

Glycemic Management of Type 1 Diabetes

Person- and family-centered shared decision-making

Glycemic Targets Should Be Individualized

Glycemic targets are aligned across the lifespan, with an A1C goal of $\leq 7.0\%$. Targets should be individualized using a person- and family-centered approach, and shared decision-making is essential when setting goals. For those using CGM, additional targets are provided.

Continuous Glucose Monitoring (CGM) Targets for glycemic management for most people with Type 1 diabetes

TBR (time below range)		TIR (time in range)	TAR (time above range)	
< 3.0 mmol/L	< 3.9 mmol/L	3.9 - 10.0 mmol/L	> 10.0 mmol/L	> 13.9 mmol/L
< 1.0 %	< 4.0 %*	> 70 % [§]	< 25 %**	< 5 %

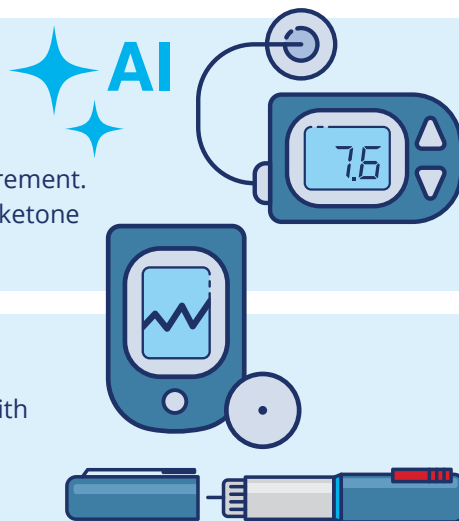
§ Corresponds with an A1C of approximately 7%. Every absolute 10% change in %TIR correlates with 0.5 – 0.8 % change in A1C

*Includes values smaller than 3.0 mmol/L **Includes values greater than 13.9 mmol/L

Glycemic variability $\leq 36\%$ coefficient of variation (CV)

AID Systems Are Preferred

Automated insulin delivery (AID) systems (insulin pump + integrated CGM + algorithm) are the preferred treatment method to optimize glycemia and person-reported outcomes. Accurate Carbohydrate Counting is not a requirement. Regularly review infusion site management, pump reports, pump function, ketone troubleshooting, and sick day management to support optimal AID use.



When AID Not Used, Use CGM with BBI

When AID is not chosen or possible, CGM should be used in combination with basal-bolus injection (BBI) therapy.

Use long acting basal analogues over NPH to reduce hypoglycemia risk and increase time-in-target ranges. Consider ultra-rapid/ultra-long-acting analogues.



Adjunctive Therapies When Needed

Adjunctive therapies may be appropriate to help with person-centred priorities like weight. Shared decision-making should be employed to balance benefits and risks.

Always Be Prepared for Hypoglycemia

Individuals with type 1 diabetes (T1D) should always have access to fast-acting glucose; doses to correct hypoglycemia vary by age and insulin delivery. Glucagon should be prescribed for everyone with T1D.



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