

## OLDER ADULTS WITH T1D ARE AT HIGH RISK OF HYPOGLYCAEMIA<sup>1,2</sup>

The number of people with long-standing diabetes is increasing.<sup>1</sup> Older adults with T1D are most at risk of severe hypoglycaemia, as a result of their age, duration of diabetes, insulin therapy, and hypoglycaemia unawareness.<sup>3</sup>

Glucose monitoring guidelines are focussed on reducing the proportion of time spent in hypoglycaemia (blood glucose levels <70 mg/dL (<3.9 mmol/L)) for older adults.<sup>3</sup>

For this at-risk population, the Advanced Technologies & Treatments for Diabetes (ATTD) consensus guidelines recommend:<sup>1,3</sup>

Reducing time spent <70 mg/dL (<3.9 mmol/L)

Preventing excessive hyperglycaemia

Aiming for ~50% time spent in range (TIR) 70-180 mg/dL (3.9-10.0 mmol/L)

There is a strong emphasis on these glycaemic targets for older adults

## CGM CAN HELP TO IMPROVE GLYCAEMIC CONTROL IN OLDER ADULTS WITH T1D



### REDUCED RISK OF HYPOGLYCAEMIA CONTROL

Hypoglycaemia is a significant concern for adults  $\geq 60$  years of age with T1D;<sup>1-3</sup> use of real-time CGM significantly reduced time spent in hypoglycaemia and the incidence of severe hypoglycaemic events vs standard BGM.<sup>1</sup>



### MORE TIR WITH LESS TIME IN HYPERGLYCAEMIA

CGM users also spent less time in hyperglycaemia vs BGM, with a subsequent 2.1 hours more in TIR.<sup>1</sup>



### EASE OF USE

CGM was consistently used throughout the 6-month period in this older adult population, with good rates of adherence.<sup>1</sup>

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1 Pratlley RE, et al. JAMA. 2020;323(23):2397-2402. 2 Sircar M, et al. Can J Diabetes. 2016;40(1):66-72. 3 Battelino T, et al. Diabetes Care. 2019;42(8):1593-1603. 4 Pratlley RE, et al. JAMA. 2020;323(23):2397-2402; supplement 2. Dexcom, Dexcom G6, Dexcom Follow, Dexcom Share, and Dexcom CLARITY are registered trademarks of Dexcom, Inc. in the U.S. and may be in other countries. © 2020 Dexcom International Ltd. All rights reserved. Dexcom International Ltd and its affiliated European entities. This product is covered by U.S. patent. www.dexcom.com | +1.858.200.0200 | Dexcom, Inc. 6340 Sequence Drive San Diego, CA 92121 USA | MDSS GmbH Schiffgraben 41 30175 Hannover, Germany. LBL020330 Rev001.

## DEXCOM CONTINUOUS GLUCOSE MONITORING CAN REDUCE THE RISK OF HYPOGLYCAEMIA IN OLDER ADULTS

Results from the **WISDM study** – a six-month trial in **older adults** ( $\geq 60$  years) with type 1 diabetes (T1D)<sup>1</sup>



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## THE WISDM TRIAL ASSESSED THE EFFECTS OF CONTINUOUS GLUCOSE MONITORING (CGM) VS BLOOD GLUCOSE MONITORING (BGM) ON HYPOGLYCAEMIA IN OLDER ADULTS WITH T1D<sup>1</sup>

### PRIMARY OBJECTIVE



To determine the efficacy of CGM vs standard BGM in reducing hypoglycaemia in older adults ( $\geq 60$  years) with T1D<sup>1</sup>

203 participants were randomly assigned 1:1 to real-time CGM (Dexcom G5) or standard BGM<sup>1</sup>



52% were female<sup>1</sup>  
Mean age: 68 years<sup>1</sup>



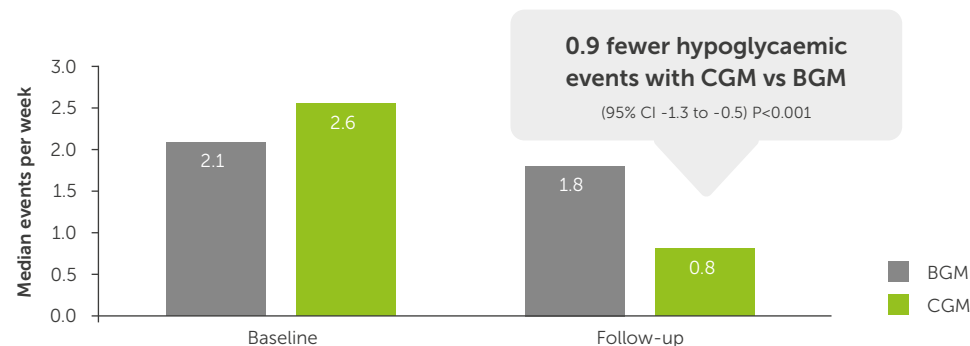
Mean duration of disease:  
36 years<sup>1</sup>



<sup>1</sup>Primary outcome was CGM-measured percentage of time spent  $< 70$  mg/dL ( $< 3.9$  mmol/L) during follow-up. Follow-up data pooled from approximately 7 days prior to the 8, 16 and 26-week visits.

## USE OF CGM RESULTED IN FEWER HYPOGLYCAEMIC EVENTS AND LESS TIME SPENT IN HYPOGLYCAEMIA VS BGM IN OLDER ADULTS<sup>1</sup>

### RATE OF HYPOGLYCAEMIC EVENTS PER WEEK\*<sup>1</sup>



This was accompanied by a **statistically significant 27 minute reduction in the time spent in hypoglycaemia with CGM vs BGM<sup>1</sup>**

- Adjusted treatment difference: 95% CI, -40 to -16 mins/ day P<0.001

The treatment effect remained significant over 6 months.<sup>1</sup>

<sup>1</sup>A CGM-measured hypoglycaemia event was defined as 15 consecutive minutes with a sensor glucose value  $< 54$  mg/dL ( $< 3.0$  mmol/L). The end of the hypoglycaemia event was defined as a minimum of 15 consecutive minutes with a sensor glucose concentration greater than 70 mg/dL (3.9 mmol/L).<sup>1</sup>

## OLDER ADULTS USING CGM ALSO SPEND LESS TIME IN HYPERGLYCAEMIA\* VS BGM, RESULTING IN MORE TIR OVERALL<sup>1,4</sup>

At follow up, older adults with CGM spent:<sup>1,4</sup>



**43 minutes less** each day in hyperglycaemia vs baseline



**84 minutes less** each day in hyperglycaemia vs BGM  
(P<0.001)



**2.1 hours more** each day in TIR vs BGM  
(P<0.001)

### EASE OF USE MEANT GOOD ADHERENCE TO CGM, WITH **>4 OUT OF 5 OLDER ADULTS USING CGM EVERY DAY<sup>1,4</sup>**

In the 4 weeks prior to the 26-week visit:<sup>1</sup>

**81%**

wore the device  
7 days/week

**89%**

wore the device  
 $\geq 5$  days/week

<sup>1</sup>Glucose levels  $> 180$  mg/dL ( $> 10.0$  mmol/L).<sup>1</sup>