

ADA: Ask the Experts Access Live Full Transcription
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Carla Cox:

Hello, and thanks for joining us. Welcome to the 2023 American Diabetes Association Living with Diabetes: Ask the Expert series. Today's topic is technology and diabetes health. My name is Carla Cox, diabetes care and education specialist, registered dietician-nutritionist, and your host for today's program. Our Ask the Expert series is all about answering questions from our listeners, so start getting your questions ready now. For those of you on the phone, press *3, that's *3 on your keypad, and an operator will collect your question and place you in the queue, so that you may have the opportunity to ask your question live. To participate online, type in your name and question in the fields below the streaming player. Press the submit question button and your question will come directly to us.

Stay with us through the hour and you will learn useful tips to help you live well on your journey with diabetes. In addition, we invite you to provide us with your feedback in a survey at the end of the event, so please stay with us. Okay, now a little bit about why we're here today. Because of the link between diabetes and heart health, the American Diabetes Association in collaboration with the American Heart Association has launched Know Diabetes by Heart. With support from founding sponsored Novo Nordisk, as well as national sponsor Bayer, the Know Diabetes by Heart initiative provides tools and resources for people living with Type 2 diabetes to learn how to reduce their risk of cardiovascular disease. As part of the initiative, the ADA is holding this free educational Q&A once a month. We'll cover information and tips to help you take charge of your health.

When you have diabetes, it increases your risk of heart disease, stroke, and kidney disease. Make sure when you see your doctor, you talk about your risk and work towards prevention, and visit knowdiabetesbyheart.org for more information and resources. So now, I'm very happy to introduce our guest speaker for today, Kristine Batty. Kristine is a member of the diabetes and endocrinology division at John Hopkins Howard County Medical Center and has a joint appointment with John Hopkins School of Nursing. She's been a nurse for 31 years, a nurse practitioner for 21 years, and has specialized in diabetes care and management for 18 years. She's board certified in advanced diabetes management and a certified diabetes care and education specialist.

Her passion is advancing the science of diabetes care to allow for people with diabetes to live a healthy life without suffering the complications for the disease. She currently serves on several committees in the diabetes care and discipline, including Association of Diabetes Care and Education Specialists, Technology Advisory Committee and Professional Practice Committee. She is ADCES Maryland Coordinating Body Education and Committee Chair. She has been published in several journals and presented at national conferences. We're so happy to have you, Kristine. Do you have any few extra words you'd like to add?

Kristine Batty:

No, I think that that's more than enough. It's funny to listen to your own bio when it's being read. I'm so happy to be here. Thank you for inviting me.

Carla Cox:

Thank you. As we are waiting for our callers and online listeners to chime in, I'm going to go ahead and kick off with the very first question. Tell us a bit about the continuous glucose monitor and how it may help persons with Type 2 diabetes and even pre-diabetes.

Kristine Batty:

Well, the continuous glucose monitors, or CGMs as they're called, are such an incredible advancement in diabetes care. In terms of Type 2 diabetes and pre-diabetes, I think that any type of diabetes where

you are monitoring what your blood glucose is and you can see the trending, I think CGM is completely appropriate for and very helpful. Pre-diabetes is an interesting area to use the CGM. Helping you identify areas where your blood sugar may peak throughout an hour or throughout a day is super important so you can see how your food is impacting your blood sugar, as well as exercise. So, I think that the CGMs really have expanded the ability to prevent diabetes as well as keeping everybody's blood glucose at target.

Carla Cox:

Thank you. I think they're pretty exciting myself. I love to see people wear them and get information. As we're waiting, so thank you, and if you're just joining us, welcome to today's Ask the Experts Q&A, technology and diabetes health. As a reminder, for those of you on the phone, press *3, that's *3 on your keypad, and an operator will collect your question and place you in the queue so that you can have the opportunity to ask your question live. To participate online, type in your name and question the fields below the streaming player. Press the submit question button and your question will come directly to us. Let's remember to focus on today's topic Technology and Diabetes when asking your question. Now, let's take the first question. So, our first question is coming from Linda. Linda is from Queens, New York, and Linda, you are live.

Linda:

Yes, hi. Thank you for taking my call. That's exactly what my question was about. That monitor you're talking about is on the arm, right? That I see people wearing?

Kristine Batty:

Yes. You can see the CGMs on people's arms. There are devices that could be worn on the abdomen as well.

Linda:

Right, so my question is this. I'm a diabetic over 33 years, only on metformin and Actos, but I feel that because I've seen people wear it and they're monitoring all the time, can I get that, or you only could use it if you're on insulin per insurance?

Kristine Batty:

Well, I think that it's a complicated question. I think that each insurer state to state, Medicare even, the coverage is different for CGMs per insurer. Certainly, there are some restrictions by some insurance companies where you have to take insulin. However, there are also many that do cover it. Cash payment is also an option because these devices are not quite as expensive as they were in the past, where they could be \$1,000. They're down now to a couple \$100, if that's something that you're able to do.

Carla Cox:

And I think that even the FreeStyle is below \$100 per month, depending upon your insurance plan. Prescription RX example gets it down to about \$70. So helpful, helpful. Our second question is coming in from Glenn, and Glenn is from Nashville, Tennessee. Glenn, you're on the line. Oops, sorry. I pressed Martin. Martin, you're on the line.

Speaker 4:

Who? Hello?

Carla Cox:

Charles, you're on the line.

Speaker 4:

Yes.

Carla Cox:

Yes, what was your question?

Speaker 4:

Metformin, I've been doing it for 20 years. Is there something else I can change to, or should I?

Kristine Batty:

I couldn't hear the question, Carla.

Carla Cox:

So, the question was he's on metformin, is there something he should change to? He's been on for a long time, so it's really a medication question, but I think you can probably field that.

Kristine Batty:

Well, there's many medications out there for diabetes. Some of the so-called newer medications include the grouping that includes Ozempic and Trulicity and now Mounjaro. Those are weekly injections, they're not insulin, and the other newer class of medication includes Jardiance and Farxiga. Those are orals or pills. Both classes help improve the blood sugar trending, they also have benefits to protect the heart and the kidneys. So, for people who have been on metformin for quite a long time, you can stay on the metformin, but you may need to have another medication added in to reach the targets that you're needing for your blood sugar control.

Carla Cox:

Thank you. We have a question coming in from Mindy, and it's online. Her question is, "Are over-the-counter A1C tests accurate?"

Kristine Batty:

Truthfully, that's a question that I don't have a lot of experience in. What I do know is that the over-the-counter A1C testing has become much more accurate than it has in the past, certainly. As compared to lab testing, I think that there is a little bit of a variance, although it will give you a good idea, pretty close idea of what your A1C is. I would not use over-the-counter A1C testing as the only testing that you use to monitor your A1C. I also would caution to remember that A1Cs typically are tested about every three months. You don't need to do it much more often than that.

Carla Cox:

Thank you. This question comes in from Glenn. Sorry, Glenn. I thought I got you before, but you are online now.

Glenn:

That's okay. My question is if I have an old-fashioned meter, if there's something that would convert the numbers into A1C numbers?

Kristine Batty:

So, you have, I'm taking it, the old-fashioned meter, meaning the finger sticking meter, I imagine?

Carla Cox:

Yes.

Kristine Batty:

Okay. Well, I would say this. The old fashioned, the older ones that are still out there, some of them, it's time to get rid of them. We want to make sure you have a new meter every couple of years, so if you don't have a meter that's updated, please consider that. I definitely think that to find the equivalent of the A1C by a glucose point of care or finger stick meter, it's difficult because it depends on how often you're testing your blood sugar with those meters. If you're only testing once a day, it's only able to give you the average for that timing. A better way to get your estimated A1C through a continuous glucose monitor.

Carla Cox:

Great, thank you. We have a question coming in from Eleanor, and Eleanor is from San Francisco. Eleanor, you are live.

Eleanor:

Yes. I have a sensitivity to nickel and also adhesives, and I want to know if I could use this 24-hour glucose monitor or would that be a problem?

Kristine Batty:

As far as I know, there should not be a problem. Many people have nickel sensitivities and there have been no big reports of them having major problems. So, I would say investigate it, talk with your medical provider. Also, you can talk to the company to ensure that there's no cross sensitivity to nickel, but honestly, I think that you'd be okay using it.

Carla Cox:

Thank you. So, we have a question coming in online from Kim and she says, "How does someone who is blind check their glucose?"

Kristine Batty:

Well, there are meters that speak. You can hear the meter tell you the blood glucose. The issue I guess would be being able to get the test strip into the meter if using one of the points of care glucose testing options. In terms of using a continuous glucose monitor and having low vision, within a cell phone, depending on the device you have, there is a way to make the software for the CGM speak. And that

really depends on what type of cell phone you have, what kind of CGM device you have, and you can work with the CGM device company to assist with that.

Carla Cox:

Thank you. We have a question coming in from Nancy, and Nancy is from South Dakota. Nancy, you're on the line.

Nancy:

I have seen watches that will measure glucose. Are they accurate? I can't do the other meter. I'm just on metformin with Medicare.

Kristine Batty:

The glucose watches, I have not seen one out recently. They were out several years ago, and the accuracy needed to be improved with them. I know that there is a new watch coming. I don't know the details of it, so I can't give much more information on that. But stay tuned because I have heard that there's one coming in production.

Carla Cox:

Well, and I think sometimes if you see people using a watch, it's because it actually connects to their CGM, which they're wearing. So, there is an app where they can look at their watch and they can see what their glucose is, but they are wearing a CGM.

Kristine Batty:

It's not measuring like the old glucose watch, which was measuring sugar off of sweat or impedance. It's different than that.

Carla Cox:

Yeah. So, Janine has a question. She's written in and she said, "How can those that can afford it or who have Medicaid get access?" I'm sure she's talking about the continuous glucose monitor. So, it probably depends on what state she's in, huh?

Kristine Batty:

Yes. Each state has their own Medicaid programs, so it really depends on whether you're through a state program, whether you're through another program that's an add-on for your state. Really, if it's a commercial type of Medicaid, so it's hard to really answer those questions because they're such a big variance state to state.

Carla Cox:

Great, thank you. Andrea's also writing in, and she said, "Do you recommend any good apps that would be helpful for managing glucose monitoring?"

Kristine Batty:

Well, that's an interesting question. It really depends on whether you're wearing a CGM or not or whether you're wearing a pump or not or no devices. Certainly, if you are using a continuous glucose monitor or pumping system, you can use a software that comes with those devices and you can view

that on your laptop, on your home computer or on your watch, very often. In terms of monitoring blood glucose using a meter where you are lancing your finger, there are devices out there such as the Dario device that will help, with software, track your glucose trending. There's lots of options out there. You want to be careful of not taking on too many things to track at one time because you need to learn what my glucose is here, what am I eating here, what is my exercise doing before you bring them all together, in my opinion.

Carla Cox:

Thank you. There's a question online coming in from Luke, and Luke says, "What are the latest trends in smart insulin pens?"

Kristine Batty:

Well, the insulin pens, they're actually interesting. They came out and they were much more simple devices when they first came out. There are the usual common pens that we prescribe that you get at the pharmacy, the smart pens are out there as well. You can get them through Medtronic, and they are connected to software so you can trend the dosing that you have been taking of the insulin, the timing, you can connect it and use it with your CGM. So, I think that that is going to advance even further. They've come a long way in the past 10 years or so. So, I think people who don't want to use pens, which is a fabulous option to help keep on track and see what's going on. And even if you have somebody that you are trying to monitor from afar, that really does help keep the blood glucose in target.

Carla Cox:

Thank you. So, we have a question from Nancy, and Nancy is from San Diego. Nancy, you're on the line.

Speaker 8:

Hi, I have a question. I have a disabled daughter, intellectually disabled, and she has been diagnosed with diabetes and I just refuse to do a needle, the finger stick, because I can't explain to her why I'm torturing her with that. But I don't know if these CGMs would be appropriate because I don't really understand how they work.

Kristine Batty:

So just briefly, the continuous glucose monitors are devices that you have a needle that puts a wire under the skin, and the needle pulls back and leaves a little wire there to measure the glucose under the skin. It will trend and show you the blood sugar every couple of minutes throughout the day. There are two major devices out there, they're very, very accurate. One you wear for 14 days and then take it off and put a new one on, the other you wear for 10 days before you put a new one on. There are no finger sticks involved with those devices.

I think that it would be appropriate to monitor somebody's blood glucose when pricking a finger is not appropriate for them. Maybe they're fearful or don't have the dexterity to do it themselves. So always, always, always, if you are going to be using a device, you want to make sure you're working with your medical provider and even contact a certified diabetes care and education specialist to get the training, the follow up and support that you need to use these devices.

Carla Cox:

Thanks, and this is a good follow-up question to that. This comes in from Annmarie, and Annmarie is from Baltimore, Maryland. Not far from you, right?

Kristine Batty:

No.

Annmarie:

Hi. Hi, over there at Hopkins.

Kristine Batty:

Hi.

Annmarie:

I have mainly a comment. I used to stick my finger and I noticed that my sugar was normally between 150 and 200. Well, three months ago I got a CGM, and I've noticed, and this is not good, that my sugar has been between 300 and 500. The finger stick was not accurate, either I wasn't sticking it at the correct time. Just it's more accurate to have a CGM device than it is to stick your finger, period, in my opinion.

Kristine Batty:

Thank you for that information. I'm glad that you're getting more information to help control your glucose. One of the things to remember about wearing a CGM, and I have had this conversation thousands of times with people, blood sugar when you're using a meter is at a fixed point of the day. Let's say you've tested your blood sugar every morning before breakfast. When you start wearing a CGM, you are seeing the numbers that you didn't see before. Let's say you test your blood sugar before breakfast, you eat your cereal for breakfast and you look at your blood glucose trending an hour later and it's 300 or 500 because of the carb intake, the sugar intake that you had.

Those numbers were there before, and people are always very surprised by them. So don't get afraid when you have that information and you're able to see the information, now you're able to act upon it. You're able to get maybe your diet adjusted, maybe your medication adjusted. Now you have more knowledge to act upon. In terms of accuracy between meter and CGM, they should be pretty close, as long as your test strips are not expired, and your meter is up to date. There is going to be a little bit of a variance. The higher the blood sugar or the lower the blood sugar, you will get more a variance, but they should be within about 10% of each other.

Carla Cox:

Great, thanks. So, this is a great question. It's coming in from Mary Ellen. She's written in and says, "I am afraid it will hurt or be bumped into or get torn off."

Kristine Batty:

Okay. And I'm assuming that this is CGM, although it could also apply to an insulin pump. So, I guess the pain issue is everybody has their own pain threshold. I will say that pricking your finger is much more painful than giving an insulin injection or even putting the CGM or the insulin pump on. If it gets bumped and it gets pulled out, the biggest pain from that truthfully is the adhesive pulling off like a band aid pulling off, in my opinion. So, it could be uncomfortable, but for the majority of time you're wearing it,

you probably won't even feel it. There's always stories about people putting their sensor on the back of their arm or the side of their arm and walking past a doorframe and getting it caught and pulled off. Yes, that is uncomfortable for the minute that it occurs, but truthfully, these devices are very comfortable, and you can find where it is most comfortable for you and most appropriate for you, so it's not getting in the way of your daily activities.

Carla Cox:

Thanks. This is a good one too coming in from Kim, and I think you and I would agree. "In our experience, ER doctors and staff are not familiar with the different types of devices and features. Can better education be distributed to medical facilities, and your thoughts on med facilities having patients remove devices so they can manage their care?"

Kristine Batty:

Wow. That is-

Carla Cox:

It's a whole hour discussion.

Kristine Batty:

... yeah. that's a big topic. Over my 18+ years of managing and treating diabetes, yes, personal devices for diabetes management are a challenge when people are admitted to a hospital. People in the hospital don't get to see these devices that often, although because of the frequency of use, we are seeing them more often in that setting. Number one, if you have to take the device off, let's say because you're having an MRI and those devices cannot go into the MRI machine, you're going to have to discuss that with the medical provider. Whoever's prescribing your technology or diabetes technology, be sure you have a discussion with them about a backup plan, particularly an insulin pump. If your pump needs to be removed for any reason, you need to know what to do about giving insulin injections, and you could present that plan to the medical team at the hospital.

I would say this. You are the person that's going to be responsible for the device when you're in the hospital. You're going to be the person managing that pump, maybe in conjunction with the endocrinology team, but you have to be able to do that. If you're too ill to manage that device, nobody else will be able to do it for you unless it's your family. So, it's a lot of questions that go into that decision. Just because you're in the hospital doesn't mean the device should be removed. That's how you manage your diabetes. If you're well enough to do it, that needs to be discussed with the medical team and even bring in your outpatient endocrinology team if you need to.

Carla Cox:

So, we have several questions online and actually coming in over audio, but I think we probably need an explanation of insulin pumps. So, could you give us kind of an overview of what is an insulin pump, how does it work, who is it used for?

Kristine Batty:

Okay. So, insulin pumps have been around for a very long time. They're used more often now than ever before. An insulin pump is a small device, it's like the size of a deck of cards generally speaking, that is filled with insulin. It is attached to the body in one of two ways, one with a tubing from the device to the

skin, or with a small device that is just on the skin and works through Bluetooth to a device that controls it. These devices are filled with insulin. They're set so that on an hourly basis, a certain amount of insulin is delivered, and when food is eaten, the person who is wearing the device will make a request for insulin to be given associated with that food. Additionally, if the blood glucose is high, whether you're testing with a meter or through a continuous glucose monitor, the blood glucose will be entered into the pump and then the dose will be calculated to give a correctional dose to lower the blood glucose to the target range.

There are two ways to have an insulin pump run. One is without a continuous glucose monitor feeding the information directly, one is having the data go indirectly and then the pump is set with a math calculation to adjust the insulin on its own to a certain degree. Those are called automated insulin devices. You're probably hearing a lot more about the automated insulin devices currently because they will make corrections to the blood glucose more independently, as opposed to you having to go to the non-automated device and make the adjustment yourself by pushing buttons. In both situations, you have to be engaged with the insulin pump. You have to know whether it's working correctly, is your blood glucose trending up or down? You have to be able to give that insulin or announce when you're having food, so that you're getting insulin at that time. And these pumps are filled with short-acting insulin and that's a complicated conversation about why, but they're filled with one type of insulin.

Carla Cox:

Thank you. To follow up on that, one write-in is, "Does Medicare cover insulin pumps and sensors? I have Type 2 diabetes and take multiple shots of insulin each day."

Kristine Batty:

Yes. Medicare has a few criteria that need to be met, and certainly you should be talking with your medical provider or prescriber. A couple of the criteria are that you're taking three or more insulin injections a day, whether you're having problematic low blood sugar or hypoglycemia, whether you're having wide variation from high to low, whether your A1C is above target. Those are some of the things that Medicare takes into account when they're discussing insulin pumps, also continuous glucose monitoring, although those questions are a little bit more modified this past year when they've improved their coverage of the CGMs. But generally speaking, that's the criteria they look at.

Carla Cox:

Great, thank you. We've got lots of write-ins today. Luke wrote in and said, "Does the Apple Watch have an app for the FreeStyle Libre 3?"

Kristine Batty:

I don't think that they do yet, although I might be mistaken here, but I don't think that that has come yet. I believe that the CGM devices, the Dexcom may go to the watch, but I cannot say for certain that the FreeStyle does right now.

Carla Cox:

I don't know the answer to that either at this point in time, but you can call the company or look online. I'm sure that that information is out there. Okay, next question is coming in from Louisa, and Louisa is from West Massachusetts.

Louisa:

Hi, thank you for taking my call. I'm from Wooster, Massachusetts, central Mass. My question is I am a type one diabetic. I am a pump along with the CGM, and I am in pretty good control. My question has to do with Ozempic or Trulicity regarding weight loss. Can you explain a little bit about that, if it's a good thing to do or if it's going to impact my care?

Kristine Batty:

Well, here's a couple of introductory statements on this. Number one, anytime you're adding a medication for diabetes, and I'm sure most of if not everybody knows this, yes, your care will be impacted. The GLP-1, that's the name of the group of medications that Ozempic, Trulicity and Mounjaro are in, they're not approved for use in people with Type 1 diabetes. That being said, people do use them. What I would say is this, if you are going to work with your medical provider and use these medications, you have to be very careful about your insulin dosage. It may need to be adjusted. These medications are being used, they're primarily diabetes treatment medications, but they also have the benefit of weight loss, so you definitely need to talk to your medical provider about this. There are also medications that are in the same medication class that are very similar that are used for weight loss as well, so that is something also to consider if you're going to be using those. Those will also affect your blood sugar.

Carla Cox:

Thanks. Here's a question from Lisa, and my guess is she's talking about the Islet. Lisa, you're on the line.

Lisa:

Hi, thank you so much for taking my call. Yes, I read about Boston University coming out with an artificial pancreas outside the body and it was approved by the FDA in April, and I wanted to see if there were more information about that.

Kristine Batty:

No. The information that's come out, I have not been on top of it as much because I'm not seeing the devices approved by insurance yet. I'm sure that is being worked on, of course, so I don't have a lot of information on the Islet. One thing I do understand is that there is an option for non-carb counting type of insulin delivery where you just say a small, medium or large meal possibly, but I'm not even entirely sure on the detail of that. So, I apologize for not being on top of this information, but certainly, I'm sure that the company has information out as they're ready to launch.

Carla Cox:

So, I can add a little bit to that, I've been talking a lot with the Islet folks. Islet is not truly an artificial pancreas. There isn't one out yet. So that's unfortunate, but it is an automated insulin delivery system not a lot different from the Medtronic, the Tandem and the Omnipod. The difference is that it's a plug and play. That means that if you choose to purchase an Islet, the person helping you merely puts in your weight and the AI part of it, the artificial intelligence part or the algorithm determines how much insulin you need based on just your weight. The challenge for someone like me that's worked with people with diabetes and these devices forever is that there is no way to go in and make an alteration. So, in other words, if the amount it's giving you for food seems to be too much, you cannot go in and adjust how much it's giving you.

And Kristine is absolutely right that it is, "I'm eating my normal meal," or "I'm eating smaller than I usually eat," or larger, so there is no more carb counting and there is also no place to put in exercise.

Many of these other AID systems have an exercise mode because generally, exercise drives blood sugars down and it does not have that mode. You almost have to disconnect in the pump. So, it's the next step I think to how we are able to make the artificial pancreas, but it clearly is not one yet. So, realize it still has some bumps on it, but if you're interested in it, certainly you can talk to your endocrinology office or diabetes care center and they ought to be able to give you some more tips, or get on Islet and they'll tell you. So hopefully that gives you the information that you're interested in. Okay. Another write in from Debbie. "Does the CGM information go to an app?"

Kristine Batty:

Yes, the CGM information goes to an app. It also goes to the software associated with the device so you can see more comprehensive data. What I tell people about using a CGM, I want them to look at all of their information. I think that people have a tendency to look at the blood glucose in the moment that you need the number and not look backwards in the trending, see what happened when you were asleep, see what happens over the past 24 hours. So yes, they have apps. Yes, they have software that you could get more expansive information, and I do recommend looking at all of the data in a comprehensive manner. And you can work with your provider, your endocrinologist, or your certified diabetes education specialist to help interpret that data.

Carla Cox:

Thank you. We have a question coming in from Margaret, and Margaret is from Lake Worth, Florida. Margaret, you're on the line. Margaret, did you have a question? So, we don't seem to get Margaret, but I can tell you what her question was. She is a current user of FreeStyle Libre 2, and she wants to know what the difference is between it and the FreeStyle Libre 3 and when someone should consider changing.

Kristine Batty:

Okay. The biggest change between the FreeStyle Libre 2 and the FreeStyle Libre 3 is that there's no more scanning. The Libre 2, you take it, you scan your phone or your receiver over it and then it'll tell you your blood glucose at the moment and then back to the time of your last scan. One of the problems that people sometimes had was they weren't scanning enough and then they would be missing some of the data there. Libre 3, you do not scan. It's continuous feed of information to the receiver or to the cell phone, so that's a big improvement.

Another improvement is it's a little bit smaller, and smaller is always a little bit better because it won't stick out as much on your arm, it won't be pulled off as easily, maybe not as obvious. It's about the size of a nickel maybe. So, the two biggest differences. When should you change? I think that it really depends on what your preference is. You know you. I think that updated devices are always important to consider because the other devices may become obsolete. I certainly think in this case for the Libre 2 to the Libre 3, it makes a little bit more ease of use, so I would definitely start considering that and then of course, insurance coverage may dictate that a bit.

Carla Cox:

Great. We have a write-in from Wendy, kind of on the same line, topic. "I have a Dexcom G6 and have seen the G7 come out. Do I have to change?"

Kristine Batty:

No, you do not have to change, for now at least because they're still making the G6. Actually, the nice thing about the G7 is that it's much smaller and it's one device. You don't have that transmitter that fits in the sensor, so that's a big change for Dexcom. One thing to keep in mind if you are wearing an insulin pump such as the tandem that communicates with a Dexcom, if you upgrade to the G7, your pump may not communicate with the device any longer. They're only approved, they're only working with the G6 right now. So, you don't have to change. If you're using other technology, that actually may change your mind in the future if you have to change to the G7 if the pumps change.

Carla Cox:

Tandem is moving towards allowing the G7, it's a small launch. Omnipod is not there yet. So, it's something, it's not available for everyone right now, but there is a small launch on it and my understanding is the software will allow you to go back and forth. So, if you have a Tandem pump and you get this new upgrade, you can wear a G6 or a G7 and you can flip back and forth, so that's nice that they have that flexibility. So, let's look and see. We have quite a few more questions coming in. One of the questions that's kind of off topic but I think is a good one is, "How important is it to participate in any form of exercise if you have diabetes?"

Kristine Batty:

Well, it's a good question. I think that it's important to be involved in exercise, whether you have diabetes or you don't. I think that in terms of having diabetes, we want to make sure that we are physically active because it will help reduce cardiovascular risk or reduce your risk. It will improve glycemic control. Your blood glucose may be a lot more on track. It will help with weight reduction or weight maintenance, which are a few very big challenges in the life of a person with diabetes. I think that everybody, at least in the United States, we know that there is an issue of obesity and cardiovascular disease in the United States, and we all need to improve upon our lifestyle. Whether that's healthy eating or being physically active, I think it's important for everybody.

Carla Cox:

That's a good point. It's not just about having diabetes, it's really about lifestyle for everyone, so that's a good point. Okay. We have a question coming in from Cindy, and Cindy is from Minot, Maine. Cindy, you're on the line.

Cindy:

Hi, there. I have a question. I'm pre-diabetic I was 6.4 on the scale when they put me on one of the G7s and also put me on Metformin at the same time. I was on the G7 for about two months and then they've taken me off, still with my numbers at a little over six, and I'm on the metformin and just wondered exactly am I supposed to really be taking and being on that G7 at the same time? There was never really a lot of communication. We're behind on catching up with medical issues around here and it's hard to get into see someone, so it wasn't really explained to me what the purpose of having that monitor on and taking the Metformin at the same time, whether there was a benefit to me or whether they just decided I didn't need it and the metformin was going to take care of the problem.

Kristine Batty:

Well, that's an interesting situation. One thing I would say is for everybody out there who is wearing or wants to wear a CGM of whatever brand, I think that it's really important to receive education on the device. What is the benefit of it? What are we looking for? What are your blood glucose targets that

you're looking for when you're evaluating the trends? In terms of your question, it sounds to me, although I'm making an assumption and I shouldn't make any assumptions, but it sounds to me twofold. One, were they looking at the CGM information to see how well the metformin was working, maybe to help with dosing?

The other piece, and this is much more common, using the Dexcom to identify areas for improvement. Like I said earlier, are you getting post-meal high blood glucose readings, identifying the food that may have triggered that? Or by the same token as the last question, looking at what your new walking habit is doing to your blood glucose. So, there's a lot. Using the metformin, it sounds like that is indicated based on your A1C. I think that using the CGM is also helping treat the pre-diabetes, hoping that you don't transition into diabetes, but it's also teaching you something. It's teaching you more about healthy living and how to modify your diet and your exercise.

Carla Cox:

Thank you. We have a question coming in from Jim, and Jim is from New York. Jim, you are on the line.

Jim:

Hi, thanks for returning my phone call. I got a question. I have a Libre 2, and as I insert into the skin, I find that not all the time does the Libre take. I wind up having to get another one and redo it. I scan it after, and it tells me that it can't read my Libre. Do you see this a lot with the Libre 2? I was thinking of going to the Libre 3 because of it, spoken to my endocrinologist and he really didn't have much to say with it. Do you see this a lot?

Kristine Batty:

I'm not sure that I've seen it a lot. I've definitely seen it happen. It's very hard to troubleshoot this particular problem if I'm with you. Sometimes it is the device is just faulty, sometimes it's the way that it is seated in the skin as it went through the skin. The thing that I do every time that happens with any type, any kind of CGM, whether it's Dexcom or the Libre or the Medtronic, if there's a problem with it being read or being activated, I get on the phone with FreeStyle or whoever the company is. Get on the phone with them, don't throw away the device until you speak to them because often, they will fix the problem. They might replace it. But they also want to look at the lot number and then talk to you about the technique and things like that to see where the problem is. Honestly, I have not seen the problem with the Libre 3, but it could be happening, I just haven't had that experience.

Jim:

Okay, thank you.

Carla Cox:

Thank you. So, we have time for one more question, and I think this happens and maybe you've sort of answered the question. It comes in from Sue and she writes in, "I've accidentally damaged my FreeStyle to where it could not be used and had to do without it for two weeks before I could replace it. Is there any way to get another one or is this all determined by insurance?"

Kristine Batty:

Wow, that's a loaded question. So, it depends on what happened to the device. If it was a malfunction, then again, it doesn't matter what company it is. If the device malfunctions, then sometimes the

companies will take that into account and replace it for you, but not every time. Unfortunately, if the device is pulled off accidentally, we know it can't go be put back in. You have to use a new one, and if you are coming up short that month, the insurance companies will not allow you to get an extra device because it fell off. You're only allowed to have 30 days' worth of device and unfortunately falling off is not in their realm for coverage. But at that point I would, like we said in the beginning, talk to your pharmacist, talk to your pharmacy and your providers. See if maybe not over-the-counter, I apologize, a cash pay option is something to be considered or an opportunity is there for you to afford that.

Carla Cox:

Well, if it happens very often, the other thing is to talk to a diabetes educator and figure out if you need some kind of liquid or something to be able to make it stay more secure because there are a lot of options out there, so that's another thing to think about. Well, this wraps up our last question for the session. A few items before we close. Kristine, could you give us one big takeaway from today that you want everybody to remember?

Kristine Batty:

I think that technology has advanced so rapidly and so wonderfully, that we have so many options out there now to help with diabetes health, that everybody should consider it, but it may not be for everybody. You need to find what fits for you and your diabetes. I also think that meeting and working with your medical provider, your certified diabetes care and education specialist is essential to using diabetes related technology to get the most out of it and the biggest benefit.

Carla Cox:

Thank you. To help you feel confident about your ability to manage your diabetes and heart health and kidney disease, we encourage you and your loved ones to talk to your doctor and dietician about your risks of heart disease, stroke and kidney disease. Go to [knowdiabetesbyheart.org](https://www.knowdiabetesbyheart.org) and learn more. Register for our next event at diabetes.org/experts and sign up for diabetes education near you. Links to these resources can be found on a registration webpage, diabetes.org/experts. Thank you for all the great questions you called and wrote in with. We are sorry we were unable to get to all of them during this live Q&A event. If you have questions about this event, you're welcome to contact us at askada@diabetes.org by calling 1-800-DIABETES, which is 1-800-342-2383. In addition, the transcript from this production and all other at events is on the web at diabetes.org/experts.

Please stay on the line for our survey to help us with future planning for our events. Thriving with diabetes takes a team, and we're here to support you. Special thanks to our expert, Kristine Batty. I'm Carla Cox and on behalf of the ADA team, we want to thank you for joining us today and we look forward to connecting you with our next events. Join us for more Know Diabetes By Heart Events December 12th, What Types of Medications Help Your Diabetes Management, and there are a whole list of new events coming up for 2024. Please visit our website for more information, once again at diabetes.org/experts, and register today. If you have any questions about this event, please email askada@diabetes.org and include Ask the Experts Q&A in your subject line and thank you for joining us today. And now to our survey.

Thank you for participating in the American Diabetes Association Ask the Experts event. We hope you can stay online for this survey for the next five to seven minutes to share your honest and valuable feedback to help us improve upcoming events. All answers will remain confidential. Please let us know your agreement with the following statements. Question one, "This event met my expectations today." For yes, press one. For no, press two, and for unsure, press three. Question number one, again, "This

event met my expectation today." For yes, press one. For no, press two, and for unsure, press three. If you feel you could use some support for managing your diabetes, check out the diabetes.org website. There's lots of links to information that can help you with your diabetes journey.

Question number two, "I will attend another Ask the Experts event." For yes, press one. For no, press two, and for unsure, press three. Question number two, again, "I will attend another Ask the Experts event." For yes, press one. For no, press two, and for unsure, press three. You can find delicious and healthy recipes and menus to enhance your eating. Check out the website www.diabetesfoodhub.org. Now to question three, "This event improved my knowledge of diabetes, technology and health." For yes, press one. For no, press two, and for unsure, press three. Question number three, again, "This event improved my knowledge of diabetes, technology and health." For yes, press one. For no, press two, and for unsure, press three. Did you know that there are approximately 37 million people with diabetes? You are not alone.

All right, on to question four. "I intend to use this knowledge I gained in my or my loved one's next appointment with a healthcare professional." For yes, press one. For no, press two, and for unsure, press three. Question number four, again, "I intend to use the knowledge I gained in my or my loved one's next appointment with a healthcare professional." For yes, press one. For no, press two, and for unsure, press three. Keeping your glucose within target range of 70 to 180 milligrams per deciliter 70% or more of the time is the international recommendation for diabetes management. Consider asking your provider about getting a continuous glucose monitor to help you manage your glucose. All right. On to question five. "Before this event, I felt confident talking to a healthcare professional about me or my loved one's increased risk of heart disease and stroke." For yes, press one. For no, press two, and for unsure, press three.

Question number five, again, "Before this event, I felt confident talking to a healthcare professional about me or my loved one's increased risk of heart disease and stroke." For yes, press one. For no, press two, and for unsure, press three. Check out the heart disease risk calculator at <https://www.cvriskcalculator.com> and discover you are risk for heart disease. And our final question, number six. "After this event, I feel confident talking to a healthcare professional about me or my loved one's increased risk of heart disease and stroke." For yes, press one. For no, press two, and for unsure, press three. Once again, our final question. "After this event, I feel confident talking to a healthcare professional about me or my loved one's increased risk of heart disease or stroke. For yes, press one. For no, press two, and for unsure, press three. We sincerely appreciate your time and look forward to engaging with you on a future Ask the Experts event. Please visit diabetes.org/experts to learn more about the upcoming events.