



Free Style Libre

Education Session



Glasgow, June/July 2018

Welcome to GGC Libre introduction and education session.

Acknowledgements

- Dr Fraser Gibb – Consultant,
Edinburgh Royal Infirmary
- The whole GGC Paediatric Diabetes Team –
for all the hard work



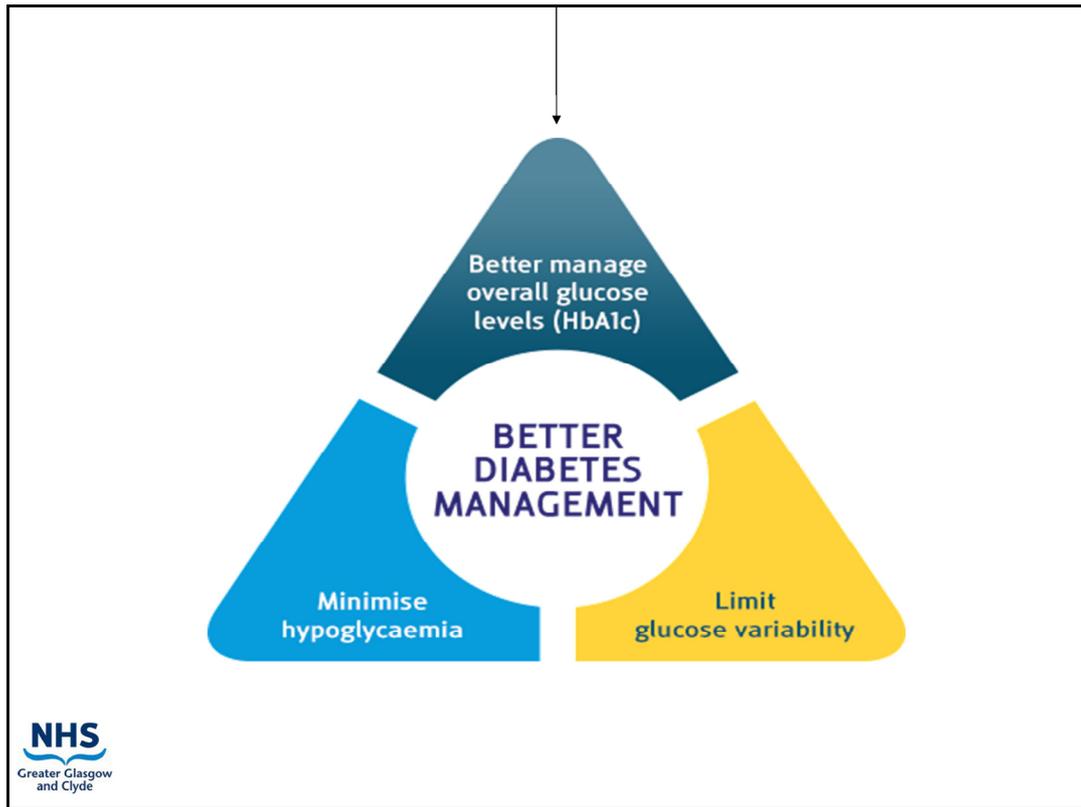
Part of material was used based on ideas and experience of Dr Fraser Gibb from Edinburgh where they started Libre use slightly earlier.

Introduction

- Why glucose is important



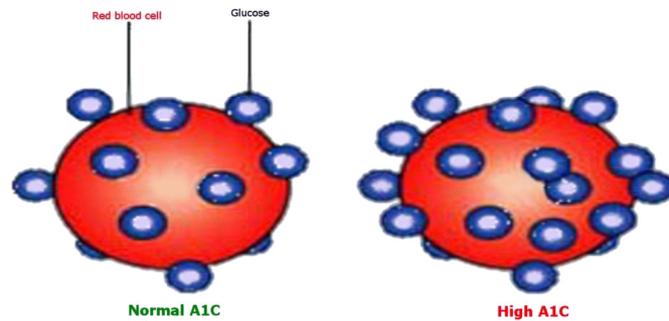
We trust that you are well aware of how and why glucose control is so important, yet a short review will help in further explorations.



For many years HbA1c was used to evaluate the diabetes control – it was the best known and fairly easily applicable measure.

HbA1c

What is it and why is it important?

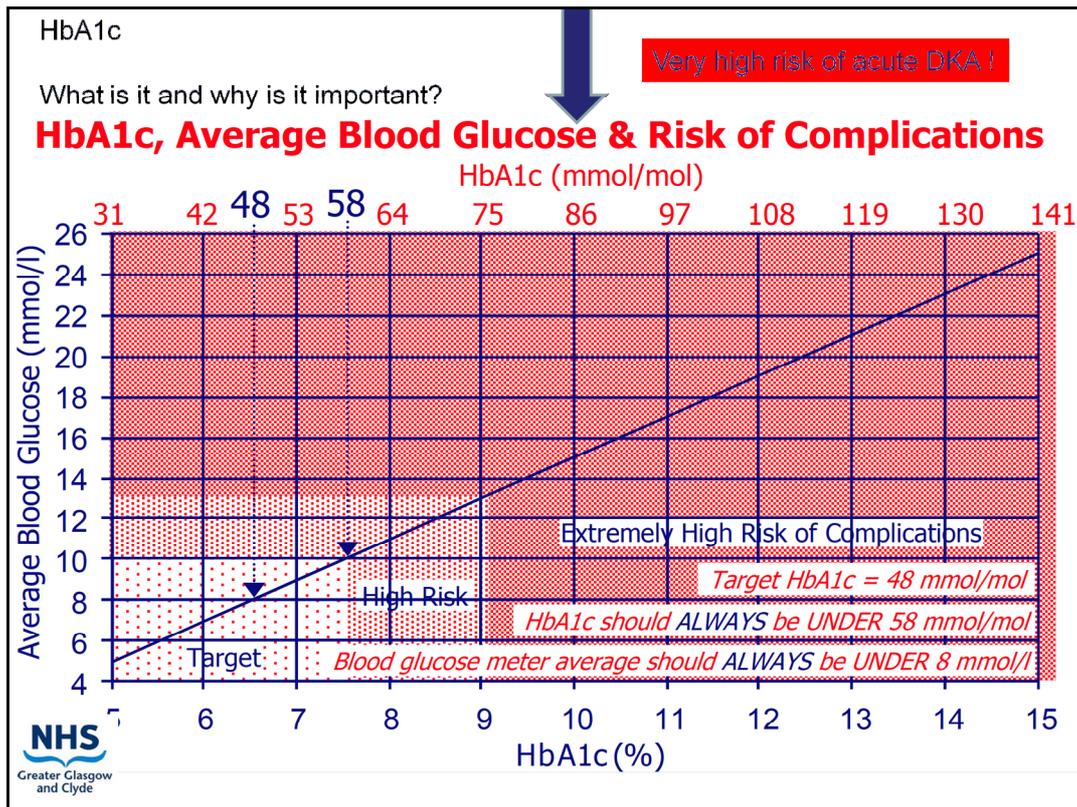


Good : Less than **58** mmol/mol

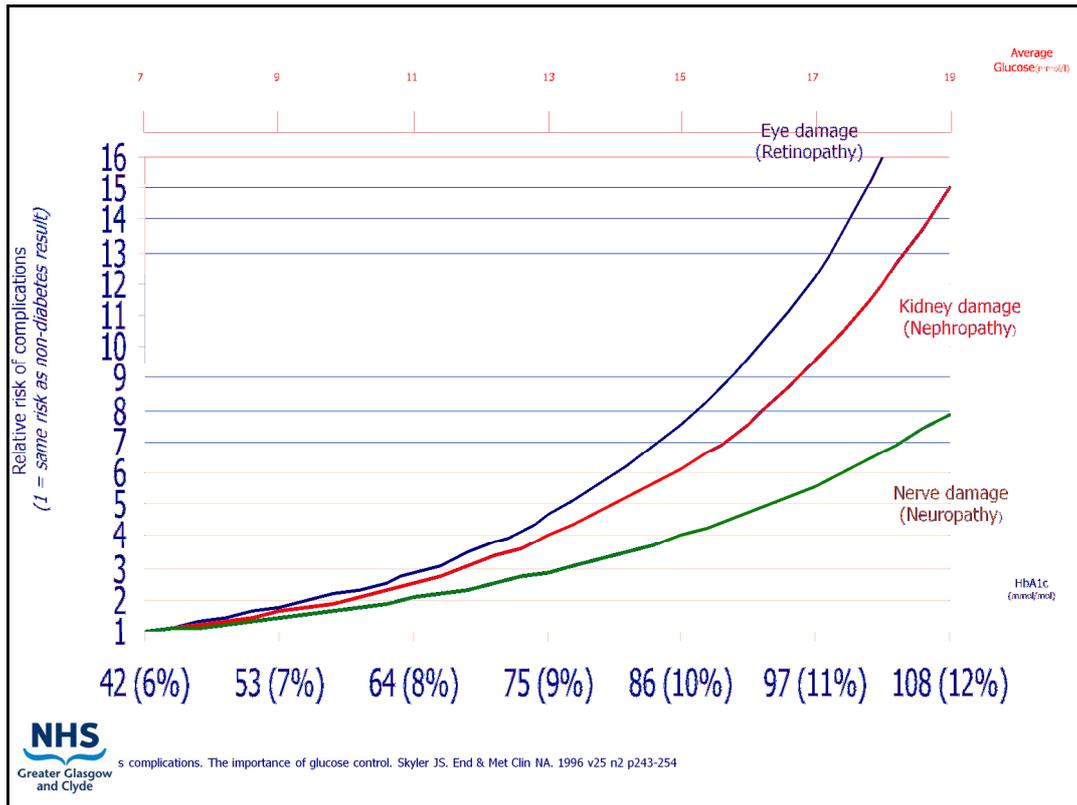
Ideal* : Less than 48 mmol/mol

*Only if it can be achieved without significant hypoglycaemia

It is a normal process that glucose present in the blood attaches to the protein haemoglobin on the red blood cells, however the more glucose is present the more 'glycated' RBC becomes.



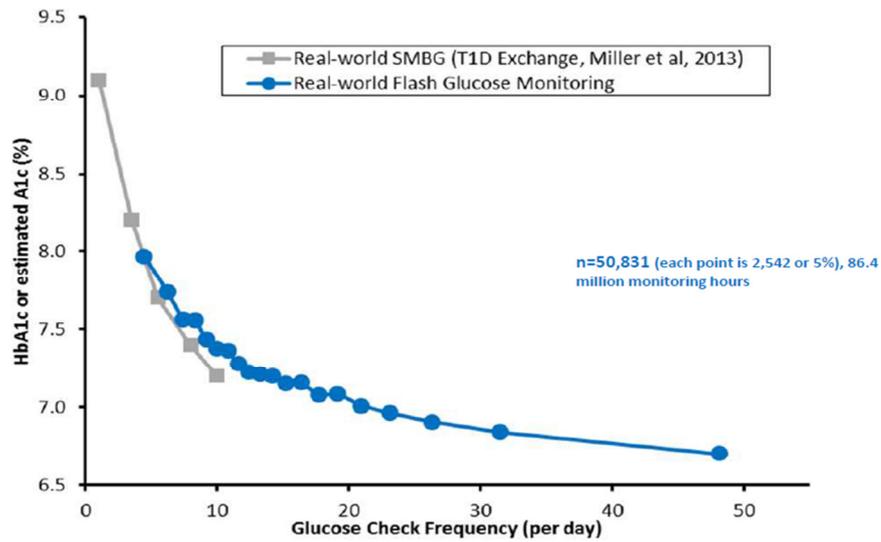
Extensive studies on complications related to diabetes showed a significant and very clear correlation of HbA1c and the risk of complications. A person's whose HbA1c is below 48 risk to develop complications is fairly similar to the person without diabetes, whereas someone whose HbA1c above 75 has a very high risk of complications in fairly short period of time. In addition, a person whose HbA1c is above 86 mmol/mol is at risk of DKA at any point in time.



Same studies have shown that eyes are most sensitive to overload of glucose, kidneys being next on a row of complications followed by nerve damage in fingers and feet. An example – a person whose HbA1c is 58 mmol/mol has a double risk for retinopathy compared to a person without diabetes.

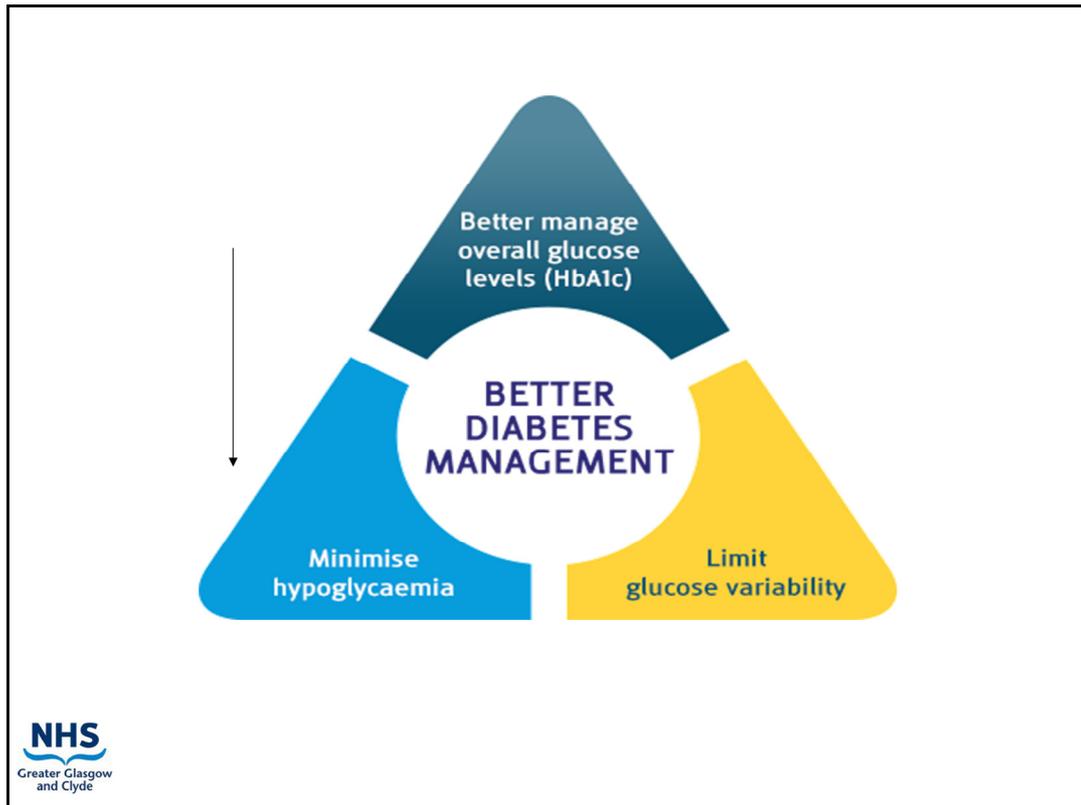
More glucose data

Lower HbA1c

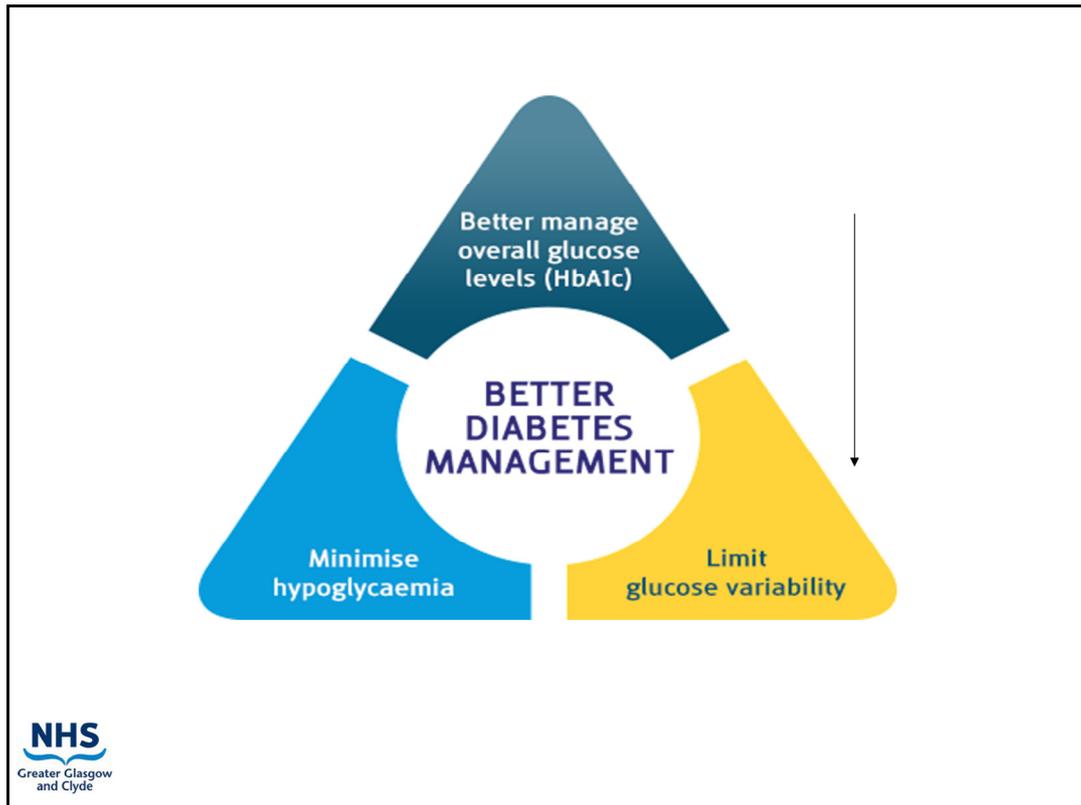


NHS Miller, et al. "Evidence of a strong association between frequency of self-monitoring of blood glucose and hemoglobin A1c levels in T1D Greater Glasgow and Clyde registry participants," *Diabetes Care* 36:2009–2014, 2013

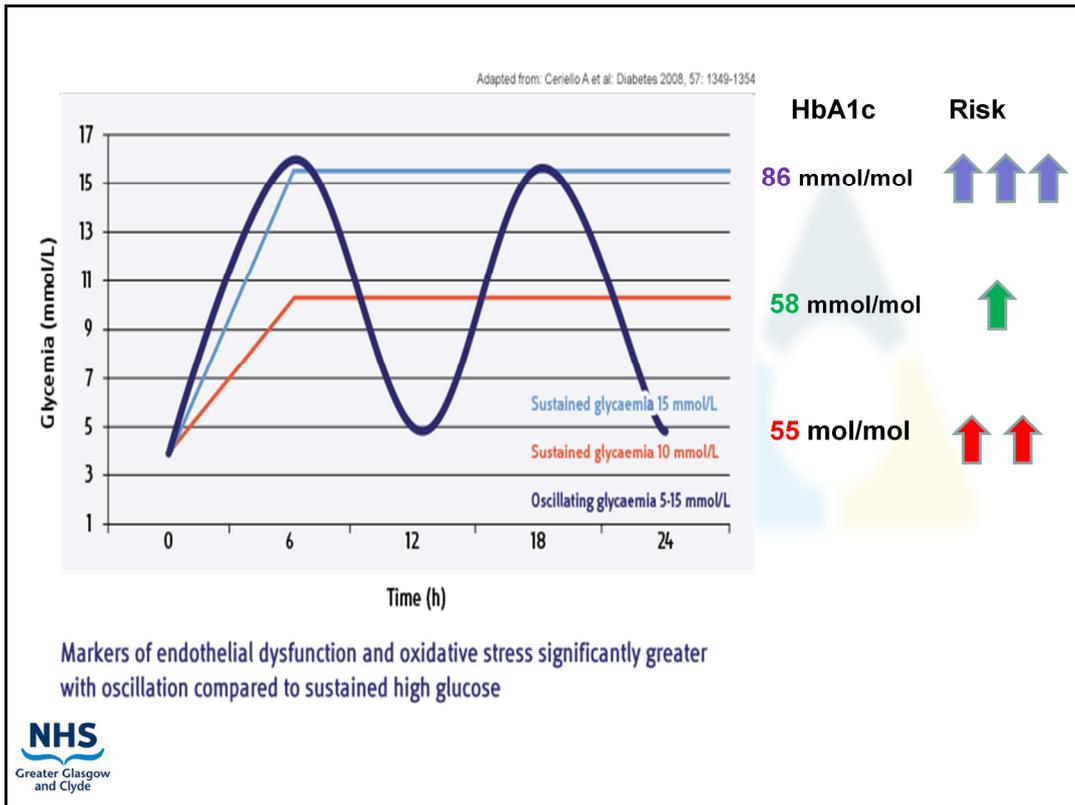
Another correlation observed by clinicians and researchers was that increasing number of BG checks a day decreases HbA1c – well, given the fact that a person **is reacting** on the current BG readings.



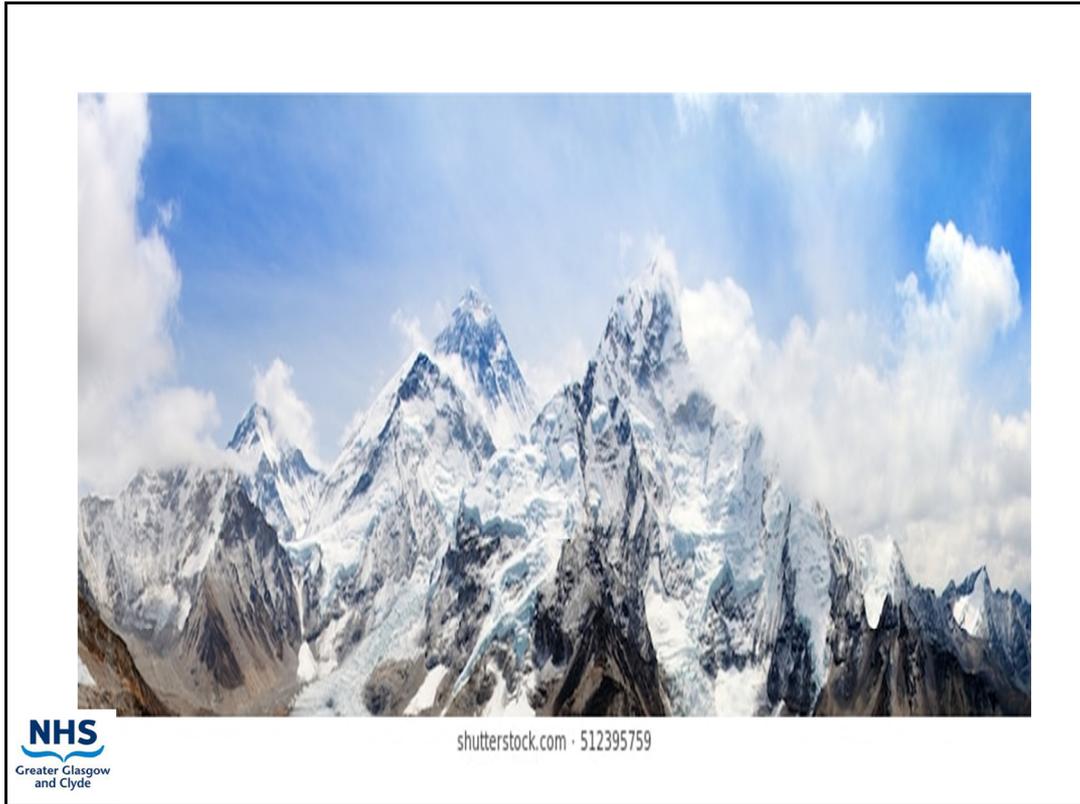
Another important aspect of diabetes control is hypoglycaemia management. In efforts to reduce the BG levels there is a flipside which might be acute and very dangerous – too low BG. Minimizing the number of hypoglycaemia events and their severity means a good control, not just purely low HBA1c.



Until recently the third and very important aspect of diabetes control was not much discussed, mainly because the data has become available due to new technology recently. Having CGM and Libre more recently is giving a way more extensive picture of glucose excursions than several screenshots of BG testing.



This might look as a complicated scientific graph but this will give a good insight why not only glucose levels but also their excursions and variations are important. A person with persistent BG of 15 mmol will present with HbA1c of approx 86 mmol/mol. A person with persistent BG of 10 mmol/mol will likely present with HbA1c of 58 mmol/mol. A person whose BG varies in rollercoasting between 5 and 15 mmol/l will also present with HbA1c of 58 mmol/mol, however the latter case will have much higher risk for complications due to damage to the cells done by variations of glucose.



The BG excursions in the previous slide may remind you of the peaks of Himalayas.



* Indicates reference ranges, which are derived from normal reference population means \pm 2 standard deviations. The five curves below represent frequency distributions of glucose data plotted according to time without regard to date.

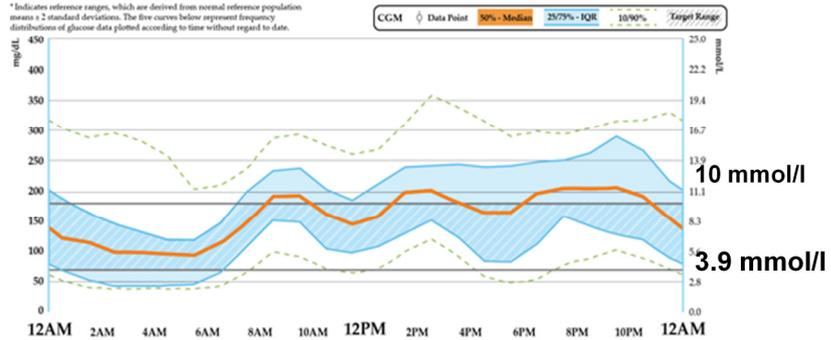


Fig. 2: Classical Glycemic Variability (GV) 24 hour graph

However we much prefer the soft line of Scottish munros. It means way healthier outcome in relation to complications.

Free Style Libre



We get to the more specific part which you all are familiar with as you all have graduated from Libre Academy online.

Glucose monitoring system,
that measures glucose levels
in **interstitial tissue**
continuously.



A quick review of few things you may know.



This is the kit you will be presented with today.



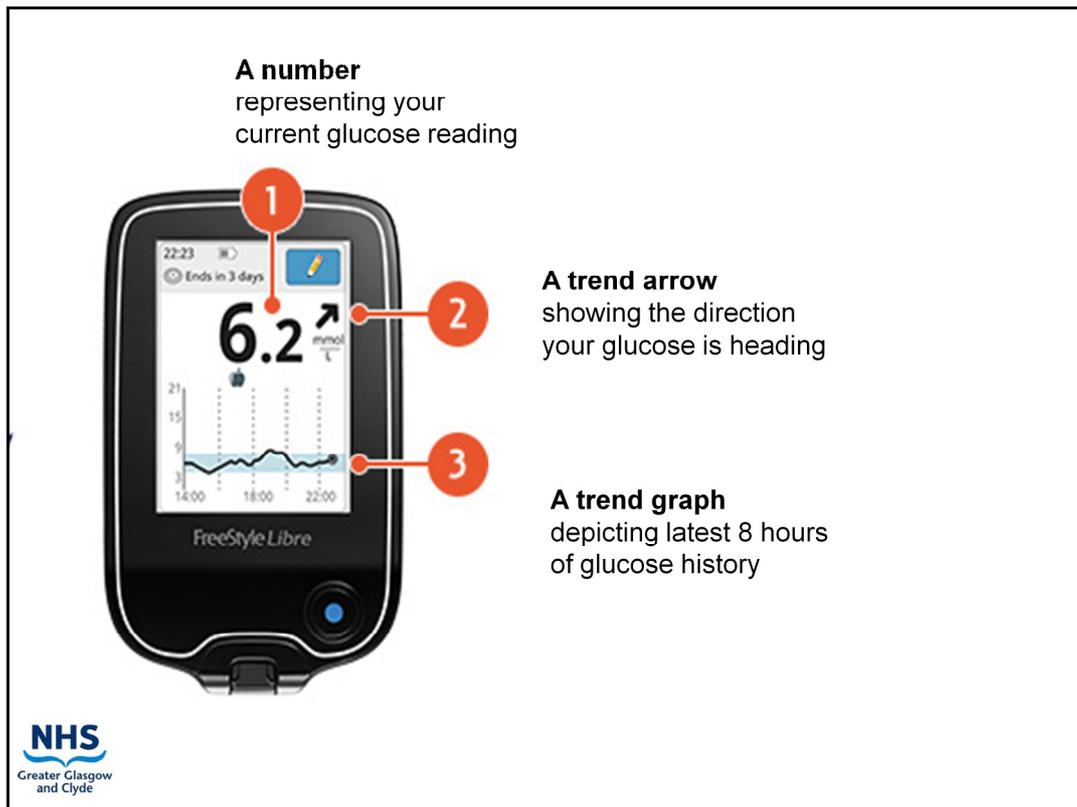
0.2 in (5 mm) subcutaneous sensor

Up to 30 min water resistant

Worn for 2 weeks

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and Clyde

A sensor is about 2 p coin size, inserted at the back of the arm and can be worn for 2 weeks.



The reader has more information than a usual BG meter: it does show glucose reading, the trend arrow in which direction glucose is changing and the graph of the last 8 hours readings.

Application

1 Apply sensor

with applicator

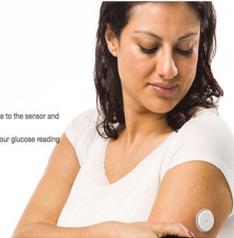
- A thin flexible sterile fibre (5mm long) is inserted just below the skin. Most people reported that applying the sensor was painless!
- The 14-day sensor stays on the back of your upper arm and automatically captures glucose readings day and night
- The sensor is water resistant and can be worn while bathing, swimming and exercising!



2 Scan sensor

on the reader

- To get a reading, bring the FreeStyle Libre reader close to the sensor and scan it over the sensor
- A painless, 1 second scan offers an easy way to get your glucose reading even through clothing!



How to use the FreeStyle Libre System

The FreeStyle Libre system utilises advanced technology that is easy to use.

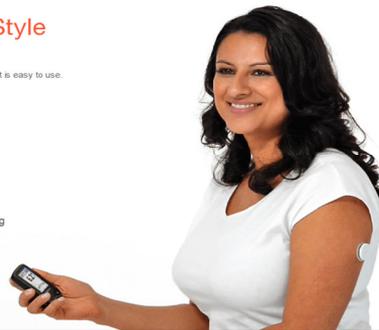
3 Get reading

on the reader

- Get your glucose reading anytime, anywhere
- With every painless 1 second scan you get:
 - Current glucose reading
 - Trend arrow – where your glucose is heading
 - 8 hour glucose history

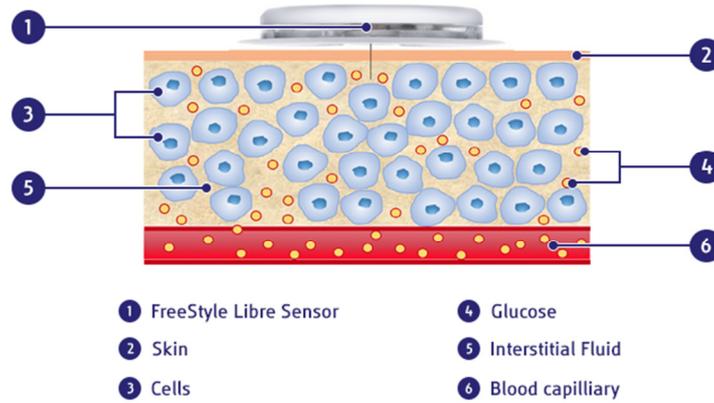
First reading
1 hour after sensor
inserted

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Greater Glasgow
and Clyde

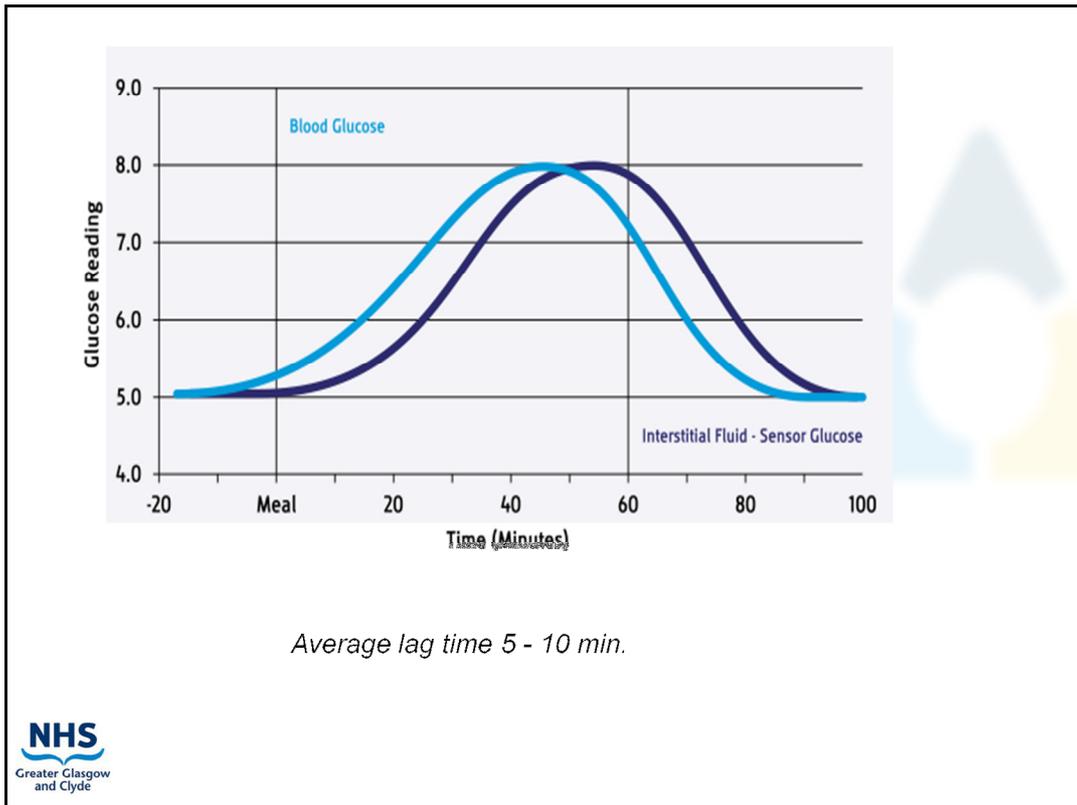


Application of sensor is uncomplicated. What is important to remember is that scanner needs at least 1 hour to adjust, although some patients may notice that readings are not consistent for the first 24 hours.

Can you spot the difference?



This illustrates the difference between measuring glucose in interstitial tissue by Libre and measuring BG by any standard BG meter – and so explains the difference between the readings.



The levels of glucose in interstitial tissue reach similar to those in the blood about 5 to 10 min later. The lag may be even greater if hypoglycaemia is present at the time of check as the blood flow becomes slower. This would explain the fact that if you detect readings lower than 3.9 mmol on Libre very likely that hypo was present for at least 10-15 min already.



The arrows are fairly self explanatory.



That's how changes in BG look on the graph reflected by the arrows on the reader.

In approximately 10 minutes



Glucose will increase by at least 1 mmol/l



Glucose will increase by 0.5 -1 mmol/l



Glucose will stay the same



Glucose will fall by 0.5 – 1mmol/l



Glucose will fall by at least 1 mmol/l



It is calculated that a fast change may change your BG at about 1 mmol per 10 min, whereas moderate change changes between 0.5 and 1 mmol/l per 10 min.

Calculating projected glucose



What will glucose be in 10 minutes?

Based on these observations it is possible to predict what may happen with your current glucose levels within next 10 or 20 min.

What will be BG reading in 10 min?



Glucose will increase by at least 1 mmol/l



Glucose will increase by 0.5 -1 mmol/l



Glucose will stay the same



Glucose will fall by 0.5 – 1mmol/l



Glucose will fall by at least 1 mmol/l

Lets look at some examples.

What will be BG reading in 10 min?

- | | | | | |
|----|------|---|--------|-------------|
| 1. | 13.0 | ↗ | Approx | 13.5 - 14.0 |
| 2. | 10.6 | ↑ | | 11.6 |
| 3. | 5.8 | ↗ | | 6.3 - 6.8 |
| 4. | 5.8 | ↓ | | 4.8 |
| 5. | 8.4 | ↘ | | 7.9 - 7.4 |
| 6. | 3.4 | ↑ | | 4.4 |

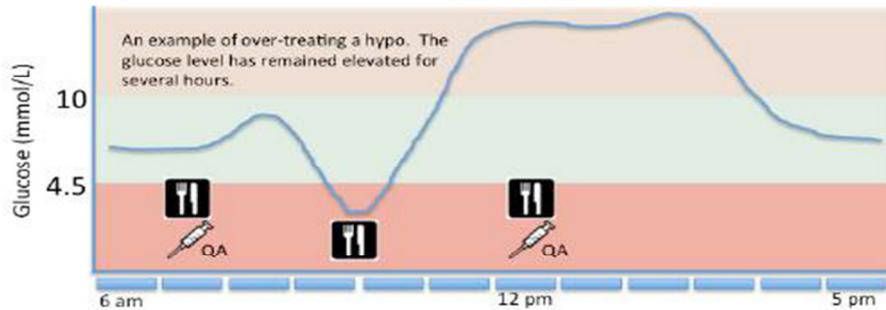
KEY

- | | |
|---|---------------------------------------|
| ↑ | Increases by 1 mmol/l (in 10 minutes) |
| ↗ | Increases by 0.5 -1 mmol/l |
| → | Stays the same |
| ↘ | Falls by 0.5 – 1 mmol/l |
| ↓ | Falls by 1 mmol/l |

Action needed ?

Treating hypos appropriately

Avoid over-treatment

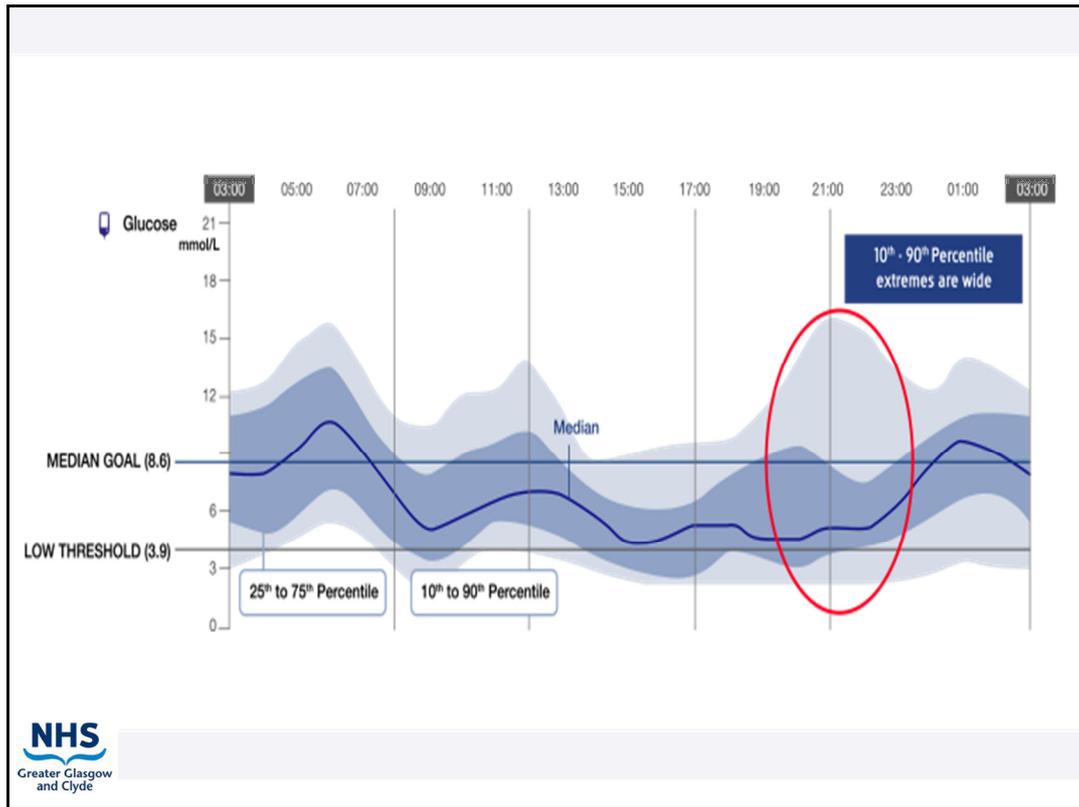


If glucose close to hypo and arrows ↓ or ↘ you may have the chance to avoid a hypo by taking a small amount of carb (1 glucose tab) or, in pump users, by putting a temporary reduction in basal rate.

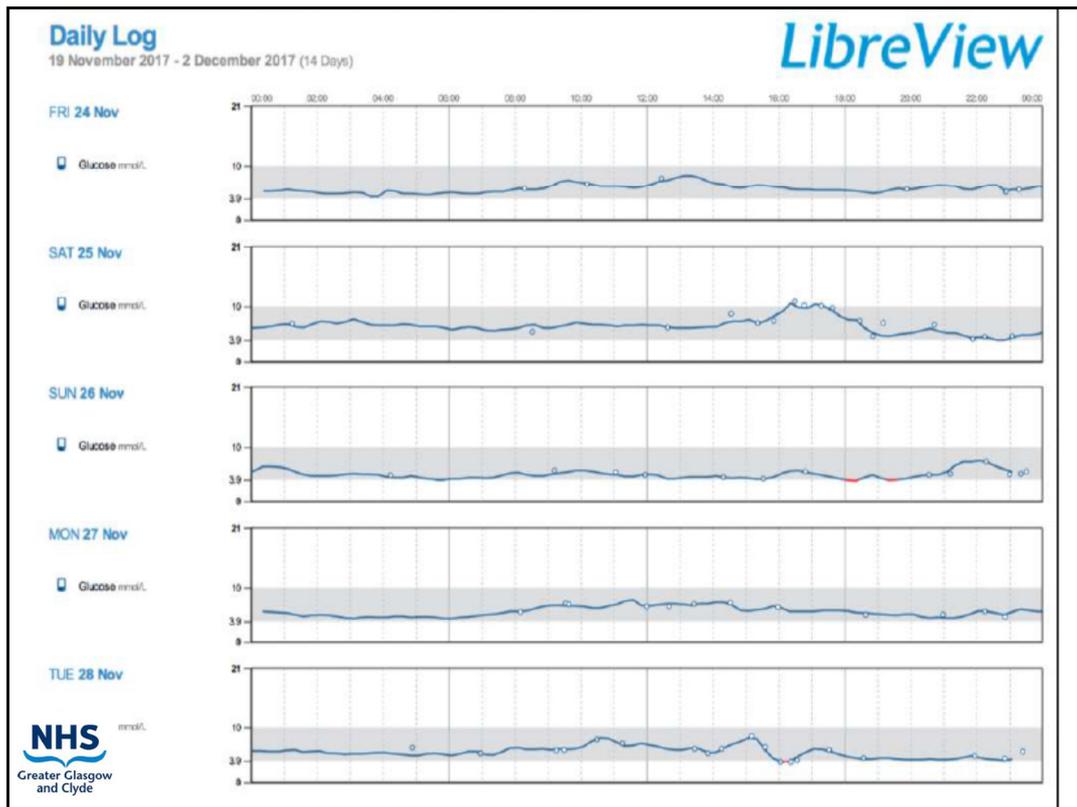
One of the beauties and benefit of Libre trends would be reacting timely on the trend which indicates possible hypo – and not overtreating it as it does happen when actual hypo happens.



Looking at trends lets you react at the problem areas such as high readings on most mornings;



... or react at high variations at certain times of the day.



Ideally, this is what we are aiming to observe and achieve. This is not a demo, but a real person's with diabetes graphs.

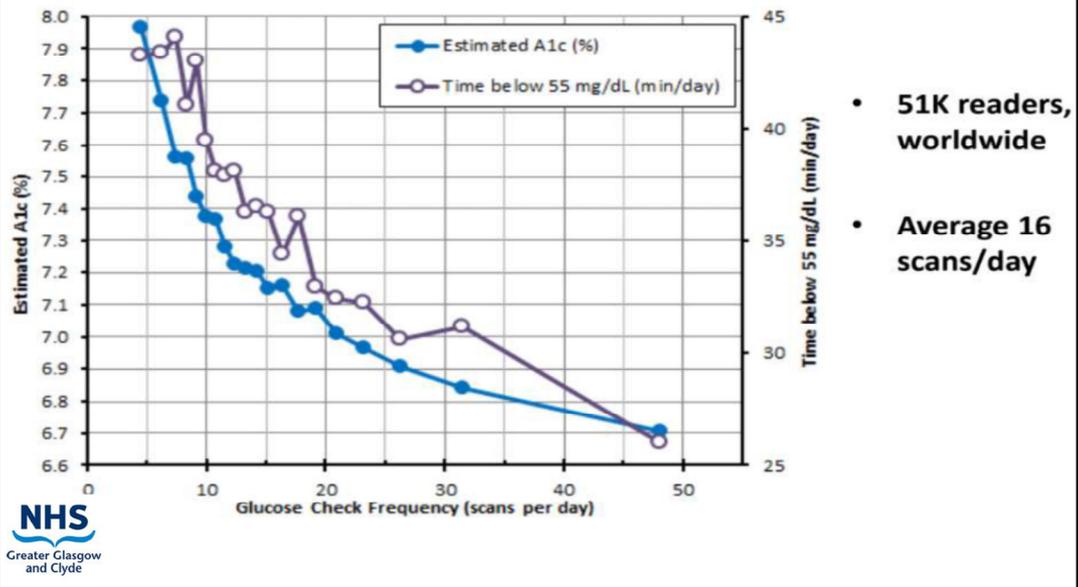
How frequently / When is it best to scan?

At least 10 times a day



Knowing your current glucose levels and trends is not only clinical value, but also learning experience which is very individual – every person reacts differently to certain foods or certain types of exercises. Scan frequently, learn your own experience and share it with us. Make adjustments based on your experience if you can.

Real world Libre data



Why are we annoying with so many scans a day? This is the graph similar to the one you've seen earlier and it once again confirms the benefit of frequent checking.

How frequently / When is it best to scan?

- After getting out of bed each morning



- Before each meal

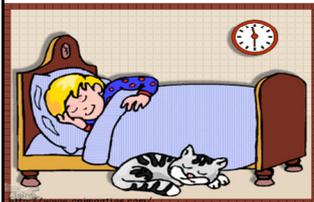


- 2 hours after a meal



Before, during and after physical activity

- Before going to sleep



- If think going hypo/high



This is not only clinical value, but also learning experience which is very individual – every person reacts differently to certain foods or certain types of exercises. Scan frequently, learn your own experience and share it with us. Make adjustments based on your experience if you can.

Before meals

Scan Result	Trend Arrow	Is Fingerprick test required	Action
Over 14	Any direction	Yes	-Check for ketones – follow guidelines -Give insulin for food -Consider giving correction / ketone dose -If on insulin pump go to pump guidance
5 - 14	Any direction	Yes	-Give insulin for food -Consider giving correction dose
4 - 5	↗ ↑	Yes	-Give insulin for food only
4 - 5	→	Yes	-Give insulin for food only
4 - 5	↘ ↓	Yes	-If fingerprick below 3.9 treat as hypo -Give insulin for food only
Under 4	Any direction	Yes	-If fingerprick below 3.9 treat as hypo -If fingerprick 3.9 or above give insulin for food only - do not include hypo remedy



Some practical notes. We have prepared simplified guidelines for actions necessary based on Libre scanning: Until you get used to a new technology and getting confident in relying on its results we do advise to back up with BG finger prick tests.

Before exercise

<i>Scan Result</i>	<i>Trend Arrow</i>	<i>Is Finger-prick required</i>	<i>Action</i>
<i>Over 14</i>	Any direction	Yes	- Check for ketones – follow guidelines - If ketone dose required DO NOT exercise - No snack required - If on insulin pump go to pump guidance
<i>8 -14</i>	→ ↗ ↑		-No snack required
<i>8 -14</i>	↘ ↓		-Snack required
<i>Under 8</i>	Any direction	Yes	-If fingerprick below 3.9 treat as hypo -If fingerprick 3.9 and over give 10g snack without insulin



Any other time

<i>Scan Result</i>	<i>Trend Arrow</i>	<i>Is Finger-prick required</i>	<i>Action</i>
<i>Over 14</i>	Any direction	Yes	- Check for ketones – follow guidelines - If on insulin pump go to pump guidance
<i>5 - 14</i>	Any direction		-No action
<i>4 - 5</i>	↗ ↑		-No action
<i>4 - 5</i>	→		-Scan again in 15 mins
<i>4 - 5</i>	↘ ↓	Yes	-If fingerprick below 3.9 treat as hypo -If fingerprick 3.9 and over give 10g snack without insulin
<i>Under 4</i>	Any direction	Yes	-If fingerprick below 3.9 treat as hypo - If fingerprick 3.9 and over give 10g snack without insulin

- Needs BG finger prick tests:

- Low BG

- Fast trends  or 

- Symptoms \neq readings

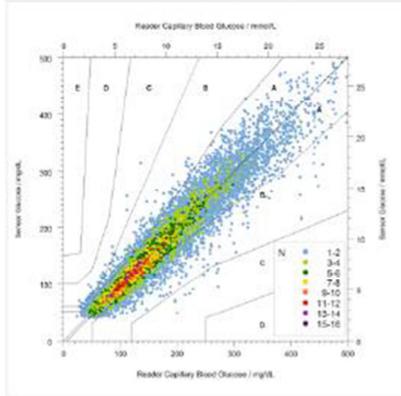
On occasions when health professionals judge BG check is necessary

 Try to check at least once a day to ensure sensor reliability

Even if you feel absolutely confident (and despite any earthquake that possibly may happen in Scotland!) these are the times when it is absolutely essential to back up Libre results with actual BG check.

Does it have to be on the arm?

Can it be used on the abdomen?



- Libre is very accurate when assessed against finger-prick testing
- 86% of Libre ARM readings fall within category A (most accurate)
- Only 64% of Libre ABDOMEN readings fall within category A



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betes Research and Care 2017;5:e000320. doi:10.1136/bmjdr-2016-000320

eced

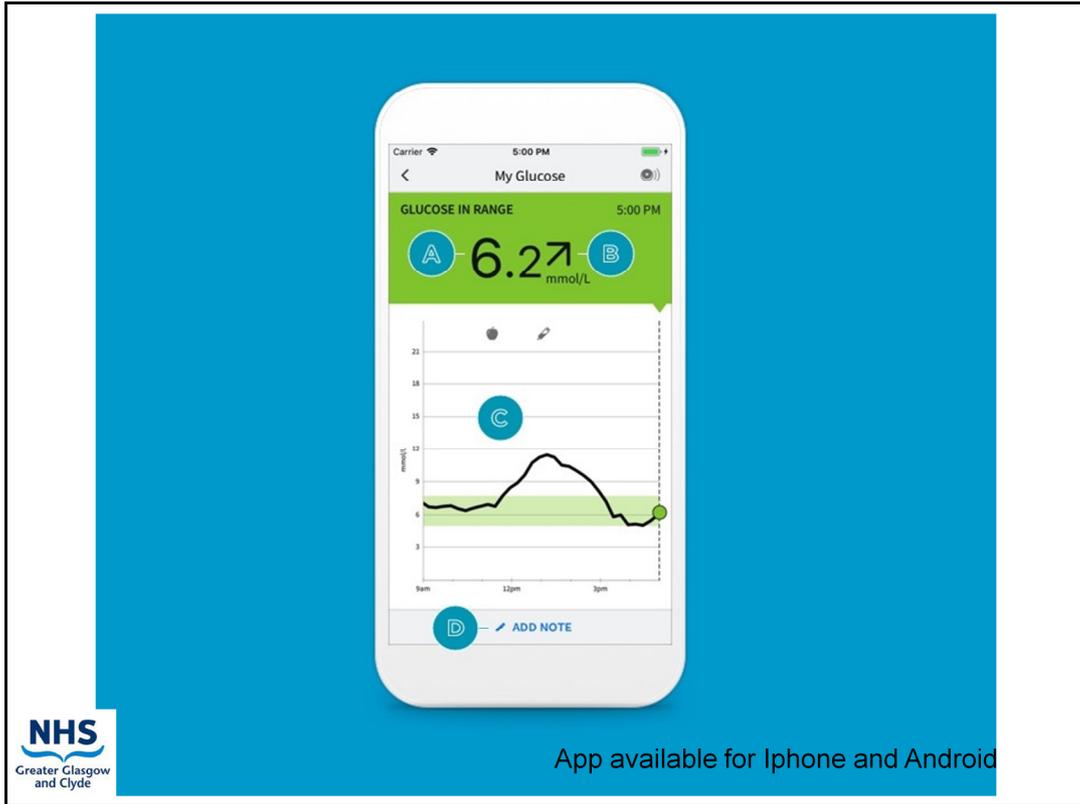
Skin reactions with Libre

How common and how to avoid



- Just under 10% of people in the largest Libre study – severe in 5%
- Since then changes have been made to the sensor
- Often responds to barrier sprays (Cavilon) or zinc ointment / hydrocortisone cream or change in position of sensor





Libre App is available for smart phones (Iphone version 7 or higher) and provides even more information than a reader.

LibreLink

A trend arrow
Know the direction your glucose is heading so you can make more informed choices

Your current glucose reading

Up to 8 hours of glucose history
See how food, activity and insulin affect your glucose levels, day and night

GET IT ON Google Play **Download from Google Play**
Compatible with NFC-enabled smartphones running Android OS 4.0 or higher

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App gives a wider variety of information compared to the factory reader.



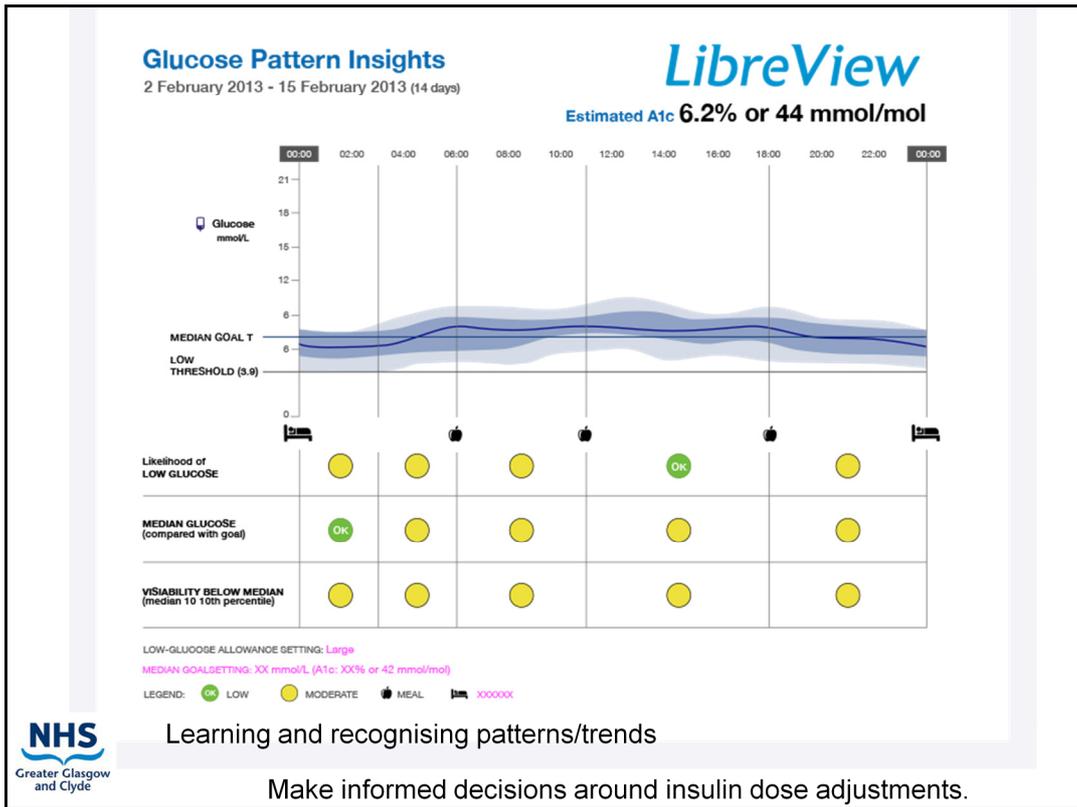
The practicality of the app is that it can also be shared with other family members or carers for a child and viewed in real time.



Using LibreView and sharing the data is one of the conditions for funding patients on Libre

 Practise ID code is **08571477**

As a part of the contract we asked each individual Libre user to set up a Libre view account so that both you at home and we at the clinic would be able to review the trends.



It is essential that you look at the patterns on the Libre reader and Libre view and make adjustments to your insulin regimen accordingly. The programme will give an opportunity to look into weekly and monthly trends.

Funded for 2 sensors a month



The GP will be prescribing 2 sensors a month. If the sensor is faulty the company will replace it however if it falls off or cannot be used due to accident it will not be replaced.

Getting Libre on prescription

26/06/2018

Dear Doctor

Re: Stick Label Here

Abbott Freestyle Libre – Request for GP Prescription

Your patient has been assessed as eligible to receive the Abbott Freestyle Libre and has completed education in its use.

The Libre is a glucose monitoring technology which provides glucose results without a finger prick. Some finger pricking will still be required but a dramatic reduction is envisaged. The system comprises of an adhesive sensor (worn for two weeks at a time) and a hand-held reader (which is swiped or 'flashed' over the sensor to provide the reading). At the education session, your patient was provided with the reader and a single sensor.

The purpose of this letter is to ask you to prescribe future sensors.

Faulty sensors will be replaced by Abbott so the prescription should cover 26 sensors per year. If patients require significantly more this should prompt a conversation. We recommend a prescription for four sensors at a time so repeat prescriptions will only be required every two months.

We have explained to patients about when they must do capillary glucose testing and this will include before driving as the DVLA still mandate this. Some patients may request a change to Abbott strips so that they can do capillary tests on the same device but many patients will prefer to keep using their previous meter for capillary testing so please do not automatically discontinue supplies.

Continued funding by GGC Health Board is contingent upon proper use and this will be assessed regularly at clinic.

If you have any questions please call us on 0141 201 0331 or e-mail childrenwithdiabetes@ggc.scot.nhs.uk

Your faithfully

Dr Kenneth J Robertson
Consultant Paediatrician.



You will be getting this letter to take to your GP after the session.



Start Libre – GGC Children's Diabetes Service

This form will be used to generate the letter to your GP recommending prescription of Freestyle Libre sensors. For those people who have previously been using Freestyle Libre, we would appreciate some information on how long you have been using the system. Please ensure you complete the form in full WITH THE PATIENT'S DETAILS (in BLOCK CAPITALS).

Form fields for First Name, Family Name, Date of Birth, and Postcode.

Form fields for 'Have you previously self-funded use of Freestyle Libre?' and 'If yes, when did you start using Libre?'.

*If unsure, please enter a best estimate
Criteria for NHS-funded Freestyle Libre sensors
Be at least 4 years old
Have a GP in the GGC Health Board area
Be using intensive insulin therapy (this means multiple daily injections [typically 4 or 5 per day] or insulin pumps)
Agree to attend a locally provided Libre education session
Agree to scan glucose levels no less than ten times per day
Agree to share glucose data with their diabetes clinic
Your diabetes team are satisfied you have the required diabetes self-management skills
FINALLY you must complete the online teaching modules in Libre Academy and provide a completion certificate prior to attending the local teaching

I have read and understand the approved criteria for NHS GGC funded Freestyle Libre sensors:
Signed: X Date: X



PLEASE TURN OVER...

Your clinic
Which of our diabetes clinics do you currently attend?
West Glasgow ACH (old Yorkhill) Paisley Inverclyde Royal

Email contact
We may wish to contact you with updates related to diabetes care. Please be aware that NHS GGC's email system is secure but we cannot guarantee the security of your own email server. It is suggested, for this reason, that emails are considered 'like a postcard' so do not include any sensitive information. If you are happy for us to contact you by email, please leave your email address and sign below to give us permission to contact you.
EMAIL ADDRESS:
I confirm I am happy to be contacted by the GGC Children's Diabetes Team :
Signed:

Before you receive the Libre kit we will ask you to sign a consent form and hand it to us – it is within your information package.

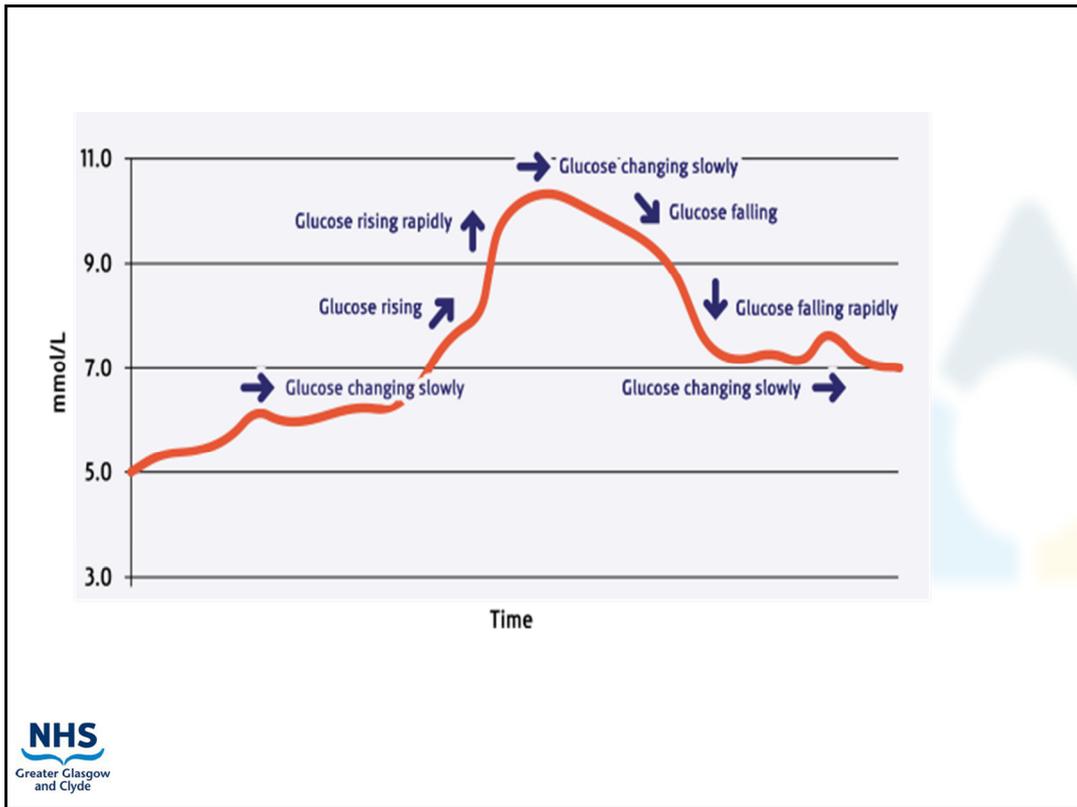
Conclusions

Scan frequently, *at least* 10 times day

Check for discrepancy when most of the times arrow 
at least once a day

Observe how different foods, different activities, stress, temperature, climate affects not only **glucose** readings but also **trends**.

Learn to **predict** and **act**



You may become professionals. On predicting. On acting. Does it remind you of something?

Further reading

SUGAR SURFING

"Sugar Surfing lays this out in a way such that anyone can improve their management skills."
- Jon & Robbie Kizer

"... if a person is looking for a cure for diabetes - a way in which one can live as if diabetes did not exist - this is it."
- Blake Nichols MD

"Thank you Stephen Ponder and Kevin McMahon for bringing to us all this amazing combination of good science, common sense and the individual power of self-reliance."
- Dallas Matheson RN, CDE, Diabetes Research Nurse

"The facts of this complicated and multifaceted condition are explained in a way that is not only easy to understand, but also extremely interesting, which keeps you wanting more."
- Steve Edelman, MD - founder and director of Taking Control of Your Diabetes.

SUGAR SURFING
How to manage type 1 diabetes in a modern world



Stephen W. Ponder, MD
Kevin L. McMahon

Dr. Ponder is a board certified pediatric endocrinologist and Clinical Professor. He has over 30 years of professional experience in type 1 diabetes and has been a certified diabetes educator (CDE) since 1989. He has lived with type 1 diabetes since March 1, 1956. His personal and professional journey with continuous glucose monitoring began over a decade ago. It culminated in a new method of diabetes care he calls Sugar Surfing. Dr. Ponder grew up in Dallas and now lives in central Texas.

Kevin McMahon began his work in diabetes in 2001 after his daughter, Darby, was diagnosed with type 1 diabetes. With a technology background in computers, mobile networks and emerging smart phones, advancing diabetes technology was only a matter of time. Mr. McMahon is an advisor to several startup companies. Kevin also regularly contributes to articles published in respected medical journals. He lives in the San Francisco Bay Area.

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medisell
press

Stephen W. Ponder, MD FAAP CDE
Kevin L. McMahon



QUESTIONS ?

Inserting sensor and scanning videos

Go to Freestyle Libre Academy



Click on “Freestyle Libre System” tab



Click on Tutorials

Criteria for NHS-funded Freestyle Libre sensors

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