

# 2022 DIABETES TECHNOLOGY

## ADA STANDARDS OF MEDICAL CARE IN DIABETES

**Title:** “Chapter 7: Diabetes Technology: Standards of Medical Care in Diabetes - 2022.”

**Journal:** *Diabetes Care*; 45(Suppl. 1):S97–S112, 2022 | <https://doi.org/10.2337/dc22-S007>

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### Introduction

- The American Diabetes Association (ADA) Standards of Medical Care (SOC) in Diabetes provides one of the most respected and current guidelines for diabetes care. Updated annually, the recommendations are intended to provide clinicians, patients, researchers and government bodies with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care, as well as guidelines for medical, pharmaceutical and lifestyle management.
- Grading of Clinical Evidence - “A” ratings are based on large well-designed clinical trials (meta-analysis, RCTs, multi center trials) and considered the strongest category. “B” (well-conducted cohort studies) and “C” (poorly controlled or uncontrolled studies) ratings are given for supportive evidence, not as strong as “A”. “E” rating is given for expert consensus or clinical experience (no evidence from clinical trials).

### Recommendations



Real time continuous glucose monitoring (RT-CGM) (A) or intermittently scanned continuous glucose monitoring (IS-CGM) (B) should be offered for diabetes management in adults with diabetes on multiple daily injections (MDI) or continuous subcutaneous insulin infusion (CSII). The choice of device should be made based on patient circumstances, desires and needs.



RT-CGM (B) or IS-CGM (E) should be offered for diabetes management in youth with type 1 diabetes on MDI or CSII who are capable of using the device safely (either by themselves or with a caregiver). The choice of device should be made based on patient circumstances, desires and needs.



Initiation of CGM, CSII or AID early in the treatment of diabetes can be beneficial, depending on a person's/caregiver's needs and preferences. (C)



In patients on MDI and CSII, RT-CGM devices should be used as close to daily as possible for maximal benefit. (A) IS-CGM devices should be scanned frequently, at a minimum once every 8 h. (A)



Periodic use of RT-CGM or IS-CGM or use of **professional CGM** can be helpful for diabetes management in circumstances where continuous use of CGM is not appropriate, desired, or available. (C)



RT-CGM (A) or IS-CGM (C) can be used for diabetes management in adults with diabetes on **basal insulin**, who are capable of using devices safely (either by themselves or with a caregiver). The choice of device should be made on patient circumstances, desires, and needs.



Automated insulin delivery (AID) systems should be offered for diabetes management to youth and adults with T1D (A) who are capable of using devices safely (either by themselves or with a caregiver). The choice of device should be made on patient circumstances, desires, and needs.



Systems that combine technology and online coaching can be beneficial in treating pre-diabetes and diabetes for some individuals. (B)



Insulin pump therapy can be offered for diabetes management to youth and adults on MDI with T2D (A) who are capable of using devices safely (either by themselves or with a caregiver). The choice of device should be made on patient circumstances, desires, and needs.

## Discussion Points



Updated guidelines state CGM should be used for all adults on MDI and CSII.



The ADA strengthened its language recommending CGM for all adults on insulin, now stating that CGM “can be used” by those on basal-only therapy.



RT-CGM (B) or IS-CGM (E) should be offered for diabetes management in youth with T1D on MDI or CSII.

## Key Insights

- The ADA supports the “beyond A1C” movement, noting, “Time in Range, time below range, and time above range” are all useful tools for guiding changes in therapy; this can help providers gain more insight into their patients’ glycemic control and provides more personalised and actionable care.<sup>1</sup>
- The ADA also strengthened its language recommending CGM for all adults on insulin, now stating that CGM “can be used” by those on basal-only therapy.
- Consistent with other studies we have seen (Mulinacci, G, et al., Diabetes Technol Ther. Jan 2019), the ADA states that early initiation of CGM can be beneficial.
- The ADA is starting to recognise digital coaching and digital self management as effective methods in diabetes care.
- While RT-CGM and IS-CGM is now in one category, RT-CGM still has higher level of evidence supporting its use.<sup>2,3</sup>

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# **Dexcom**

Dexcom Continuous Glucose Monitoring System is only indicated for use in patients with type 1 diabetes over 2 years old and is not indicated for use in pregnancy or patients on dialysis treatment. References: 1. Battelino T, Danne T, Bergenstal RM, et al. Clinical targets for continuous glucose monitoring data interpretation: recommendations from the international consensus on time in range. Diabetes Care 2019;42:1593–1603. 2. Reddy M, Jugnee N, El Laboudi A, Spanudakis E, Anantharaja S, Oliver N. A randomized controlled pilot study of continuous glucose monitoring and flash glucose monitoring in people with type 1 diabetes and impaired awareness of hypoglycaemia. Diabet Med 2018;35:483–490. 3. Hásková A, Radovnická L, Petruželková L, et al. Real-time CGM is superior to flash glucose monitoring for glucose control in type 1 diabetes: the CORRIDA randomized controlled trial. Diabetes Care 2020;43:2744–2750. Dexcom, Dexcom G6 are registered trademarks of Dexcom, Inc. in the United States and/or other countries. AMSL is a subsidiary of Dexcom. ARTG 330535. PR-100-569 June 2022