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General Poster Sessions

Continuous Glucose Monitoring in 432 T2D Patients for Assessment of Safety and Cost effectiveness in Reaching A1C Targets

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Complications - Hypoglycemia

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Benefits of intensive glycemic control in preventing vascular complications of diabetes & as a cost effective modality is largely offset by episodes/fear of hypoglycemia with fatal consequences. Despite limitations & higher costs, CGM detects glucose trends not revealed by SMBG. We analysed data of 432 T2D (male 243, female 189), aged 52.2 (15.04) on professional CGM over 6-7 days in past 1 year. Nocturnal hypoglycemia (31.86%) hypoglycemia unawareness (19.32%) & Somogyi (2.50%) were observed. Therapeutic & lifestyle modifications were carried out (Table 1) & A1c reassessed (Table 2). Cost effectiveness was analysed as incremental Cost/QALY gained.

CGM was projected to reduce lifetime probability of hypoglycemic episodes & may be recommended as routine in T2D to achieve safe A1c targets with confidence.

Modifications After CGM.

Modifications	% of patients
Diet and exercise	88.50
OHA	30.00
Shift to different regimen	10.50
Change in time of insulin	13.50
Change in dose of insulin	41.21
Change in insulin	7.00
Recommended CSII	21.00

The Difference in Means of HbA1c at 0 and 3 Months.

Regimen	Percentage of patients on various regimens	Mean HbA1c ± SD (at 0 months)	Mean HbA1c ± SD (at 3 months)
Basal	10.63	7.89 ± 1.218	6.97 ± 1.419
Basal Bolus	21.35	8.64 ± 1.354	7.35 ± 1.379
Basal Plus	2.08	8.41 ± 0.910	7.01 ± 0.866
Biphasic	21.88	9.46 ± 1.238	7.21 ± 1.485
Insulin Pump	39.06	8.41 ± 1.446	7.10 ± 1.526
OHA	5	6.89 ± 1.667	6.07 ± 1.611

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