

Use of technology now included in standards of diabetes care

13 August 2019



Benefits are associated with ongoing device use.

Real-time CGM used in conjunction with intensive insulin regimens is useful for lowering hemoglobin A1c levels in adults not meeting targets. For adults requiring frequent glucose testing, use of an intermittently scanned continuous glucose monitor can be considered as a substitute for SMBG. Automated insulin delivery systems can be considered for children older than 7 years and adults to improve glycemic control in type 1 [diabetes](#).

"Many other automated systems for [insulin](#) delivery are under investigation, including those that use dual hormones," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Abstract/Full Text](#)

A section on the use of technology in the management of diabetes has been added to the American Diabetes Association Standards of Medical Care in Diabetes; a clinical guideline summary was published online Aug. 13 in the *Annals of Internal Medicine*.

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As part of the development of the 2019 Standards of Medical Care in Diabetes, which aims to provide evidence-based recommendations for the diagnosis and management of diabetes, James J. Chamberlain, M.D., from St. Mark's Hospital and St. Mark's Diabetes Center in Salt Lake City, and colleagues focused on guidance related to use of diabetes technology in adults with diabetes.

The authors recommend the use of self-monitoring of blood [glucose](#) (SMBG) or continuous glucose monitoring (CGM) at specific time points for patients using intensive insulin regimens. Sensor-augmented pump therapy can improve glycemic control without increasing overall or severe hypoglycemia for children, adolescents, and adults.

APA citation: Use of technology now included in standards of diabetes care (2019, August 13) retrieved 19 May 2021 from <https://medicalxpress.com/news/2019-08-technology-standards-diabetes.html>

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