



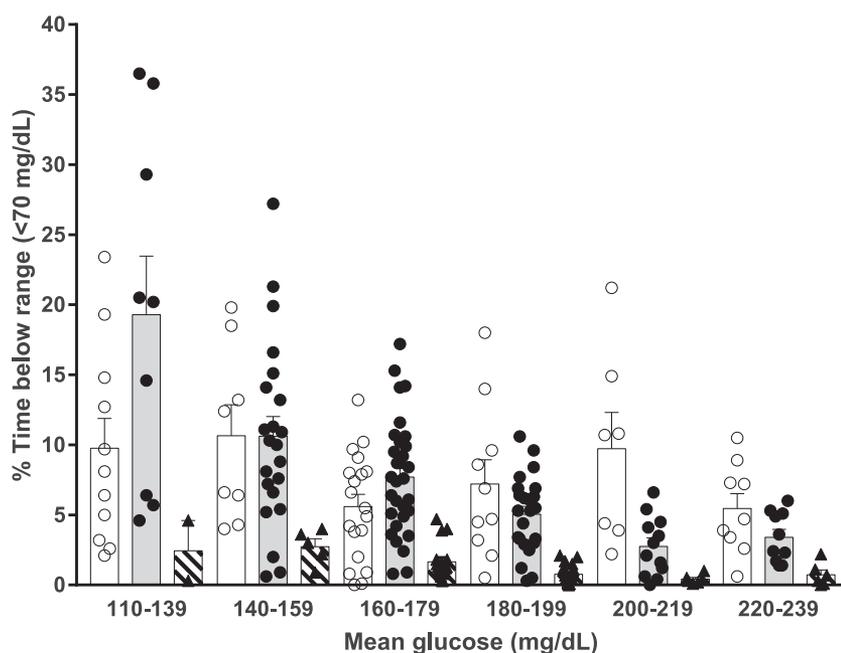
COMMENT ON ŠOUPAL ET AL.

## Glycemic Outcomes in Adults With T1D Are Impacted More by Continuous Glucose Monitoring Than by Insulin Delivery Method: 3 Years of Follow-up From the COMISAIR Study. *Diabetes Care* 2020;43:37–43

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In the January 2020 issue of *Diabetes Care*, Šoupal et al. (1) provided convincing evidence that continuous glucose monitoring (CGM) by itself is superior to self-monitoring of blood glucose in reducing HbA<sub>1c</sub> and hypoglycemia, whatever the type of insulin delivery, i.e., continuous subcutaneous insulin infusion (CSII) or multiple daily injections (MDI). Although we agree with the conclusions that CGM is superior to self-monitoring of blood glucose in reducing hypoglycemia, with comparable time below range for MDI and CSII (5.5% and 5.3%, respectively, in their article), we would like to draw attention to the fact that not all sensor-augmented pumps are equivalent. Pumps with preventive low-blood glucose suspend management (PLGM) provide important clinical benefits in reducing significantly severe hypoglycemia (2), a condition associated with hypoglycemia unawareness. We compared subjects with type 1 diabetes treated with MDI ( $n = 95$ ) and CSII users with an Omnipod pump ( $n = 134$ ) both using FreeStyle Libre CGM system (Abbott Diabetes Care, Witney, U.K.) to individuals equipped with a MiniMed 640G pump (Medtronic, Northridge, CA) with the SmartGuard system ( $n = 61$ ). As shown in Fig. 1, individuals with PLGM-integrated pumps had a dramatic reduction of hypoglycemia across the



**Figure 1**—Percentage of time below range of CGM values according to mean glucose range of subjects with MDI (open bars, open circles), Omnipod pump users (gray bars, filled circles), and subjects with MiniMed 640G pump with SmartGuard and low blood glucose management system (hatched bars, triangles). Each bar represents the mean  $\pm$  SEM of values.

different ranges of blood glucose with a mean time below range of 0.9% in contrast to 7.2% for MDI users and 5.6% for CSII users. An important correlation between hypoglycemic events and mean glucose levels can also be observed in subjects with MDI and CSII in contrast

to individuals with PLGM-integrated pumps. Although it is a higher-cost alternative, PLGM-integrated pump therapy is clearly indicated in individuals at high risk of severe hypoglycemia. As mentioned previously (3), it is therefore essential to refocus our attention

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