

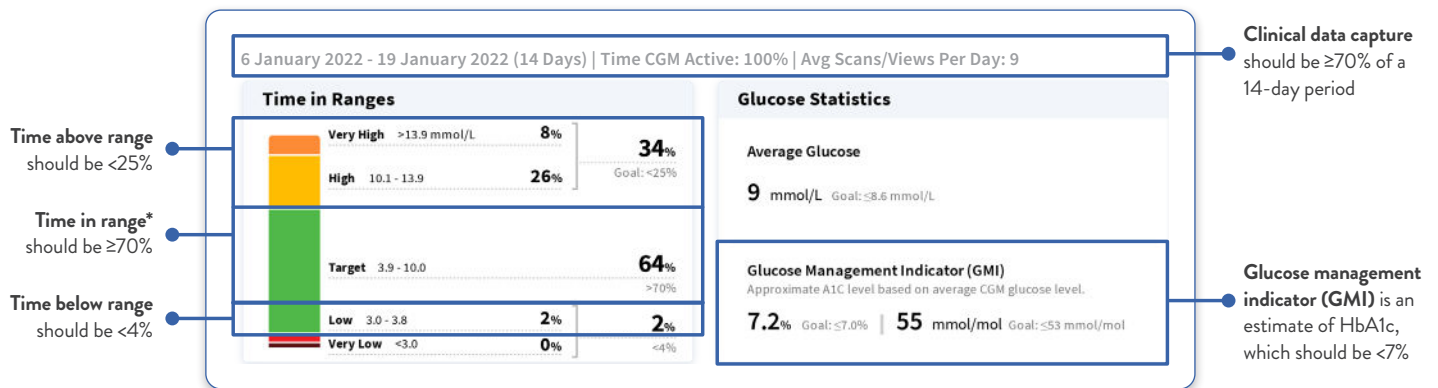
A Practical Guide of the Glucose Pattern Insights (GPI) Report in Primary Care

Continuous glucose monitoring (CGM) enables decision making on glucose management based on data collected across 14 days, so the person with diabetes and their healthcare team can interpret glucose metrics and patterns. This helps achieve individualised glucose targets, and minimisation of hypoglycaemia and hyperglycaemia.

This guide focuses on the practical steps of CGM data analysis by the general practitioner.

THE GPI REPORT IS DIVIDED INTO THREE PARTS.

1 GLUCOSE PATTERN INSIGHTS



*For a typical patient with type 1 or type 2 diabetes. See reverse side for CGM based targets for different patient populations.

2 CONSIDERATIONS FOR THE CLINICIAN

- This section provides clinical decision recommendations
- The most important pattern listed here will provide considerations for the clinician and patient to discuss
- The considerations listed depend on the most important pattern identified and always consider medication or lifestyle factors, but are not prescriptive or personalised to the patient
- Minimising Time below Range (hypoglycaemic events) is the **highest priority**

Most Important Pattern: Highs with some Lows Overnight, Afternoon

Medication

- ▶ If starting or adjusting medication to address highs, consider how the medication could induce lows
- ▶ Consider different therapy to address glucose variability

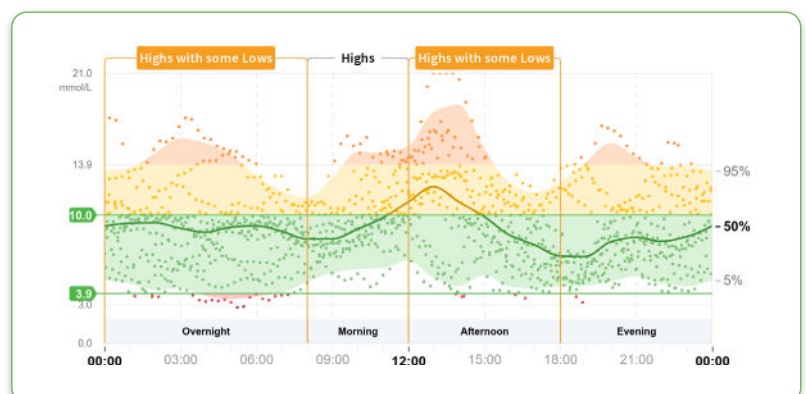
Lifestyle

The following behaviours may contribute to glucose variability.

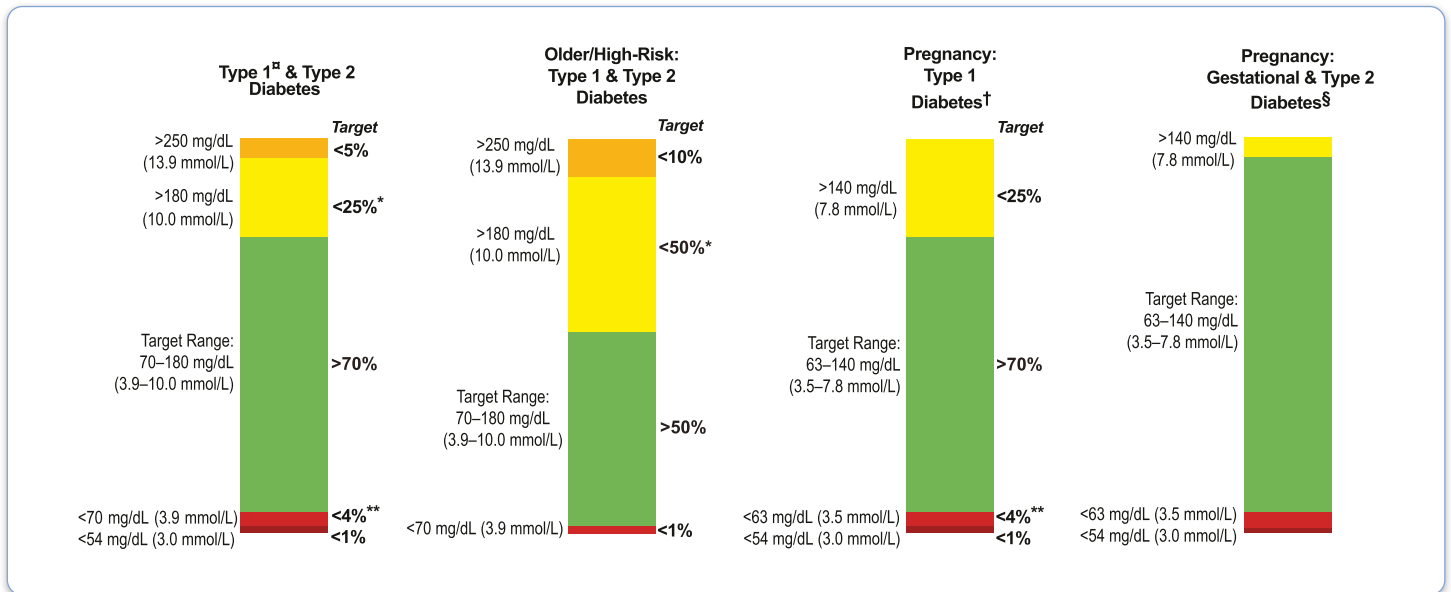
- ▶ Medication sometimes missed?
- ▶ Meals sometimes missed or vary in carbohydrates?
- ▶ Activity level varies daily?
- ▶ Alcohol consumption varies daily?

3 14-DAY GLUCOSE PATTERNS

- Glucose variability across 14 days is consolidated in one 24-hour graph
- Look for trends around meal times (e.g. Highs) and overnight (e.g. Lows), and consider medication (too much, missed dose, timing insulin compared to meals/bolus/exercise) and lifestyle factors (missed meals, carbohydrate intake, physical activity, alcohol, stress, sick day management)
- Identify potential causes for the Most Important Patterns as a tool for engaging with your patient in self management



CGM-BASED TARGETS FOR DIFFERENT DIABETES POPULATIONS¹



[†]For age <25 years, if the HbA1c goal is 7.5%, then set time in ranges target to ~60%.

[†]Percentages of time in ranges are based on limited evidence. More research is needed.

[§]Percentages of time in ranges have not been included because there is very limited evidence in this area. More research is needed.

*Includes percentage of values >250 mg/dl (13.9 mmol/L).

**Includes percentage of values <54 mg/dl (3.0 mmol/L).

Adapted from Battelino T et al, 2019.¹

MOST IMPORTANT PATTERNS

Low pattern: The statistical analysis determines persistent low glucose.

Highs-with-some-lows pattern: The statistical analysis determines persistent high glucose (>8.5 mmol/L) with risk of a future low pattern if therapy changes are made to address highs without addressing high glucose variability.

High pattern: Persistent high glucose with low risk of a future low pattern if therapy changes are made to address highs.

Note that other glucose patterns may exist alongside the most important pattern and should not be disregarded.

For more information, please refer to the Australian Diabetes Society's The Glucose Pattern Insights (GPI) Report in Primary Care – A Practical Guide available [here](#) or by scanning the QR code below.

