτης Επιπλοκές
- Διατροφή
- Μέτρηση υδατανθράκων

- Αναλογία ινσουλίνης/ γρ. υδατανθράκων ή ισοδύναμο (Insulin to Carbohydrate Ratio, ICR) - Τεστ ICR
- Παράγοντας ευαισθησίας ινσουλίνης (Insulin Sensitivity Factor, ISF)
- Στόχοι Σx (BG targets)
- Δυναμική προσαρμογή δόσης ταχείας ινσουλίνης (γεύμα διόρθωση στόχοι)
- Εκτίμηση βασικής και γευματικής ινσουλίνης
 - Τήρηση ημερολογίου μετρήσεων
 - Ερμηνεία μετρήσεων λήψη θεραπευτικών αποφάσεων
 - Τεστ βασικής ινσουλίνης και γευματικής ινσουλίνης

Σχήμα πολλα

- Αναγνώριση υπογλυκαιμίας
- Αντιμετώπιση υπογλυκαιμίας
- Πρόληψη
- Επίγνωση υπογλυκαιμίας
- Προσαρμογή σε αυξημένη φυσική δραστηριότητα άσκηση (είδη άσκησης)
- Προσαρμογή θεραπείας σε ασθένεια

Αντιμετώπιση υπογλυκαιμίας

Προσαρμογή σε ταξίδια - διακοπές

Σχη	\mathbf{H}	$\pi \alpha$
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- Είδη άσκησης (αερόβια αναερόβια)
- Διάρκεια άσκησης
- Αντιμετώπιση υπογλυκαιμ
- Αμεση επίδραση
 Επίδραση αργότερα- κίνδυνος νυκτερινής υπογλυκαιμίας
- Στρατηγικές αποφυγής της επαγόμενης από την άσκηση υπογλυκαιμίας
- Προσαρμογή σε αυξημένη
- Προσαρμογή θεραπείας σε ασθένεια
- Αυξημένες ανάγκες σε ινσουλίνη
- Αποφυγή κετοξέωσης

- Προσαρμογή σε ταξίδια διακοπές
 - Μεταβολή σε διατροφικές συνήθειες φυσική δραστηριότητα
 - Συντήρηση μεταφορά ινσουλίνης, αναλωσίμων
 - Ζώνες ώρας

Apps



Μετρητές

CGM

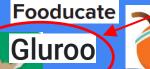
Μετρήσεις Σχ, Ινσουλίνη

Γεύματα, Ασκηση



TIDEPOOL

Carbs & Cals









Carb Manager: Keto Diet App



Calorie Counter & Carb Manager -Freshbit

MySugr

Meal photo







Diabetes Connect Diabetes:M







Sugar Sense Diabetes App

Dexcom CLARITY app





Sugar.IQ™ Diabetes Assistant



FreeStyle LibreLink



Μέτρηση υδατανθράκων







Calorie Counter & Carb Manager -**Freshbit**









Team Blog

#¶ #Lunch

A variety of foods including a slice of pepperoni pizza, vegetable fried rice, a green salad with cooked corn, and a tortilla. 250 grams serving

50g carbs (2.2g sugar), 13g protein, 17g fat, 3.3g fiber, 352cal

Ingredients: pepperoni, pizza crust, mozzarella cheese, tomato sauce, rice, mixed vegetables, soy sauce, lettuce,



Γευματικό – διορθωτικό bolus

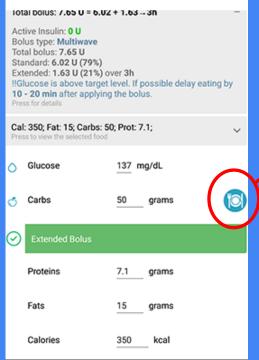


CONFIGURATION WIZARD

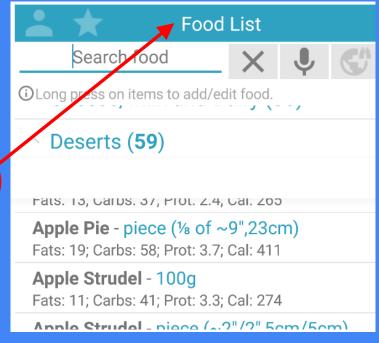
Δυνατότητα διαφορετικών ρυθμίσεων (αναλογία ινσουλίνης προς υδατάνθρακες, συντελεστής ευαισθησίας διόρθωση) για διαφορετικά διαστήματα της ημέρας



Bolus



Βοήθεια στη μέτρηση υδατανθράκων



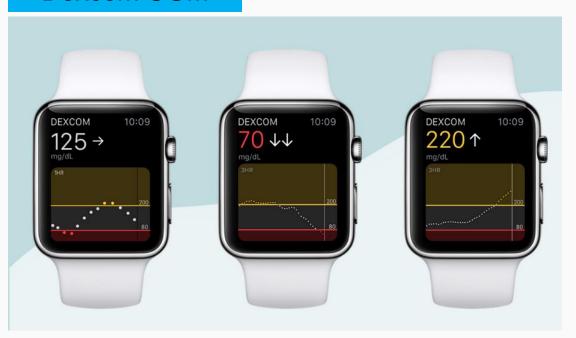
Diabetes:M

Υπολογισμός ενεργού ινσουλίνης (insulin on board)

Smart watches

Smart watch - CGM

Dexcom CGM



Dexcom mobile app is compatible with both Apple and Android watches.

Apple or Android watch syncs with the current CGM data from the app running on your iPhone or Android phone.

It displays your current glucose number and arrow trend, as well as graphs for 1-, 3-, 6-, and 24-hour periods.

High or Low glucose Alerts

Smart watch - CGM

Dexcom CGM

Garmin watches and diabetes data

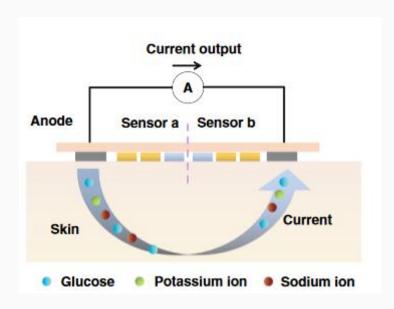


Real-time glucose levels as well as a trend arrow and a 3-hour history CGM line.

Alerts

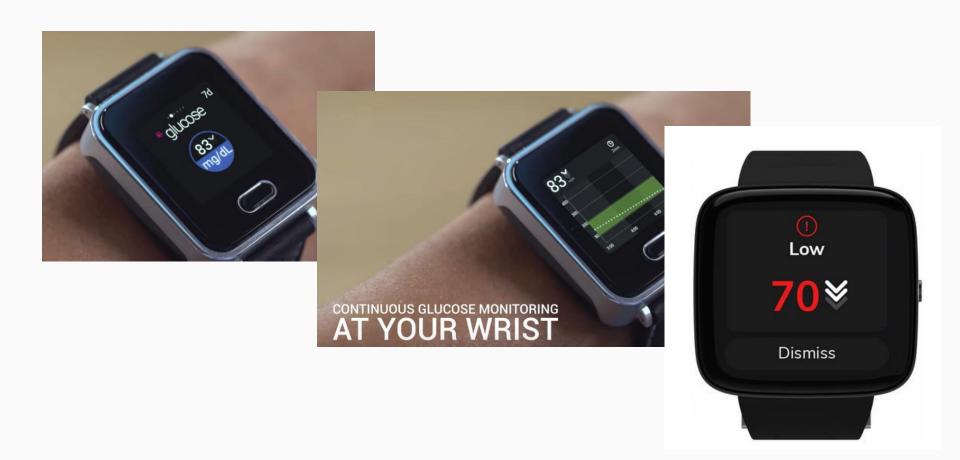
K'Watch Glucose





84.34% clinical accuracy in the Clarke error grid analysis (zones A + B)

K'Watch Glucose



Smart insulin pens / Smart caps for insulin pens

Smart Insulin Pens



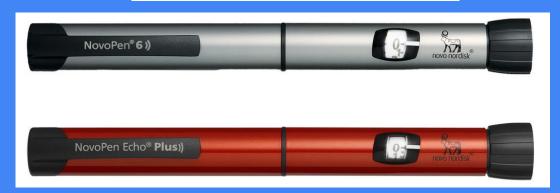
What makes an insulin pen 'smart'?

- It keeps a record of the time and dose of each injection.
- It can connect to a compatible smartphone app, so you can keep track of your data easily and can choose to share it with your clinic.
- It can enable more accurate dosage calculations through a bolus calculator and so ease the mental burden.
- It can help you avoid missed doses.





Novopen 6 / Novopen Echo Plus









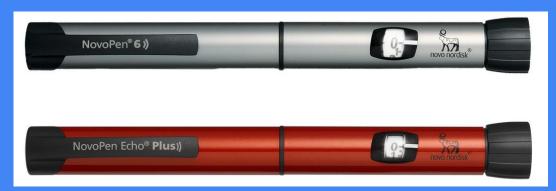
Dose memory



Number of units last injected

Time pasted since last injection (hours: minutes: seconds)

Novopen 6 / Novopen Echo Plus





NovoPen 6 NovoPen Echo Plus





NovoPen® 6:

60-unit maximum dose 1-unit dose increments

NovoPen Echo® Plus:

30-unit maximum dose 0.5-unit dose increments.

Tresiba, Fiasp

NovoPen 6 NovoPen Echo Plus







10 units injected 35 minutes and 50 seconds ago



Single-use needle (example)



8.5 units injected, 36 hours, 45 minutes and 18 seconds ago

NovoPen® 6:

60-unit maximum dose 1-unit dose increments

NovoPen Echo® Plus:

30-unit maximum dose 0.5-unit dose increments.









Paired data





Bolus calculator







- ✓ Insulin doses recorded from the NovoPen® 6 or NovoPen Echo® Plus smart connected insulin pen can be easily transferred to the FreeStyle LibreLink app² with a scan.
- ✓ Helps patients see the effect of insulin doses with both glucose and insulin data on the same reports in LibreView^ħ
- Helps you to have more informed patient consultations





FREESTYLE PORTFOLIO

SCIENTIFIC RESOURCES & EDUCATION

FREESTYLE PORTAL

HELP & SUPPORT





Scan and add a compatible smart connected insulin pen¹ to automatically transfer insulin doses to the app².0



Review

Patients can easily track past insulin doses and their impact.

Seeing this information may help your patients avoid missing a dose or taking insulin doses too close together



Share

Reports showing glucose and insulin data together for more informed patient consultations



See insulin and glucose data together to support more efficient patient consultations





See insulin and glucose data together to support more efficient patient consultations





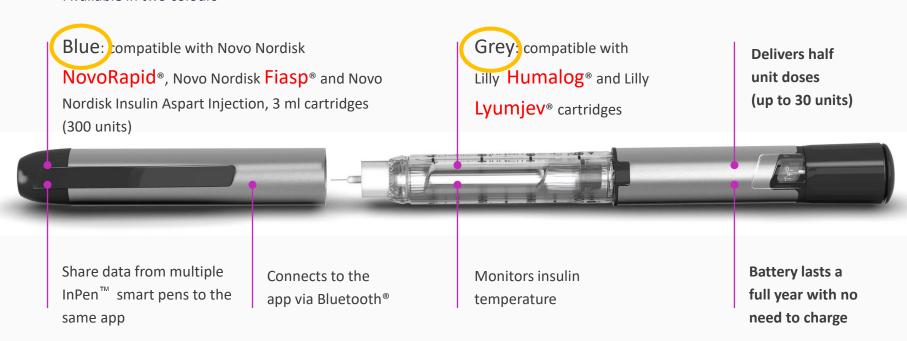
See insulin and glucose data together to support more efficient patient consultations



Smart Insulin Pens-InPen Medronic

InPen[™] smart pen

Available in two colours



Humalog® and Lyumjev® are registered trademarks of Eli Lilly and Company. Fiasp®, Novorapid® and Novo Nordisk Insulin Aspart are registered trademarks of Novo Nordisk A/S.

Smart MDI systemSmart MDI system with Simplera™ & InPen™ 2.0



Simplera™ CGM

Simplera[™] CGM

Key features



Real-time CGM tracing

Records glucose levels every 5 minutes, 24/7 with no fingersticks*



Predictive glucose alerts

Alerts of lows and highs up to 60 minutes ahead of time



Discreet design

Simple insertion & wear experience



App connectivity to Android and Apple phones, Apple watch & Care Partners app

* If CGM readings do not match symptoms or expectations, use a blood glucose meter to make diabetes treatment decisions. Refer to System User Guide



InPen™ smart insulin pen



Tracks dosing data

Active insulin tracking, automatic dose logging and reminders to dose or change cartridges



Provides real-time dosing guidance

Bolus calculator and Missed dose detection technology recommends a corrective action when a mealtime bolus is missed or not enough to stay in range



Easy access to reports & insights

Your patients on MDI therapy's glucose and insulin data is available in a single CareLink™ system report



CGM & insulin dosing in one system

Glucose levels, active insulin, and dose calculations combined to recommend the right mealtime dose*



Insulin dosing

InPen™ smart insulin pen tracks dosing data and helps calculate dose



CGM

Records real-time glucose trends

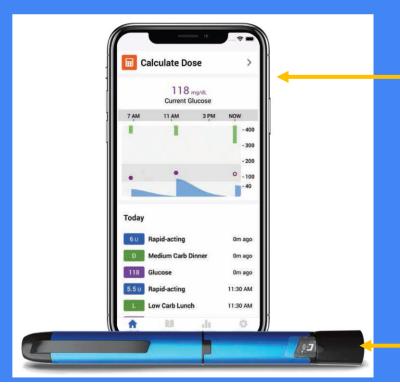


Smart MDI system

Provides real-time dosing guidance for your patients



Smart Insulin Pens InPen Medronic



ICR, ISF, BG target
Active insulin time/
Insulin on board

Bolus calculator
Reminders
Logbook

up to 4 time intervals

BG meter CGM (Guardian)

InPen

InPen App

30-unit maximum dose 0.5-unit dose increments

Cartridges:

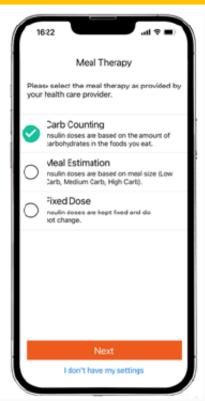
Novorapid Fiasp Humalog

transmits insulin dose data from the smart insulin pen to the user's smartphone app via Bluetooth

Smart MDI systemSmart MDI system with Simplera™ & InPen™ 2.0

InPen™ app

Dose calculator: meal therapy modes



Rapid-acting insulin settings

Dose Calculator settings

Maximum Calculated Dose: _____ Units

Duration of Insulin Action: hh:mm

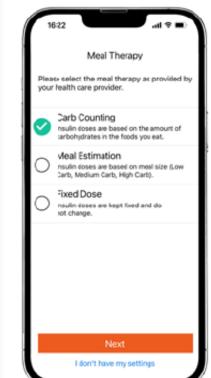
Glucose Target: _____ mg/dL

Insulin Sensitivity Factor: _____ mg/dL/U

Smart MDI systemSmart MDI system with Simplera™ & InPen™ 2.0

[™] app
•

Dose calculator: meal therapy modes



Meal therapy **Carb Counting** mode

Dose

recommendations

description

Suggested use

User responsibility

Settings for dose

calculation

Insulin doses are based

People with type 1

who are experienced

consumed at each meal

or snack

with carb counting

on the amount of carbohydrates in the foods eaten

on carbohydrate content size of the meal (low, medium, or high carb).

Meal Estimation

Insulin doses are based

People with any diabetes diabetes (T1D) and those type on MDI who do not count carbs

Enter the amount of carbohydrates to be

Current glucose

• Insulin-to-carb ratio

 Insulin sensitivity factor Glucose Target

 Current glucose Estimated carbohydrate content

Choose the relative

high carb meals)

carbohydrate content of

the meal (low, medium,

of the meal

Glucose Target

Insulin sensitivity factor

snack).

estimating carbohydrate content

Fixed Dose

Insulin doses are kept

Newly diagnosed, non-

with difficulties roughly

carb-counters, and those

fixed (per meal)

Select the meal type (breakfast, lunch, dinner,

Current glucose

• Fixed insulin amount

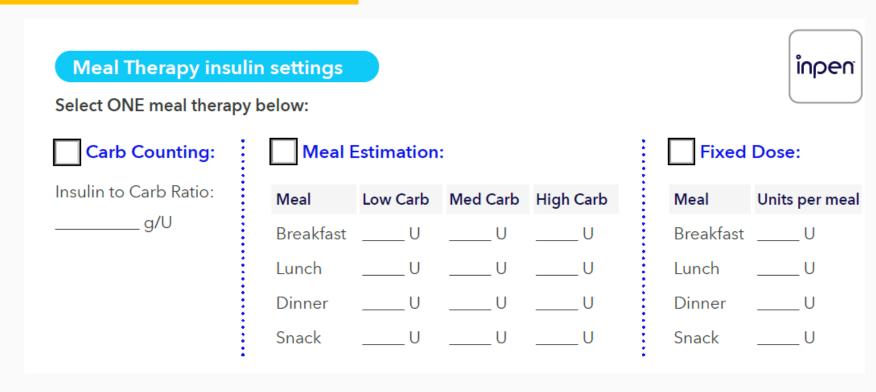
Insulin sensitivity factor

Glucose Target

Smart MDI systemSmart MDI system with Simplera™ & InPen™ 2.0

InPen™ app

Dose calculator: meal therapy modes



Smart MDI systemSmart MDI system with Simplera™ & InPen™ 2.0

Alerts & notifications

Simplera[™] CGM alerts

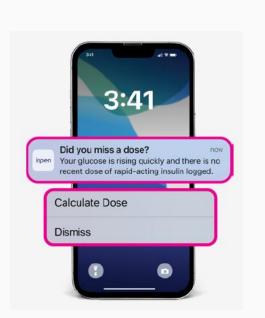


Low Limit	Day time: mg/dL Recommended: 70 mg/dL	Night time: mg/dL Recommended: 70 mg/dL
Low Alert me	Select: O At Low Limit O Before Low Recommended: Before and At Low Limit Time Before Low: 20 minutes	Limit O Before and At Low Limit
High Limit	Day time: mg/dL Recommended: 300 mg/dL	Night time: mg/dL Recommended: 300 mg/dL
High Alert me	Select: OAt High Limit OBefore High Recommended : At High Limit	n Limit O Before and At High Limit

InPen [™] app notificatio	ns	inpen
Missed Dose alert	Day Time: OON OFF (select) Recommended: ON	Night Time: OON OOFF (select) Recommended: OFF
Correct High Glucose alert	Day Time: OON OOFF (select) Recommended: ON	Night Time: OON OOFF (select) Recommended: OFF
Alert Me When I Need:	Units Recommended: Default value	
Long-acting reminder:	OON OOFF (select) Recommended: ON	

The purpose of the long-acting insulin settings is to remind users to take long-acting insulin doses and log. It is especially recommended for those who often miss their long-acting dose.

Missed Dose alert



This alert detects a missed meal dose and recommends an insulin dose to the user. When a rate of change detection algorithm detects that SG is rising quickly and there is no recent dose of rapid-acting insulin logged, the Missed Dose Alert will notify the user. The user can choose to either Calculate Dose or Dismiss the notification.

When the alert is triggered, **choose Calculate Dose** to open the dose calculator. In the dose calculator, enter **no glucose value** (leave empty) and **enter the full meal carbohydrate value** (**or the meal type, depending on the meal therapy mode chosen**); Administer the full suggested dose.

Correct High Glucose alert

This alert notifies a user when more insulin is needed to bring glucose down to target (correction dose)

Recommendation for user:

When alert is triggered, choose Calculate Dose to open the dose calculator. The glucose value will be automatically populated. Enter no value for Carbs (leave empty), and take the dose recommended



When this alert is triggered, the user can choose to Calculate Dose, Snooze 30 mins, or Wait until next meal.

Alert Me When I Need

It is the threshold of required insulin units that will trigger the notification. For example, if this value is set to 2 U, the Correct High Glucose alert will only be triggered if the recommended correction does is 2 U or more.

Correct High Glucose alert

This alert notifies a user when more insulin is needed to bring glucose down to target (correction dose)



When alert is triggered, choose Calculate Dose to open the dose calculator. The glucose value will be automatically populated. Enter no value for Carbs (leave empty), and take the dose recommended





When this alert is triggered, the user can choose to Calculate Dose, Snooze 30 mins, or Wait until next meal.

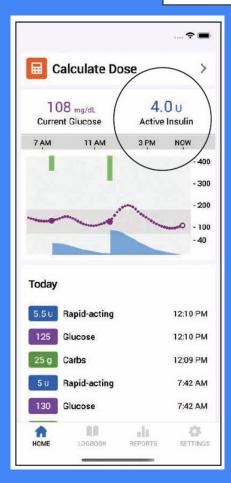
Alert Me When I Need

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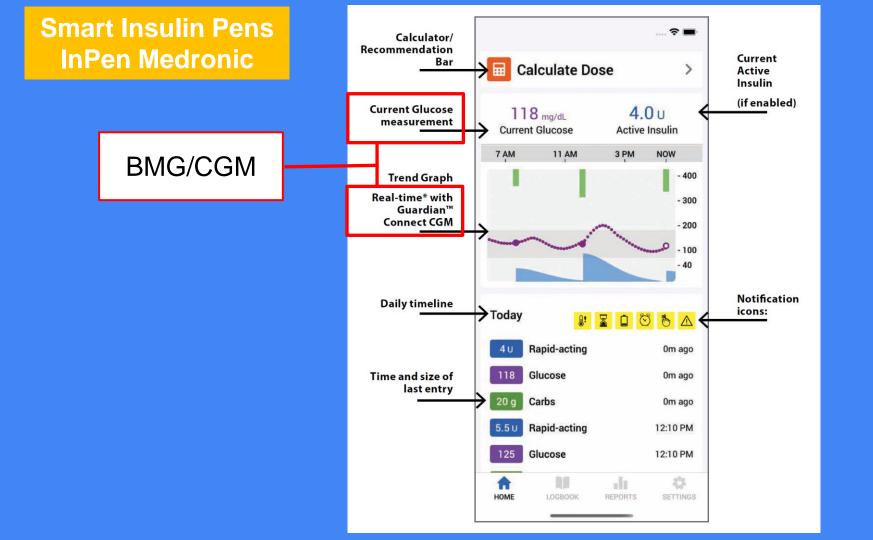
Smart Insulin Pens InPen Medronic

Meal - Correction









Smart Insulin Pens-InPen Medronic

Comprehensive reports

Of a patients' glucose, insulin dosing, and meal data



Providing healthcare teams

Data and information to facilitate informed discussions with patients



All in one report

Insights reports integrate insulin, BG, CGM, insulin dose and dose calculator information in an all-in-one report format

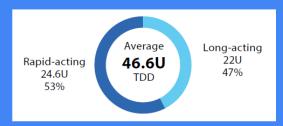


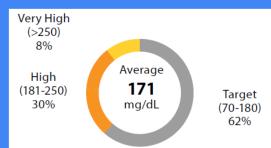
Fine-tuning based on data

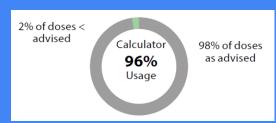
Fine-tune insulin regimen and care plan based on data



Smart Insulin Pens InPen Medronic







Missed doses:

Rapid-acting doses not logged within the time range configured in meal dose reminders are considered missed doses, unless you indicated that you did not eat that meal in the 24 missed dose reminder response.



2.6Avg. Rapid-acting
Doses Per Day

Long-acting doses not logged within three hours before or after the long acting reminder time are considered missed doses.

Smart Insulin Pens - Roadmap



Kerr D, Warshaw H, Choi NY. Smart Insulin Pens Will Address Unmet Needs for People With Diabetes Using Insulin. Endocrine Today, 2019;17(5):20-21.

Dosing Behavior Missed Doses **Daily Charts** Glucose Data Insulin Data InPen integrated data report Glucose Modal Day Glucose Fri, Jan 10. Graph Thu, Jan 09 Wed, Jan 26 Long-acting Tire, Jan 07 Assessment Reing Secting plurines of 20 mg/45, or more may indicate long-enting disser-should be increased. Carbohydrate Mon, Jan Dis Settings Meal Assessment Insulin Dose

Warshaw H, Isaacs D, MacLeod J. The Reference Guide to Integrate Smart Insulin Pens Into Data-Driven Diabetes Care and Education Services. The Diabetes Educator. 2020;46(4_suppl):3S-20S.



Bigfoot Unity App

Bigfoot Unity™ Diabetes Management System



Black Cap for Long-Acting Insulin

disposable pens



White Cap for Rapid-Acting Insulin



Abbott FreeStyle Libre 2 Sensor



Bigfoot Blood Glucose Meter

Bigfoot Unity™ Diabetes Management System



Bigfoot Unity™ Diabetes Management System

Black Cap for Long-Acting Insulin



Δυνατότητα λήψης alert στο κινητό τηλέφωνο ότι ίσως έχει χαθεί δόση

Bigfoot Unity™ Diabetes Management System

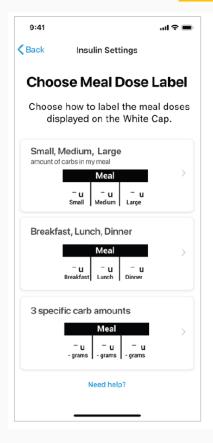
The White Cap for Rapid-Acting Insulin

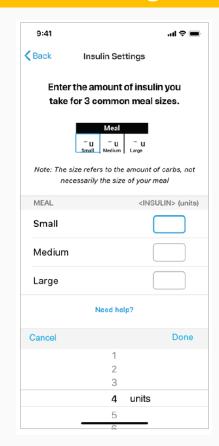


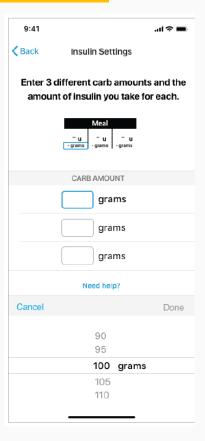
White Cap → προσλαμβάνει και στέλνει στο App τα δεδομένα των τελευταίων 8 ωρών από το Freestyle Libre2

Bigfoot Unity™ Diabetes Management System







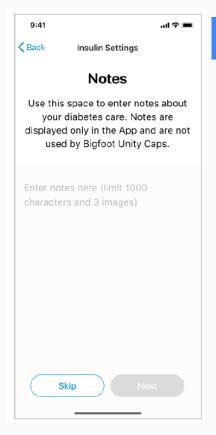


Bigfoot Unity™ Diabetes Management System

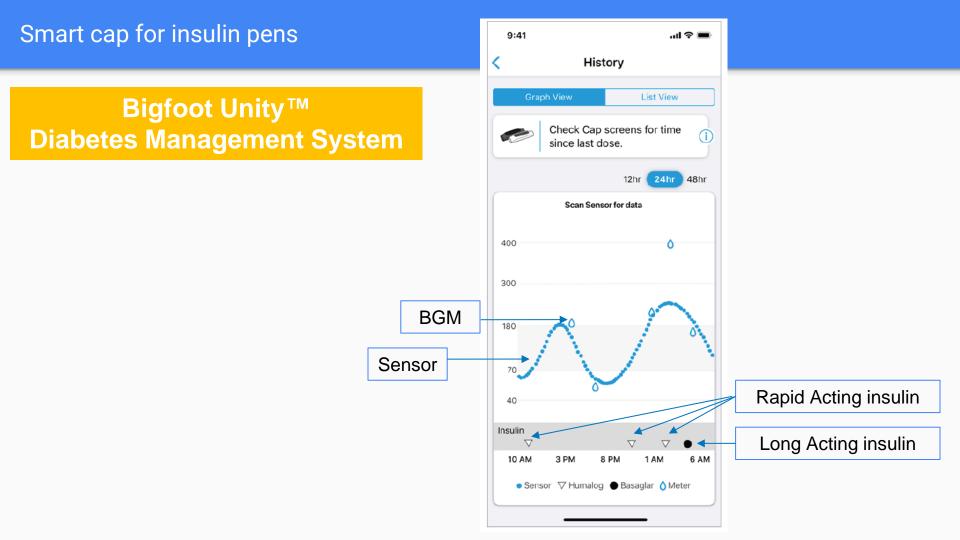
Correction







Notes





Check if <u>insulin</u> injections correctly occurred. Provides alarms in case a due injection is missed.



Injection Reminder allow to remind insulin injection



Record insulin data

Automatically record insulin dosing data and collect them with the other data from the GlucoMen Day line (CGM, SMBGs, Fitbit) in the same organized space (GlucoLog, Diasend (TBC)).



Track Insulin Injection track injection time

Check insuling storage

Monitor insulin storage temperature in real-time and provide alarms in case of improper conditions.

Build up a closed loop for MDI patients

The combination of the CGM, the bolus calculator and this cap could allow to build up a sort of closed loop system for MDI patients, where the user is assisted in dose calculation, and monitored for the correct insuling injection.

disposable pens



Compatible with most common insulin pens



Data sharing via BT Bluetooth sharing



Συμμόρφωση στην ινσουλινοθεραπεία Παράλειψη ενέσεων ινσουλίνης (missed insulin injections)

Insulin adherence behaviors and barriers

Insulin adherence behaviours and barriers in the multinational Global Attitudes of Patients and Physicians in Insulin Therapy study Peyrot et al. Diabet Med. 2012 May;29(5):682

Internet survey
China, France, Japan, Germany, Spain, Turkey, UK, USA
1530 insulin-treated patients (180 T1DM, 1350 T2DM)
1250 physicians

Patients:

33.2% reported insulin omission/non-adherence at least 1 day in the last month, with an average of 3.3 days.

Physicians:

72.5% report that their typical patient does not take their insulin as prescribed, with a mean of 4.3 days per month of basal insulin omission/non-adherence and 5.7 days per month of prandial insulin omission/non-adherence

Insulin adherence behaviours and barriers

Reason	Patients % and rank	Physicians % and rank
Too busy	18.9% 1	41.9% 3
Travelling	16.2% 2	43.6% 2
Skipped meal	15.0% 3	44.8% 1
Stress or emotional problems	11.7% 4	32.2% 5
Embarrassing to inject in public	9.7% 5	36.8% 4
Challenging to take it at the same time everyday	9.4% 6	29.1% 6
Forgot	7.4% 7	2.0% 11
Too many injections	6.0% 8	26.4% 7
Avoid weight gain	4.0% 9	13.4% 9
Regimen is too complicated	3.8% 10	16.8% 8
Injections are painful	2.6% 11	7.8% 10

Παράλειψη γευματικής ινσουλίνης

Παράλειψη bolus

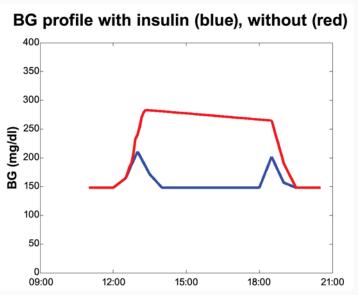


Figure 4. Omitting a meal bolus. The red curve is based on data from the DirecNet study. $^{\rm S}$

Παράλειψη ινσουλίνης βραδείας δράσης

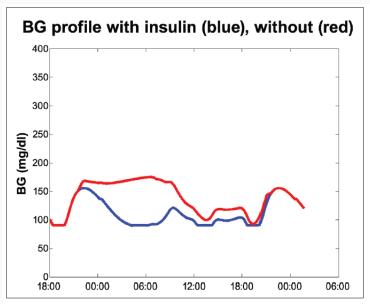


Figure 6. Forgetting bedtime long-acting insulin. Simulated profiles from AIDA.

Jette Randløv et al., Journal of Diabetes Science and Technology Volume 2, Issue 2, March 2008

Παράλειψη γευματικής ινσουλίνης

Increased average glycaemia



2.1 omissions per week

Increased HbA1c

2.1 omissions per week

Case bolus	∆HbA1c using Rohlfing's relation	ΔHbA1c using Kilpatrick's relation	
Forgetting breakfast bolus (Figure 1)	0.383 (±0.014)	0.617 (±0.022)	
Omitting a meal bolus (Figure 4)	0.265 (±0.009)	0.426 (±0.015)	
Forgetting lunch insulin. AIDA simulation (Figure 5)	0.278 (±0.010)	0.448 (±0.016)	

Case-basal	∆HbA1c using Rohlfing's relation	ΔHbA1c using Kilpatrick's relation
Forgetting long-acting insulin in the early afternoon (Figure 2)	0.171 (±0.006)	0.276 (±0.010)
Forgetting bedtime long-acting insulin. AIDA simulation (Figure 6)	0.333 (±0.012)	0.536 (±0.019)

Jette Randløv et al., Journal of Diabetes Science and Technology Volume 2, Issue 2, March 2008

Παράλειψη γευματικής ινσουλίνης

Injection remember rate	Injection forget rate	HbA1c deviation from optimum
100%	0%	Optimum treatment
90%	10%	0.3 to 0.4% points
80%	20%	0.6 to 0.8% points
70%	30%	0.9 to 1.2% points
61.5%	38.5%	1.8% points

Average Insulin remember rate (missing about 1 injection every 3!)

A Novo Nordisk study (2014) reported 59%

Nonadherence to Insulin Therapy – Glycemic control

Nonadherence to Insulin Therapy Detected by Bluetooth-Enabled Pen Cap Is Associated With Poor Glycemic Control

n=75 Youn

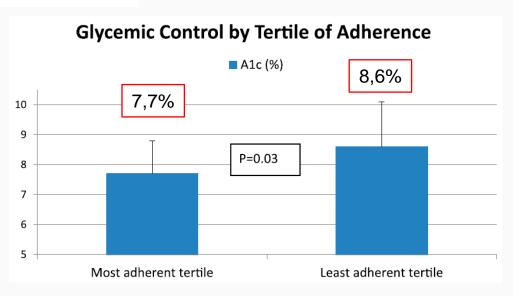
USA

Young adults T1DM

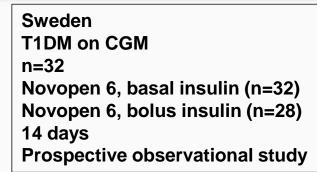
older adults T1DM or T2DM on two or more insulin injections/day

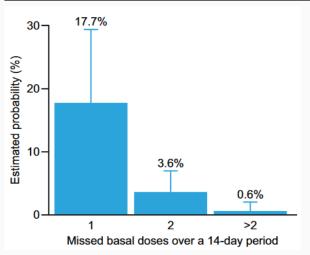
Munshi et al. Diabetes Care 2019;42:1129

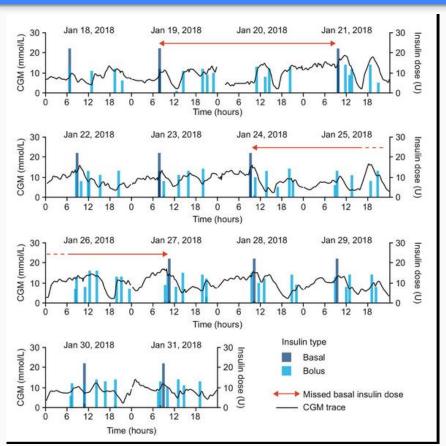
Gocap Bluetooth-enabled pen for basal and bolus



Missed basal insulin doses – Glycemic control – T1DM

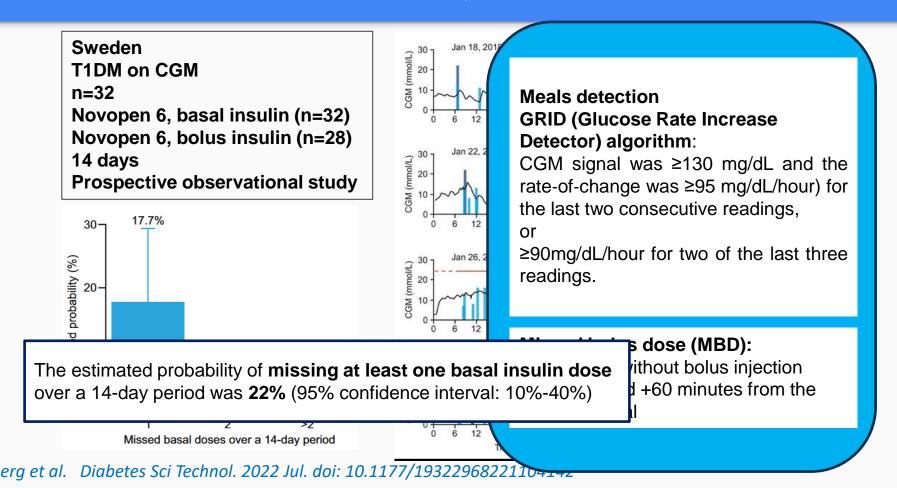






Ekberg et al. Diabetes Sci Technol. 2022 Jul. doi: 10.1177/19322968221104142

Missed basal insulin doses – Glycemic control – T1DM



Missed basal insulin doses – Glycemic control – T1DM

Glycemic parameters	Estimated mean change per missed basal insulin injection (95% CI)	Р	Estimated mean change per missed bolus insulin injection (95% CI)	P
TIR, %	-2.63 (-4.41, -0.71)	.005	-0.25 -0.44, -0.07)	.008
TAR LI, %	0.34 (-0.71, 1.34)	.520	-0.03 (-0.14, 0.07)	.525
TAR L2, %	2.91 (0.99, 4.73)	.002	0.26 (0.07, 0.45)	.008
TBR LI, %	-0.28 (-0.65, 0.11)	.154	0.00 (-0.03, 0.04)	.808
TBR L2, %	-0.29 (-0.78, 0.22)	.256	0.02 (-0.04, 0.06)	.556
Mean glucose, mmol/L	0.44 (0.19, 0.69)	<.001	0.02 (-0.00, 0.05)	.085
%CV, %	<u>-0.09</u> (-1.08, 0.95)	.855	0.19 (0.09, 0.29)	<.001
GMI, %	0.19 (0.08, 0.30)	<.001	0.01 -0.00, 0.02)	.085

Ekberg et al. Diabetes Sci Technol. 2022 Jul. doi: 10.1177/19322968221104142

Συμμόρφωση στην ινσουλινοθεραπεία Χρόνος bolus για κάλυψη γεύματος (bolus timing)

Time of bolus - Real world data

USA, UK, Germany n = 906 adults with T1D (39%) and T2D (61%) treated with insulin therapy Mean age: T1D 37 years, T2D 47 years

bolus dosing
before meals 57.0%
after meals 18.9%
with meals 12.7%
at varying times (11.5%)

		Bolus dose timing			
		before	with	after	
		(n=516)	(n=115)	(n=171)	
Experienced out-of-range BG in past week ¹					
Hypoglycemia ²	n(%)	56	73	69	**
postprandial hypoglycemia (low BG after	n(%)	20	50	E 1	
eating)	11(70)	28	52	51	**
Hyperglycemia ³	n(%)	71	84	71	*
postprandial hyperglycemia (high BG after	n(%)				
eating)	11(70)	59	74	65	*

*p<0.05, **p<0.00

Time of bolus - Real world data

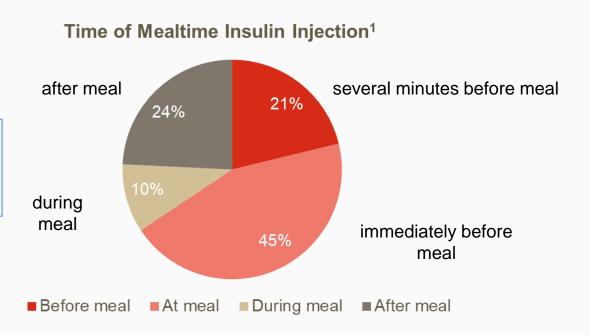
T1D Exchange clinic registry (USA) n = 4768 age <26 years

HbA1c

Bolus before meal: 8,4%

Bolus during or after meal: 8,8%

p<0,001



Σωστός υπολογισμός bolus (bolus calculation)

Σωστός υπολογισμός bolus (bolus calculation)

Η δυναμική προσαρμογή της ινσουλινοθεραπείας είναι απαραίτητο συστατικό στη θεραπεία του τύπου 1 διαβήτη

ADA Standards of care 2023 ΕΔΕ Κατευθυντήριες οδηγίες 2023

Δυναμική προσαρμογή της ινσουλινοθεραπείας ightarrow βελτίωση γλυκαιμικού ελέγχου

Αναλογία ινσουλίνης/ γρ. υδατανθράκων ή ισοδύναμο (Insulin to Carbohydrate Ratio, ICR)

Παράγοντας ευαισθησίας ινσουλίνης (Insulin Sensitivity Factor, ISF)

Στόχοι Σx (BG targets)

↓ μεταγευματικής υπεργλυκαιμίας

↓ μεταγευματικής υπογλυκαιμίας

Δεδομένα από κλινικές μελέτες

NovoPen® 6 - T1DM

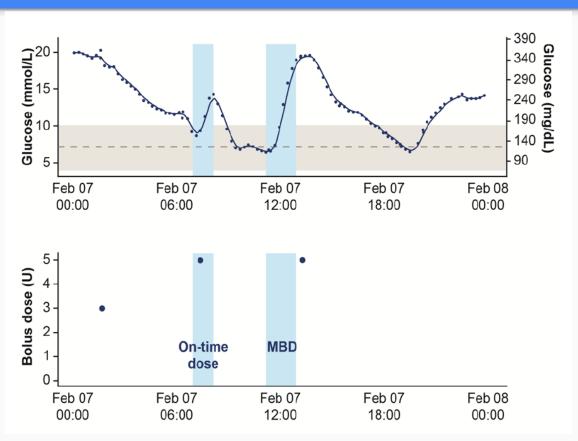
12 Swedish diabetes clinics T1DM on CGM n=94 Prospective observational study

Meals detection GRID (Glucose Rate Increase Detector) algorithm:

CGM signal was ≥130 mg/dL and the rate-of-change was ≥95 mg/dL/hour) for the last two consecutive readings, or ≥90mg/dL/hour for two of the last three readings.

Missed bolus dose (MBD):

were meals without bolus injection within -15 and +60 minutes from the start of a meal



Adolfsson et al Diabetes Technol Ther. 2020 Oct;22(10):709

NovoPen® 6 - T1DM

baseline to follow-up period

TIR ↑ 1.9 hours/day; p<0.001

TAR ↓ 1.8 hours/day; p<0.003

L1 hypo ↔

L2 hypo ↓ 0.3 hours/day; p<0.005

use of a connected pen might help to facilitate more informed dialogs between HCPs and people with T1D

Missed bolus dose (MBD): $\downarrow 43\%$ (p=0.002)

decrease from 25% to 14% based on the assumption that participants had three main meals/day.

Late bolus - Glycemic variability

P: CLINICAL THERAPEUTICS/NEW TECHNOLOGY—INSULIN DELIVERY SYSTEMS | JUNE 01 2020

975-P: Effect of Late Bolus Injections on Glycemic Variability Studied by Connected Pens **⊘**Jendle et al Diabetes 2020;69(Supplement_1):975-P

12 Swedish diabetes clinics T1DM on CGM n=96

late-bolus dose:

bolus dose given 60-120 minutes after the estimated start of the meal

mean number of late-bolus doses

Baseline: 0.32 per day Smart pen follow up: 0.18 per day

 $\frac{\text{day}}{\text{day}} \mid \downarrow 42\% \text{ (p = 0.005)}.$

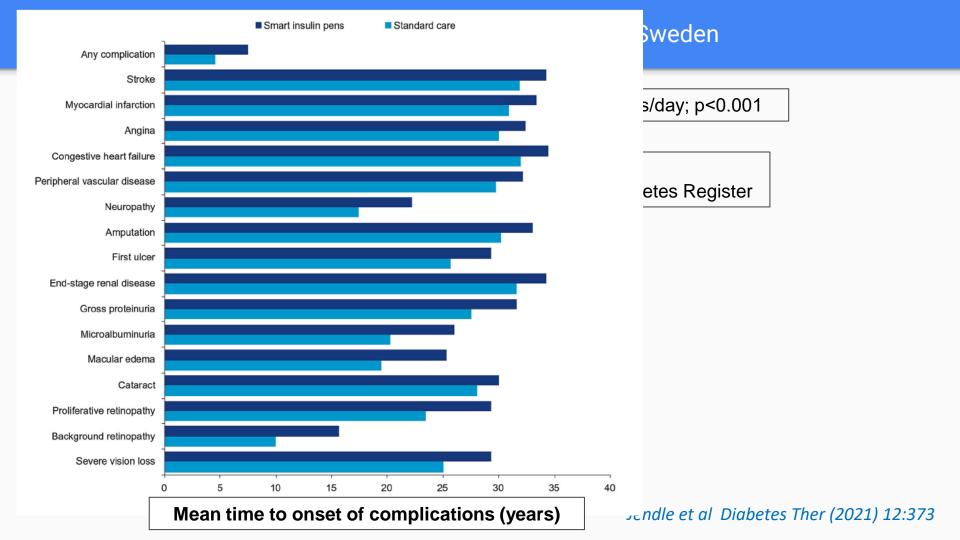
A significant correlation between the **timing of the bolus** dose and the **coefficient of variation (CV) of the CGM** signal was found

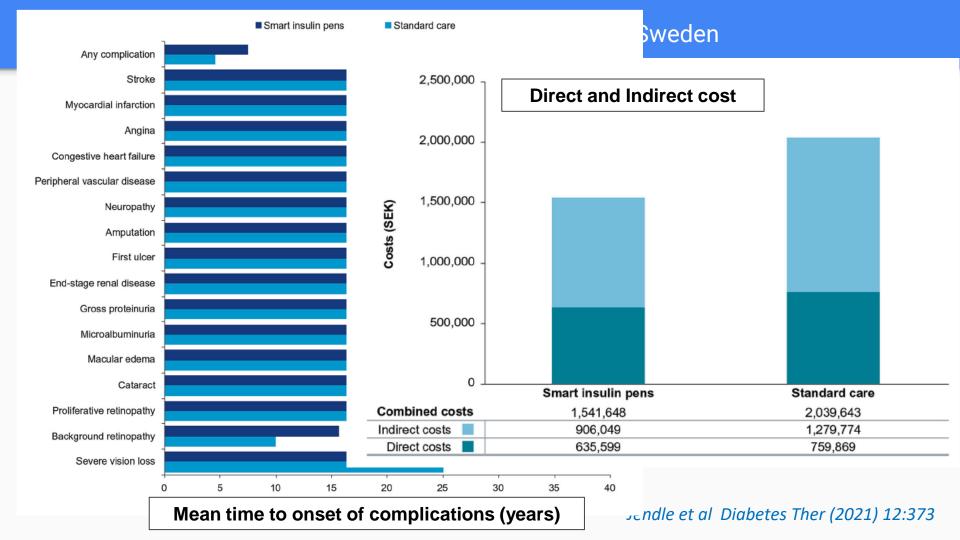
each 10-minute delay of the bolus dose was associated with an increase of 0.5% CV (p < 0.0001) on average.

Cost-Effectiveness Analysis – T1DM - Sweden

Adolfsson et al, Sweden, T1DM → TIR ↑ 1.9 hours/day; p<0.001

T1DM: Smart pen vs Standard care, simulated cohort based on Swedish National Diabetes Register





Smart insulin pen cap (Insulclock) – T1DM

Smart insulin pen cap (Insulclock)

Spain

T1DM uncontrolled

n=16

Randomized Trial: active vs masked

4weeks

masked FreeStyle Libre Pro CGM device (professional use)

Meals detection

GRID (Glucose Rate Increase Detector) algorithm

Late meal bolus (mistimed): insulin ≥30 min after a glucose rise

Missed dose: no insulin ≥2 h after a glucose rise

Insuclock (vs masked)

mean daily blood glucose: -27 mg/dL P < 0.013

SD: -14.4 mg/dL P = 0.003

TIR: +7% P = 0.038

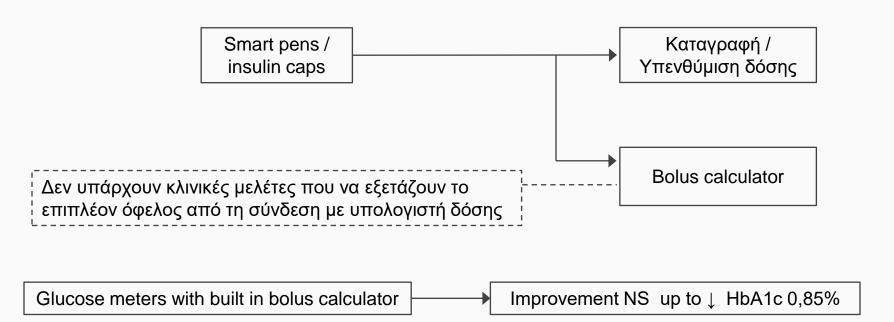
TAR: -12.5% P = 0.0026

number of missed insulin doses / month: -3.9 P = 0.14

number of mistimed insulin doses / month: -5,4 P = 0.032

Insulin Treatment Satisfaction Questionnaire (ITSQ)

Bolus calculator



Colin et al Diabetes Ther. 2013 Jun;4(1):1 Gonzalez et al Diabetes Technol Ther. 2016 May;18(5):282

Smart Meters

	Study design	Results
Maurizi et al.	3- to 6-month randomized trial comparing patients using an ABC to a control group 40 consecutive adult type 1 diabetes patients	At 3 months: nonsignificant improvement in HbA1c levels (-0.61%) At 6 months: significant improvement in HbA1c levels (-0.85%; P<0.05)
Garg et al.	1-year open-label, randomized, controlled trial 123 adult type 1 diabetes patients randomized on a 1:1 basis to either an ABC or control group	HbA1c improvement by 0.6% at 12 months (P<0.02) Higher proportion of ABC users achieving HbA1c<7.5% (P<0.01)
Gonzalez et al.	36 weeks, crossover, prospective, randomized, controlled, multicenter study T1DM under MDI treatment (n=51)	Control HbA1c -0.39%; ABC HbA1c -0.52% [P = 0.8]

ABC: automated bolus calculator

Colin et al Diabetes Ther. 2013 Jun;4(1):1 Maurizi et al Diabetes Technol Ther. 2011;13:425 Garg et al Diabetes Technol Ther. 2008;10:369 Gonzalez et al Diabetes Technol Ther. 2016 May;18(5):282

Diabet Med. 2025 Oct 13:e70161



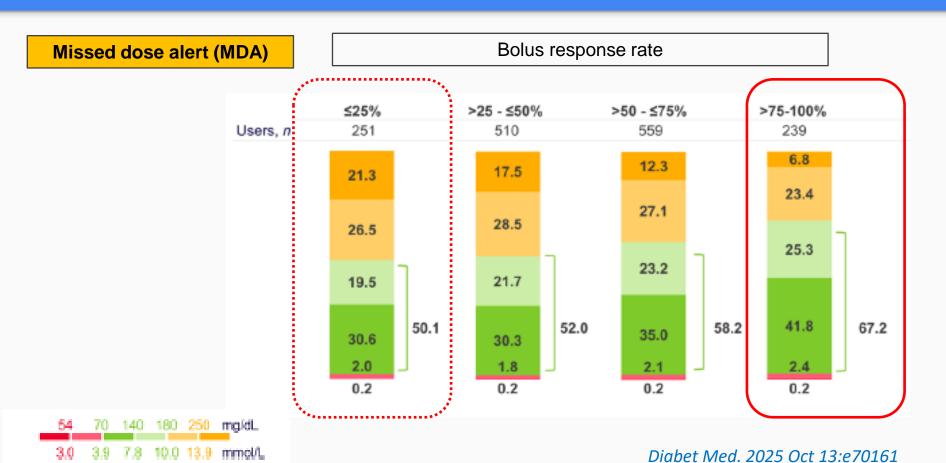
RESEARCH ARTICLE

Treatment

Insights into the effective use of the Smart MDI system: Data from the first 1852 type 1 diabetes users

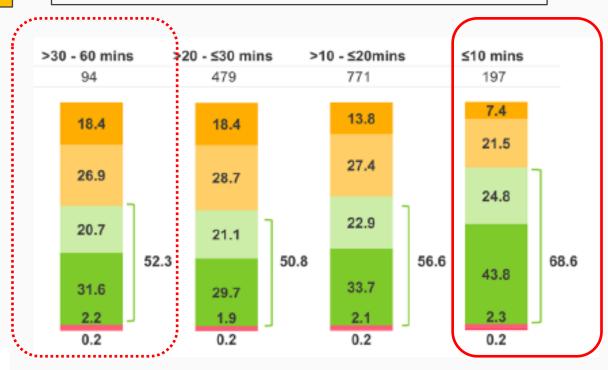
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Andrea Laurenzi<sup>1</sup> | Shannon N Edd<sup>2</sup> | Peter Adolfsson<sup>3,4</sup> | Fabio Di Piazza<sup>2</sup> | Benedikt Voelker<sup>2</sup> | Glen Im<sup>5</sup> | Tim van den Heuvel<sup>2</sup> | Ohad Cohen<sup>2</sup>
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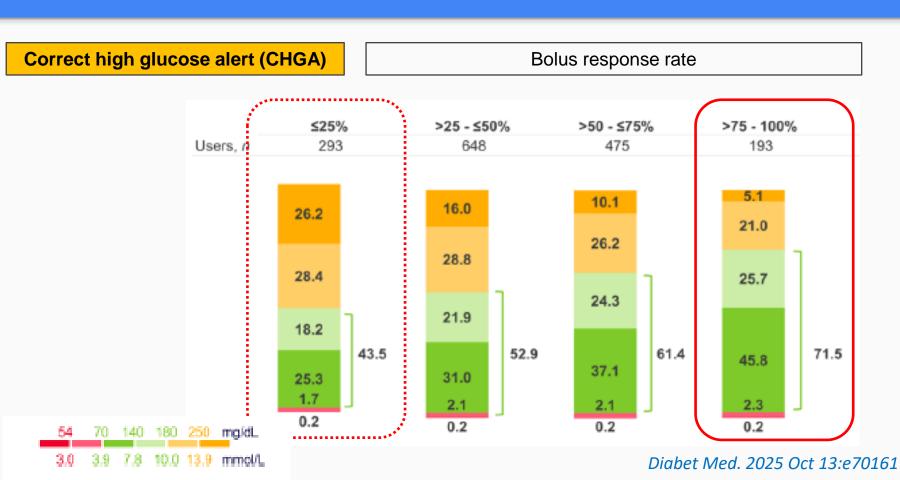
Smart MDI users from 21 countries across Europe, the Middle East, and Africa with at least 10 days of InPen use and 10 days of CGM data during the observation period





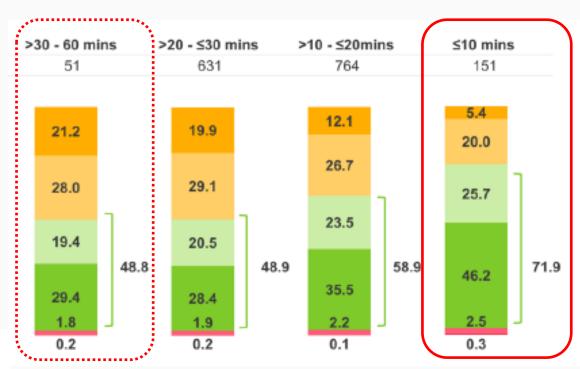
Bolus response timing





Correct high glucose alert (CHGA)

Bolus response timing



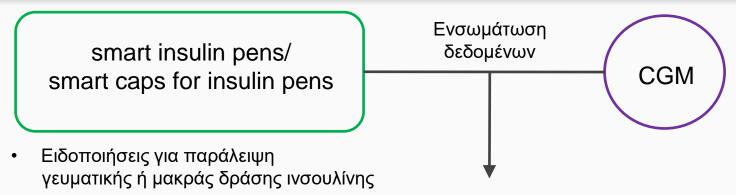
3.0 3.9 7.8 10.0 13.9 mmol/L

Diabet Med. 2025 Oct 13:e70161

ΣΥΝΟΨΗ

- Οι έξυπνες πένες ινσουλίνης (smart insulin pens) και τα έξυπνα καλύμματα για πένες ινσουλίνης (smart caps for insulin pens) αποτελούν ένα δυναμικά αναπτυσσόμενο πεδίο
- Λίγες κλινικές μελέτες με υποσχόμενα αποτελέσματα όσον αφορά στο όφελος από την καλύτερη συμμόρφωση
- Δεν υπάρχουν ακόμη κλινικά στοιχεία για το πιθανό όφελος από τη βοήθεια που μπορούν να προσφέρουν στη δυναμική προσαρμογή της ινσουλινοθεραπείας (bolus calculator)
- Στην πλήρη ανάπτυξη τους τα συστήματα αυτά θα μπορούσαν να προσφέρουν ένα περιβάλλον με πολλά κοινά στοιχεία με αντλία ινσουλίνης

ΣΥΝΟΨΗ





Άμεση εικόνα γλυκαιμικού ελέγχου Ανάλυση δεδομένων Απομακρυσμένη πρόσβαση

decision support



Ευχαριστώ για την προσοχή σας







