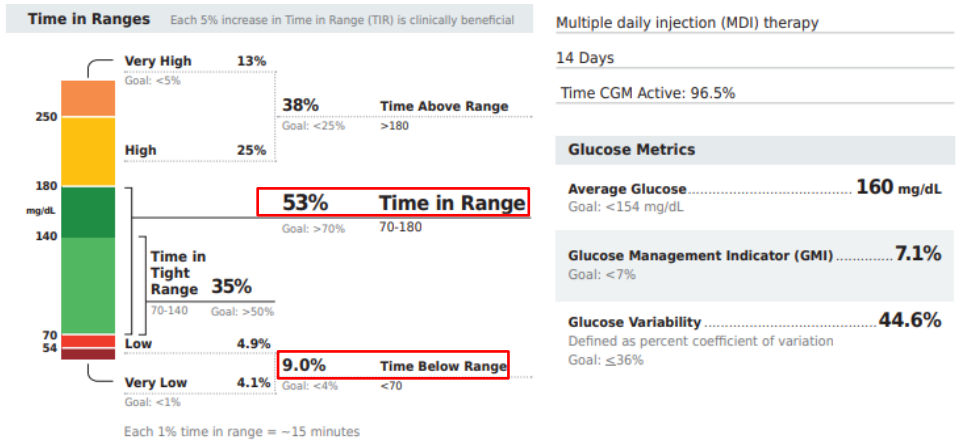
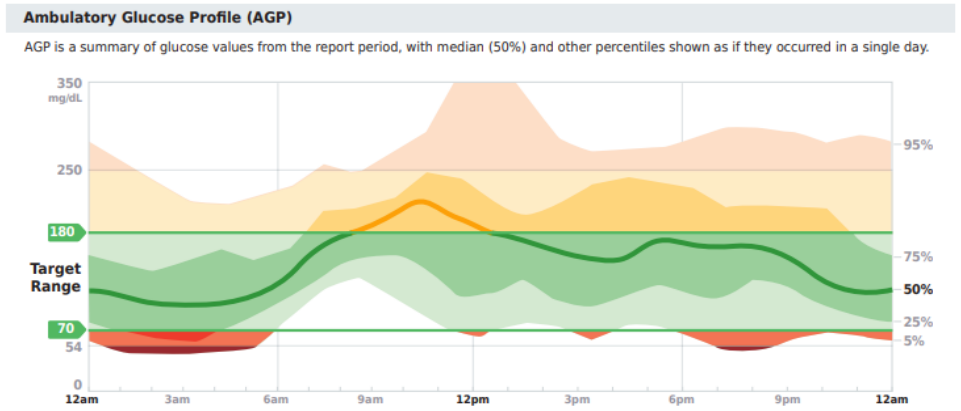
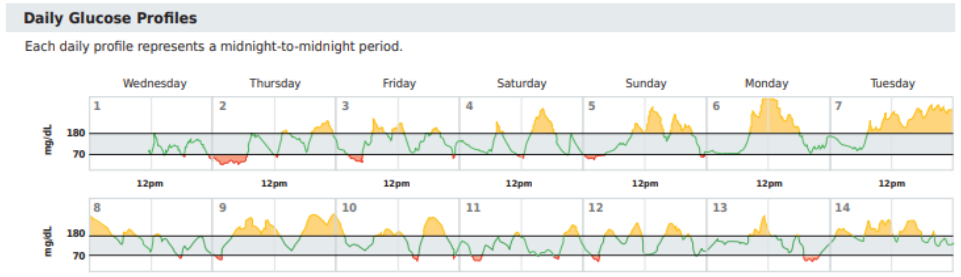
Using Continuous Glucose Monitoring (CGM) Data to Inform Type 2 Diabetes Management

Ambulatory Glucose Profile (AGP)







Determine Where to Act

3 Steps to Guide Medication and Lifestyle Adjustments

1. **Determine** if action is needed.
   - Review time in range and time below range.
   - Action is needed if:
     Time in Range (70-180mg/dL) is not **>70%**
     or **Time Below Range** (<70 mg/dL) is not **<4%**

2. **Where** is action needed?
   - Review the AGP curve and daily views: What time of day are glucoses low (red, <70 mg/dL) or high (yellow, >180 mg/dL)
   - Are there certain days of the week that glucose values are not in target range?

3. **Act** on the data to improve time in range

- For insulin and sulfonylurea users, address any hypoglycemia (**red**) first
  - Reduce rapid-acting insulin prior to low glucose readings, or basal insulin if nocturnal hypoglycemia, by 10-20%; or reduce or stop sulfonylurea therapy, if present
- Address hyperglycemia (TIR <70%), often with high glucose variability (CV>36%) next:
  - Consider starting or adjusting GLP-1RA or SGLT2i therapy prior to starting insulin.
  - If on insulin: (a) Increase basal insulin (by 10-20%) if the fasting median line on AGP is >130 mg/dL and/or (b) add or increase prandial insulin (by 10-20%) before post-meal glucose readings consistently over 180 mg/dL (**yellow)**.
- Ask patients to follow data on phone/receiver to identify the type and amount of food that helps avoid glucose spikes after meals to maximize time in target glucose range (70-180 mg/dL)
- Follow-up contact (2- 4 wk.) if medication change was made, to determine need for further titration