

Novel Technologies, Apps, and Innovations in Diabetes Management

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Key Points

- Technology ever increasing
- Pace always far slower than any of us desire
- Each device approved is still one or two or three versions behind what is possible
- Tools are only as good as the user can use them education/follow-up/realtime and retrospective interpretation vital elements

Diabetes Care in the 1970s



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Diabetes Care in 2016



Monitoring





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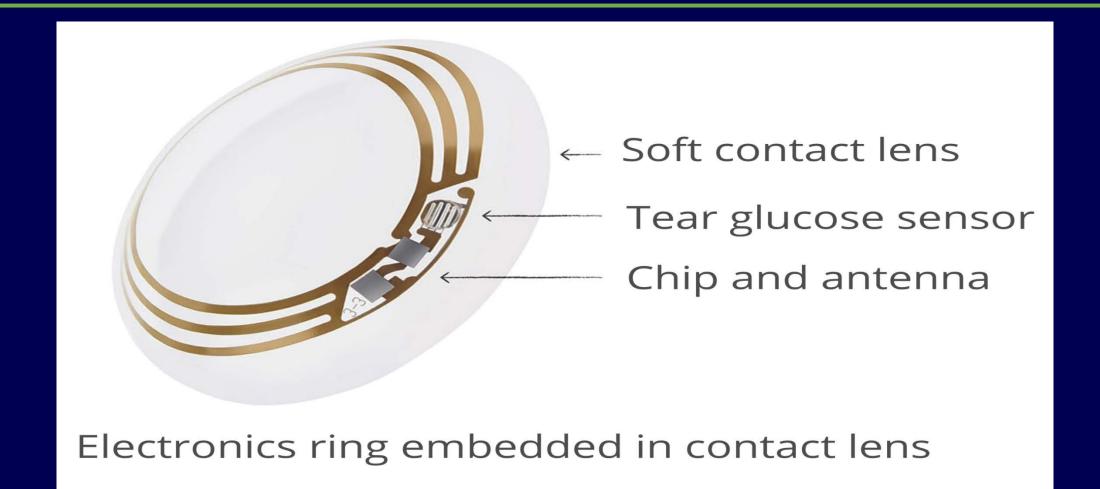
Abbott Freestyle Libre*



Abbott Freestyle Libre*



Glucose Measuring Contact Lens*

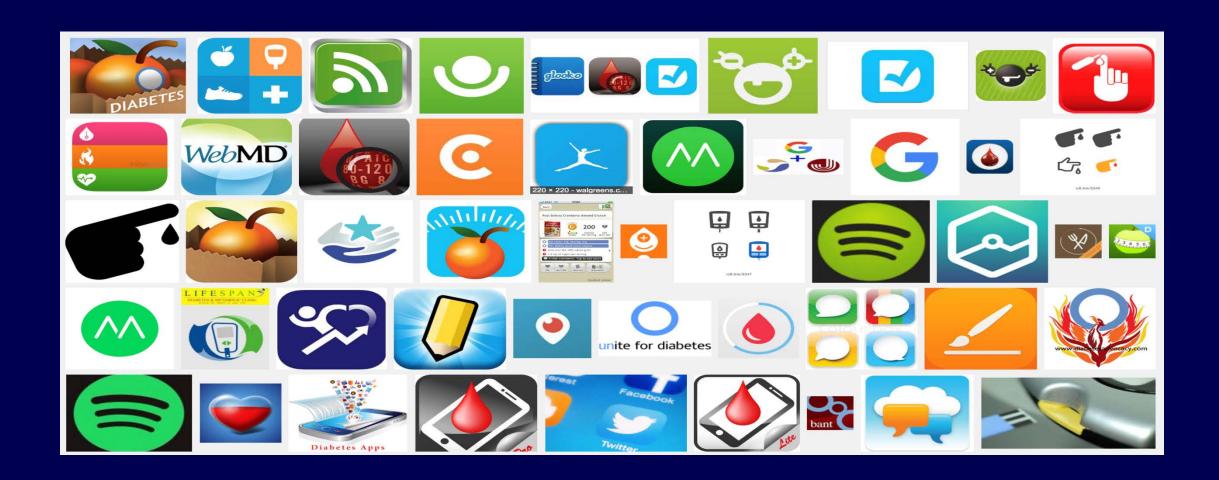


Easier Communication

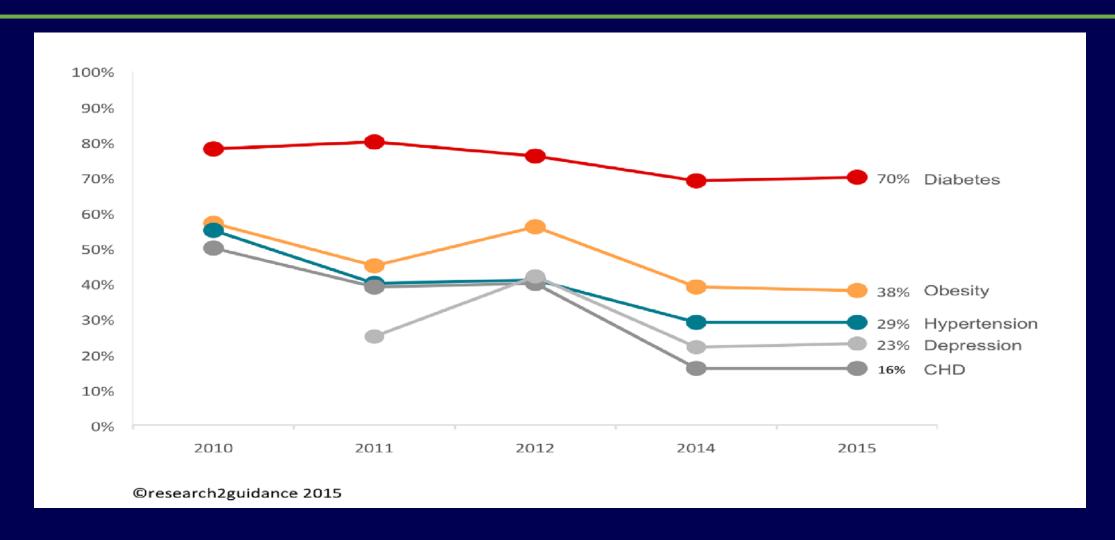


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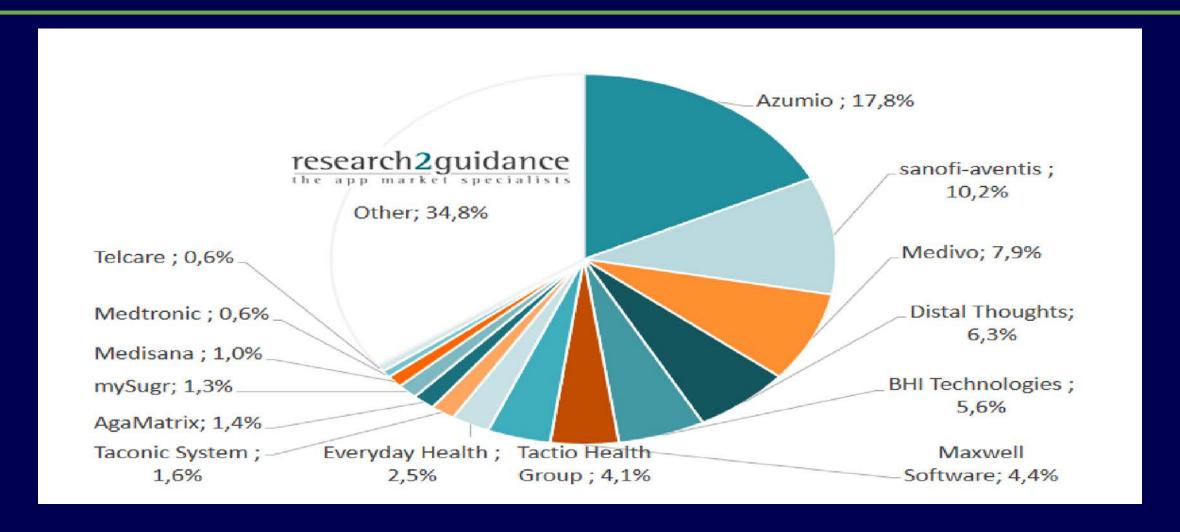
Many Diabetes Apps...



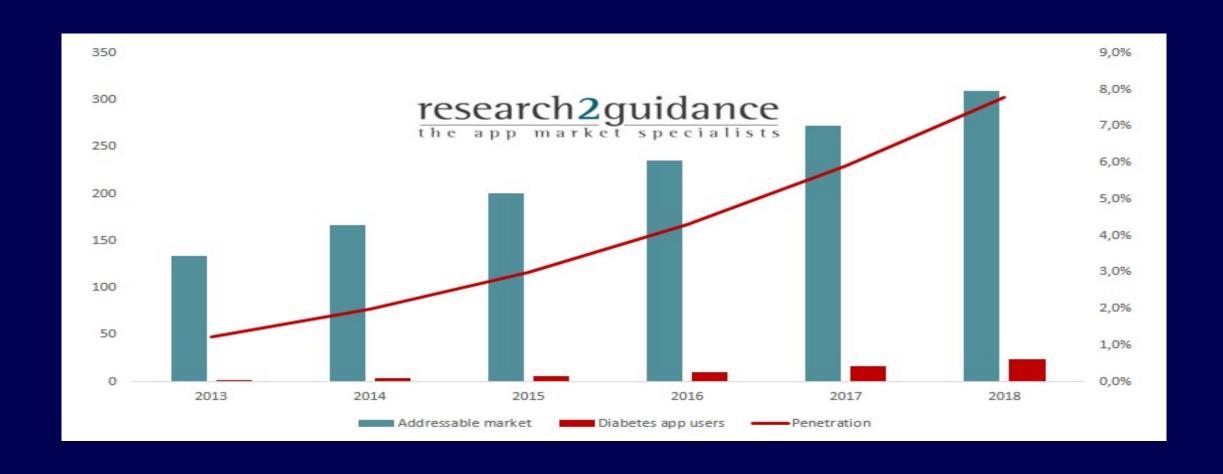
Which Therapy Fields Offer the Best Market Potential for mHealth in the Next 5 Years?



2013: 14 apps = 65% Market Share



Global Penetration of Diabetes App Users Who Have a Capable Device



Limits to Apps

- Many require manual data entry
- Lack tools for behavioral modification (lack gamification)
- Many unproven in terms of sustained outcomes improvements
- No reimbursement to providers for monitoring/use

Bolus Calculator



Pen Delivery of Injectables



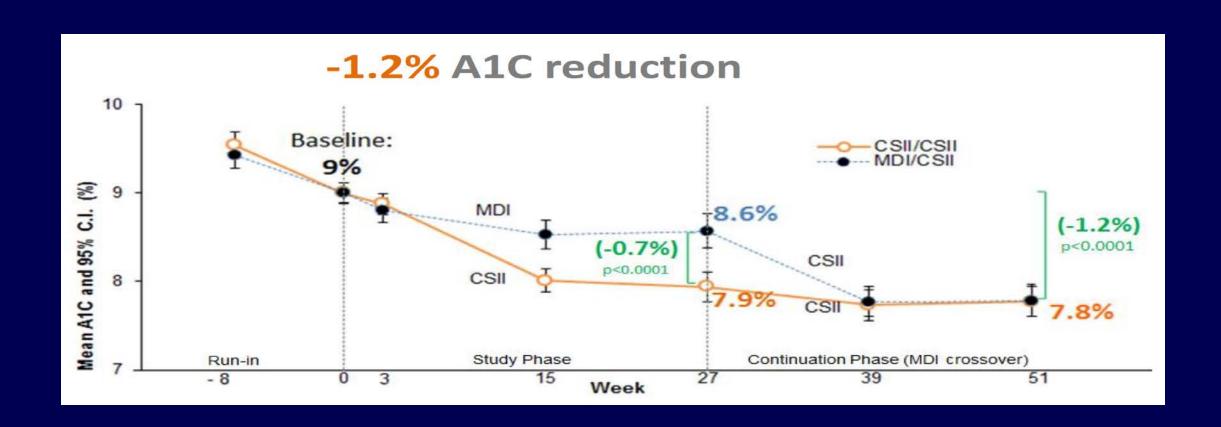
Caps for Pens



Medtronic Pump



Efficacy and Safety of Insulin Pump Therapy in Type 2 Diabetes: The OpT2mise Study (n=331)



TSlim



Pumps: Omnipod



Patch Pumps

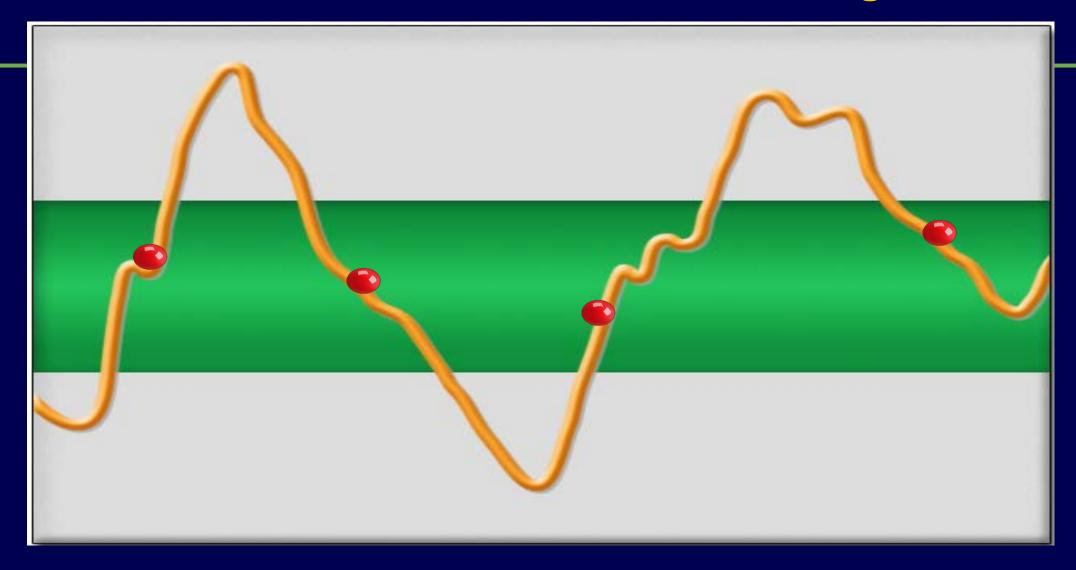


Patch Pumps



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The Value of Continuous Glucose Monitoring



CGM: Dexcom Gen 5



Minimed Connect

How MiniMed Connect Works

For patients, with discreet mobile display of pump and CGM data















Any Internet-enabled device

Remote monitoring for care partners

Pump + Sensor

Uploader

Diabetes Care in 2016

CGM sensor

Continuous glucose monitoring (CGM) sensor is inserted under the skin to continuously measure glucose concentrations in the patient's cells

2 CGM receiver

CGM receiver displays the updated readings as graphs and trends minute-by-minute, and translates the readings from USB to Bluetooth



4 Insulin pump

The CAD communicates with a bodyworn insulin pump that automatically administers the correct insulin dose via a cannula inserted under the skin



3 Control algorithm device (CAD)

Readings are sent to a control algorithm device (CAD) - eg a smartphone, tablet or PC - where an algorithm analyses them and calculates the correct insulin dose, if required



ORIGINAL ARTICLE

Threshold-Based Insulin-Pump Interruption for Reduction of Hypoglycemia

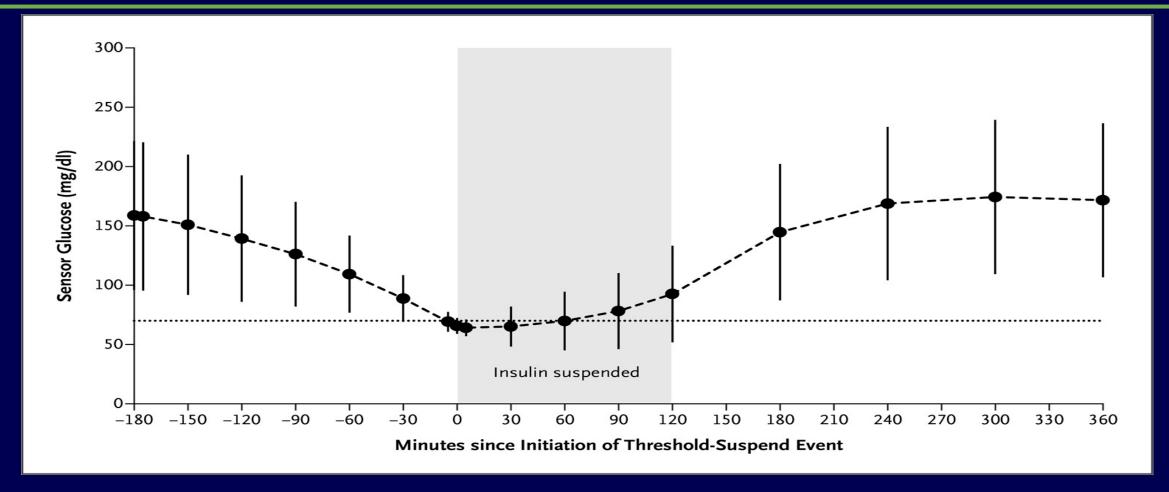
Richard M. Bergenstal, M.D., David C. Klonoff, M.D., Satish K. Garg, M.D., Bruce W. Bode, M.D., Melissa Meredith, M.D., Robert H. Slover, M.D., Andrew J. Ahmann, M.D., John B. Welsh, M.D., Ph.D., Scott W. Lee, M.D., and Francine R. Kaufman, M.D., for the ASPIRE In-Home Study Group*

ABSTRACT

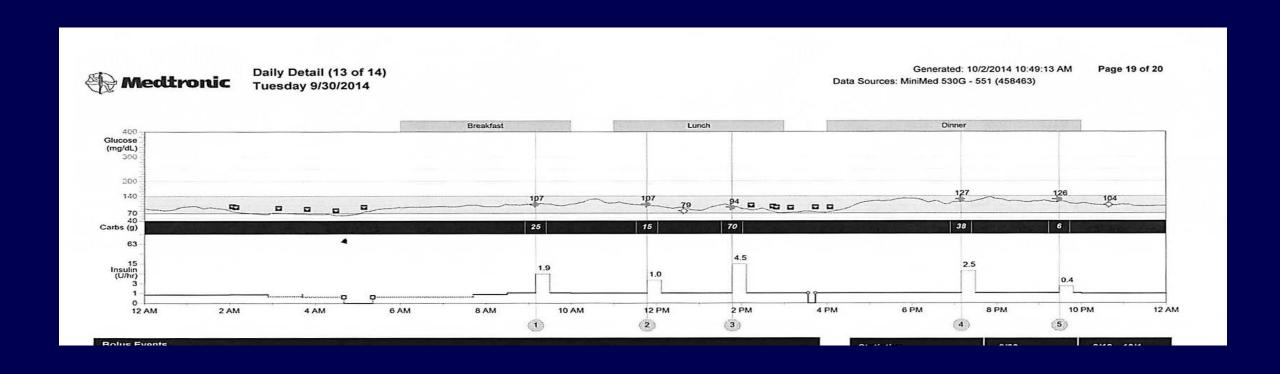
BACKGROUND

The threshold-suspend feature of sensor-augmented insulin pumps is designed to minimize the risk of hypoglycemia by interrupting insulin delivery at a preset sensor glucose value. We evaluated sensor-augmented insulin-pump therapy with and without the threshold-suspend feature in patients with nocturnal hypoglycemia.

Sensor Glucose Values During Threshold-Suspend Events



Patient: Minimed 530G Threshold Suspend



#WeAreNotWaiting vs Big Pump









Bigfoot



Infusion Site Issues: Another Understudied Factor



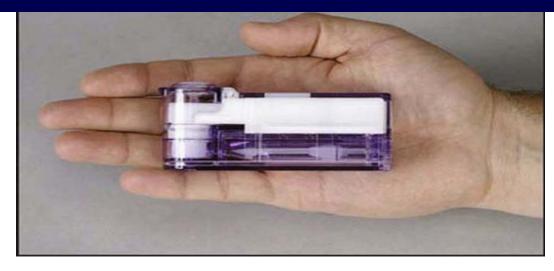


Infusion Site Issues: Another Understudied Factor





Technosphere Inhaler: Initial and Gen2 Device



 C

Dosing of Inhaled Insulin

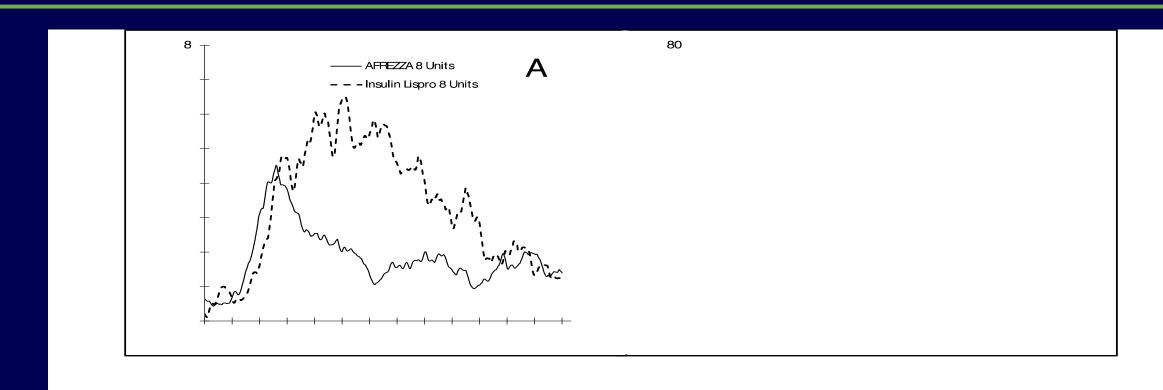
Injected mealtime insulin dose	Afrezza® dose	4 units (blue) Numbe	8 units (green) er of cartridges	12 units (yellow)
Up to 4 units	4 units			
5-8 units	8 units			
9-12 units	12 units	<u></u>	- <u></u>	PR
13-16 units	16 units			
17-20 units	20 units		<u> </u>	+ 👜
21-24 units	24 units			

Inhaled Insulin Label

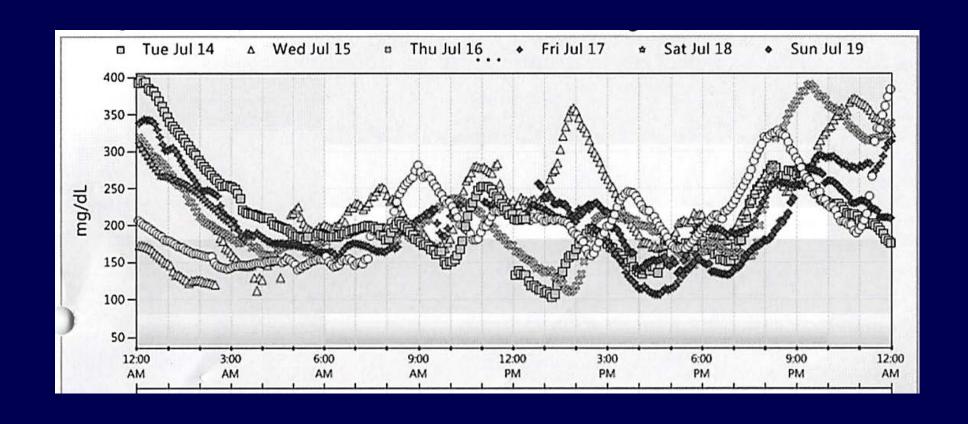
WARNING: RISK OF ACUTE BRONCHOSPASM IN PATIENTS WITH CHRONIC LUNG DISEASE

- Acute bronchospasm has been observed in patients with asthma and COPD using AFREZZA. [see Warnings and Precautions (5.1)].
- AFREZZA is contraindicated in patients with chronic lung disease such as asthma or COPD. [see Contraindications (4)].
- Before initiating AFREZZA, perform a detailed medical history, physical examination, and spirometry (FEV₁) to identify potential lung disease in all patients [see Dosage and Administration (2.5), Warnings and Precautions (5.1)].

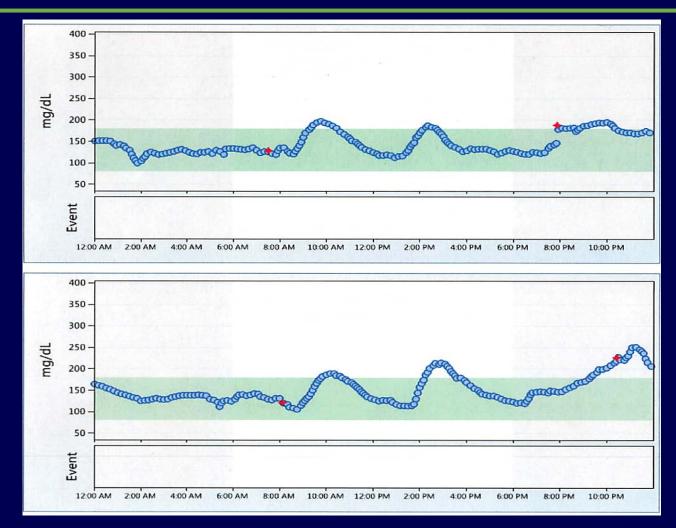
Glucose-Infusion Rate and Serum Insulin Concentrations in T1D



Patient Before



Patient After



Conclusions

- Many opportunities for technology development in the diabetes space
- User/device interface must become effortless and produce meaningful change
- A new system of reimbursement for management will need to be developed
- Provider and patient education vital



Thank you

