



A Patient View on the Need for Ultra-Rapid-Acting Insulin

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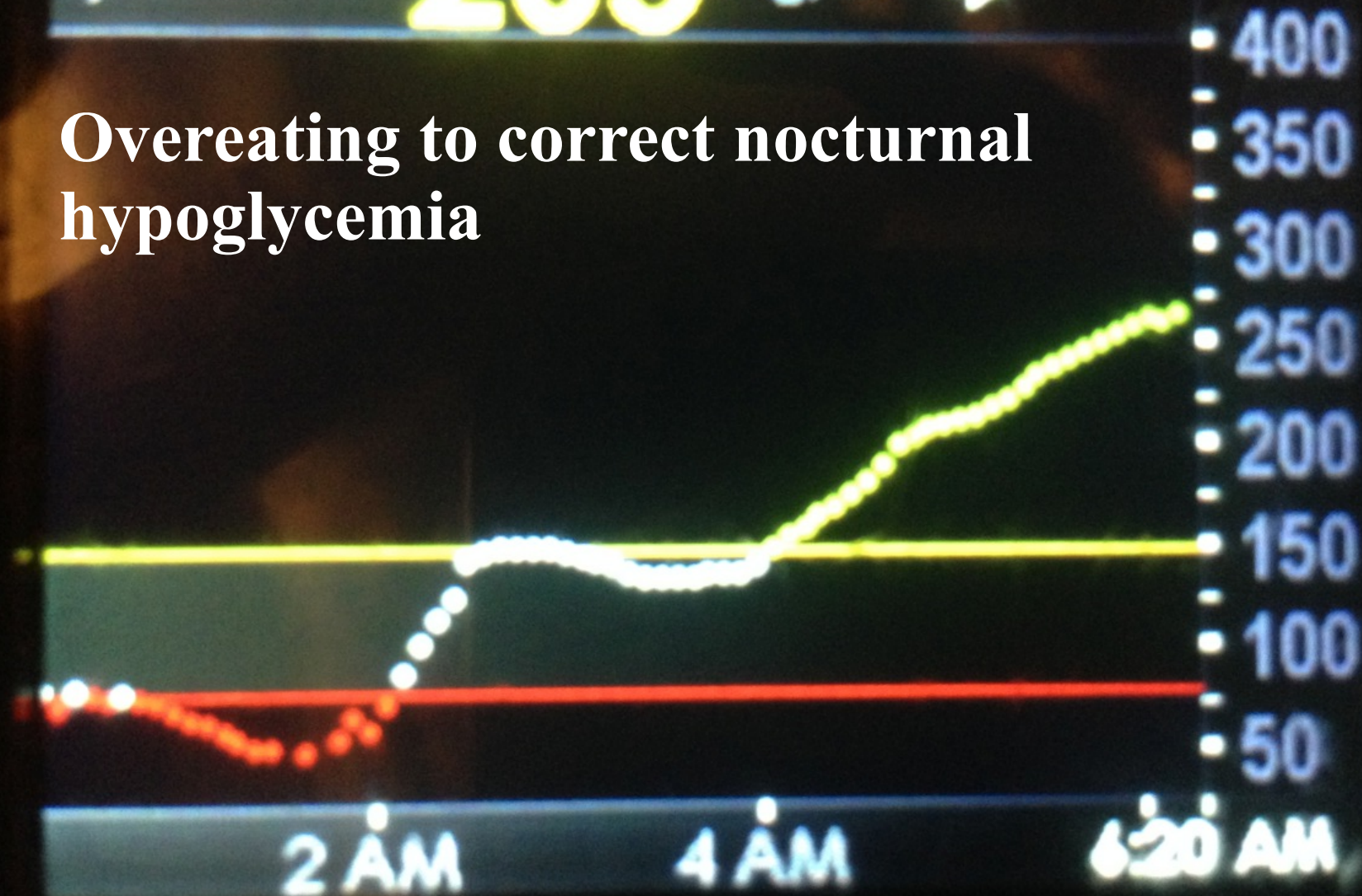
FDA EMDAC Open Public Hearing

April 1, 2014

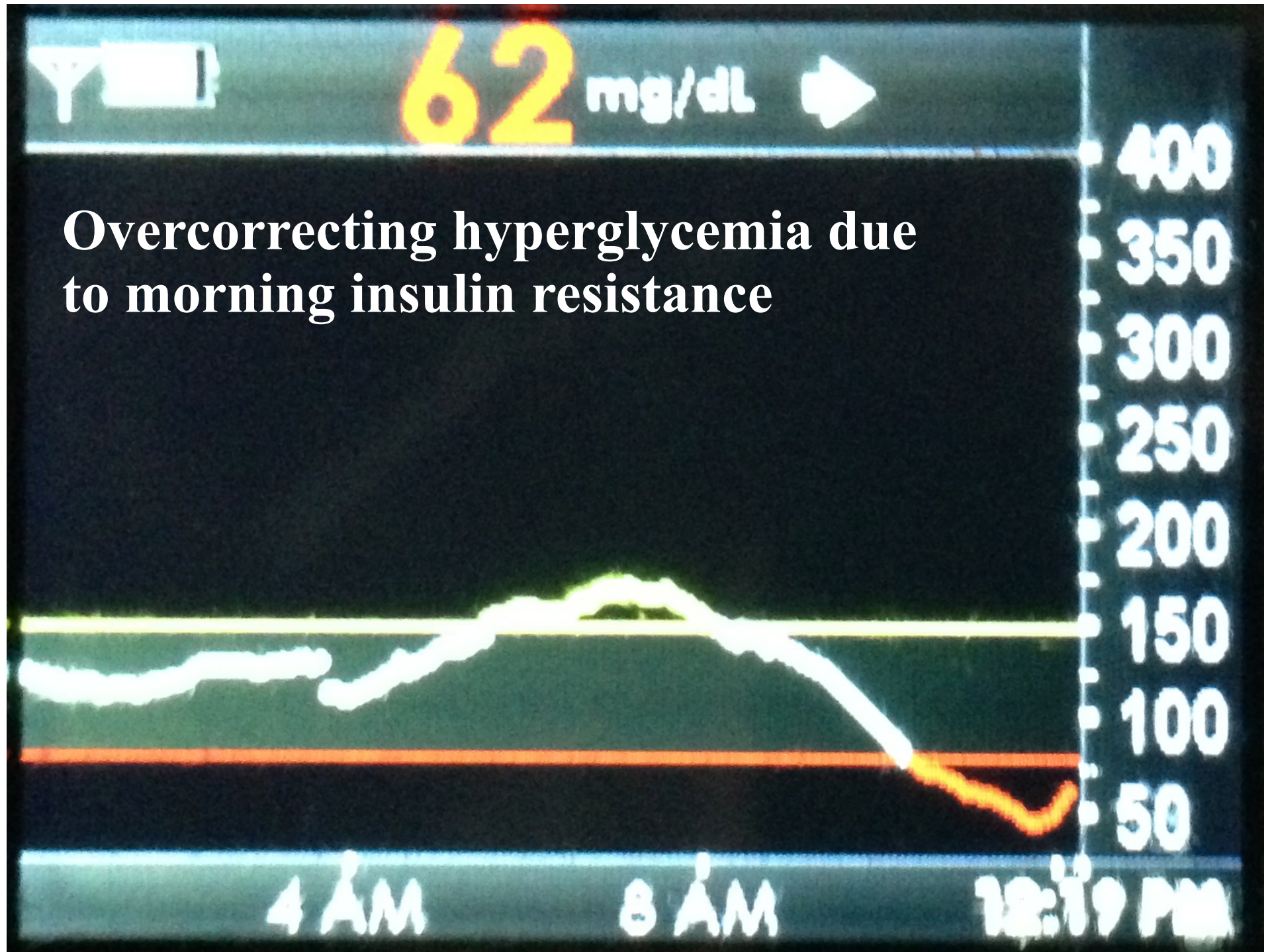


265 mg/dL

Overeating to correct nocturnal hypoglycemia



Overcorrecting hyperglycemia due to morning insulin resistance





A1c isn't everything! We know we can all do better ...

A seven-center, 21-day CGM study found that:

People with type 1 diabetes were found to be
“in the optimal ADA glycemic zone” only

28% of the time,

on average spending over

2 hrs/day in hypoglycemia

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Source: Dr. Bruce Bode, *Diabetes Care* 2005: “Glycemic Characteristics in Continuously Monitored Patients with Type 1 and Type 2 Diabetes.”

Why A1c does not tell the full story...

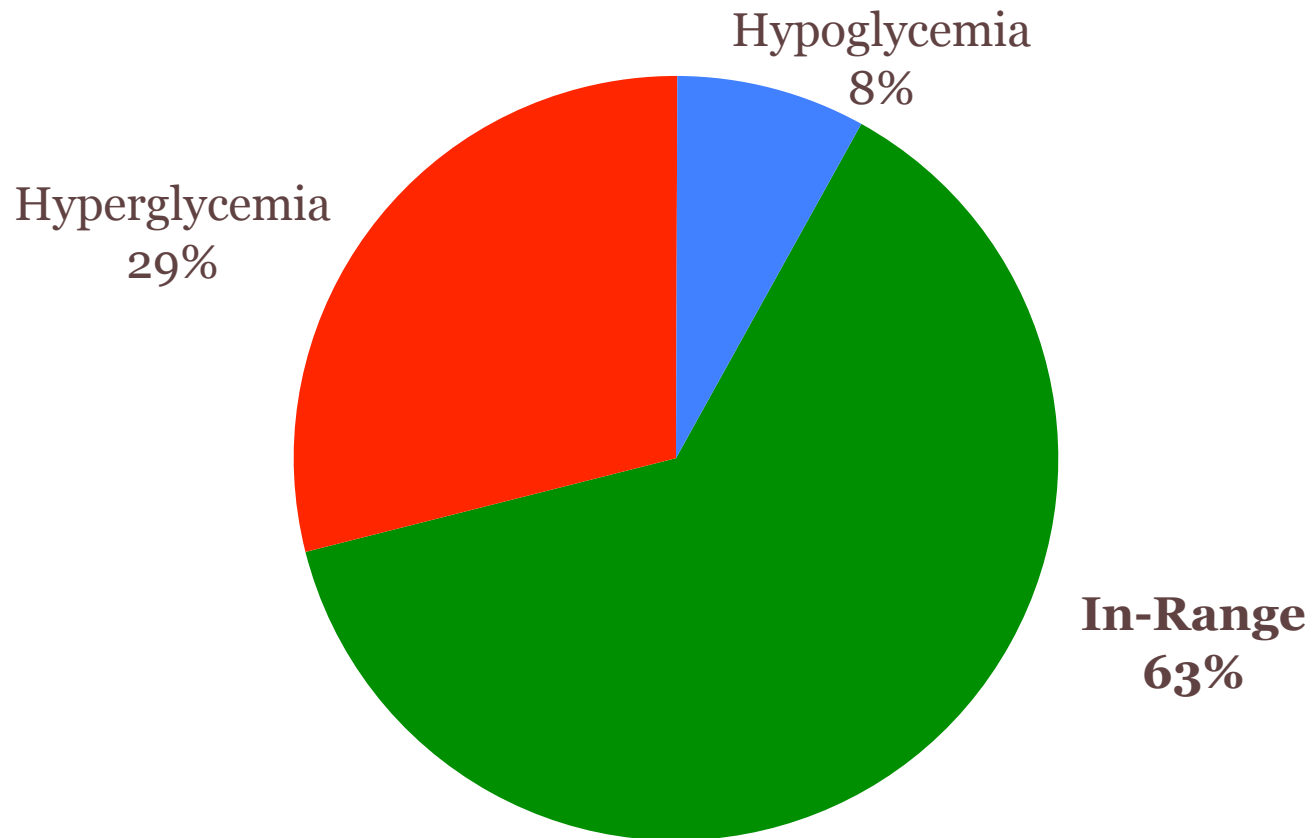
An A1c of 7% = average blood glucose of 154 mg/dl

| Range | Example 1 | Example 2 | Example 3 |
|-----------------|-----------|-----------|-----------|
| < 70 mg/dl | 8% | 24% | - |
| 70-180 mg/dl | 63% | 18% | 100% |
| > 180 mg/dl | 29% | 58% | - |
| Approximate A1c | 7.0% | 7.0% | 7.0% |

But time in range – and thus ‘quality of A1c’ – can be drastically different!

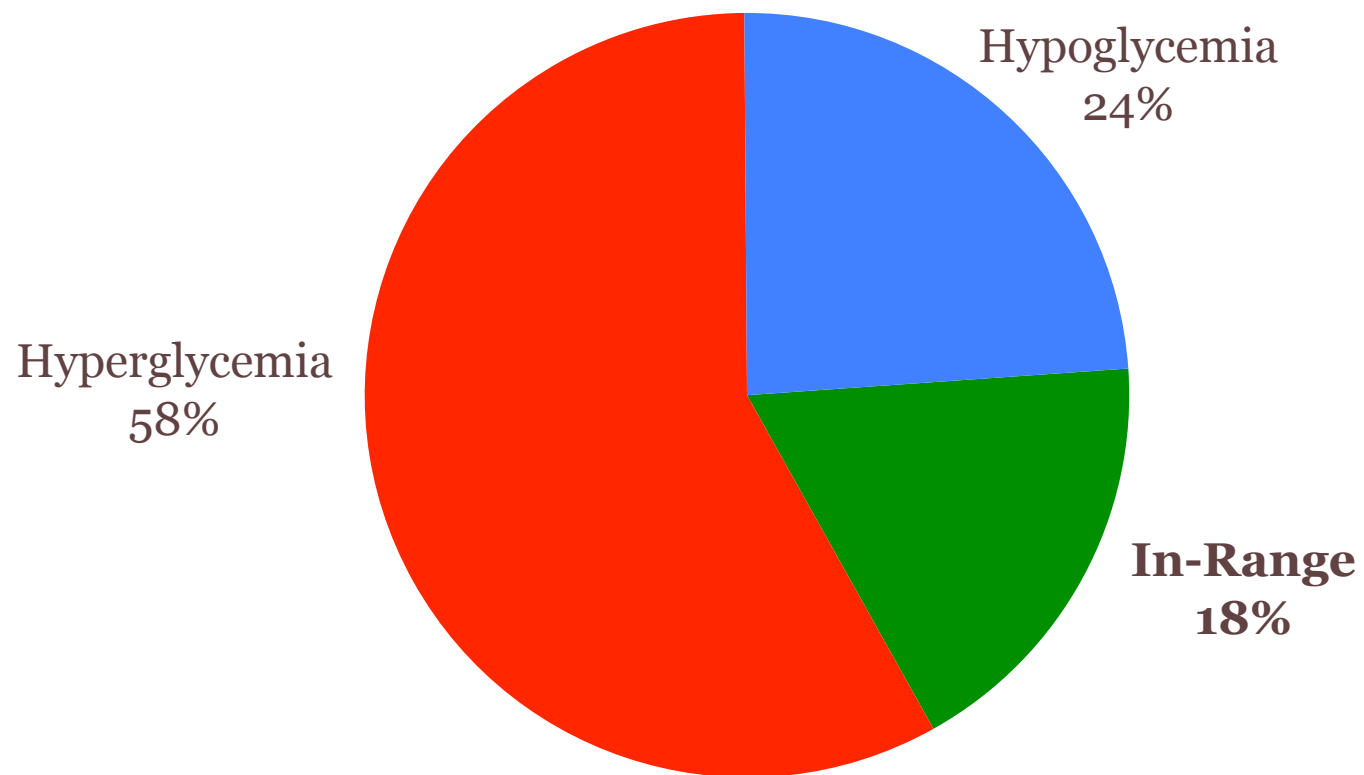
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Example 1 – A1c of 7%



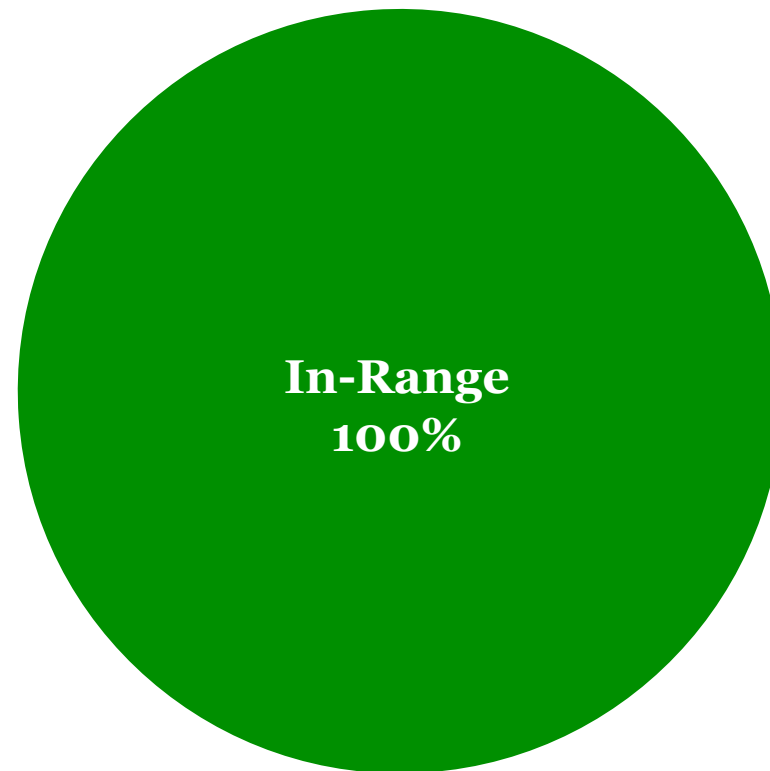
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Example 2 – A1c of 7%



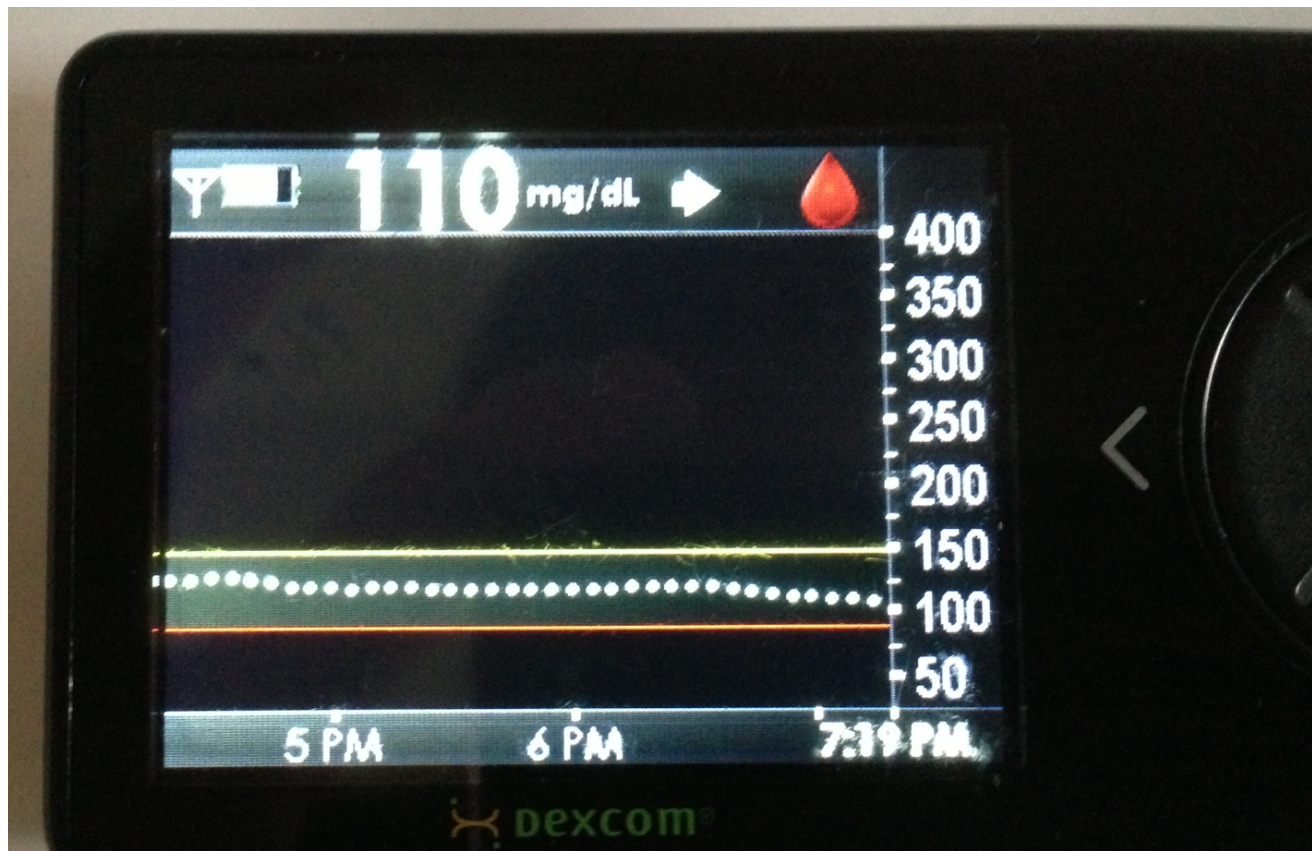
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Example 3 – A1c of 7%



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We Need Therapies That Increase Time in Zone



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Diabetes control requires a million decisions

◀ Thursday 16-17 May ▶



Patients have therapy overload!





There is no one-size-fits-all treatment for diabetes

The diaTribe Patient's Guide to Individualizing Therapy

The American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) recently published a position statement for healthcare providers on individualizing therapy. You can see these at <http://bit.ly/HYSvBD>. (The position statement was written specifically for glucose-lowering medications in type 2 diabetes. However, the principles of individualized therapy are important to consider in type 1 diabetes as well.) With the goal of helping your doctor and/or healthcare team individualize your therapy, here are some questions you might ask of yourself and discuss with your healthcare provider.

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Get Rid of the Treat to Failure Model!



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