

# NUTRITION CONVERSATION STARTER

To help guide shared decision-making with patients using continuous glucose monitors

You downloaded data from your patient's continuous glucose monitor (CGM). Now what? Information from the CGM is shown visually in the time in ranges bar and the Ambulatory Glucose Profile (AGP) report.

The AGP report provides information that will help you better understand your patient's glucose patterns and will help you discuss nutrition and lifestyle modifications your patient can make to improve their time in range (TIR; % time with glucose 70-180 mg/dL). Every 5% improvement in TIR is clinically meaningful.

Guidance should be provided through shared decision-making and should be individualized to the patient based on personal and cultural preferences, access to healthy food, and willingness to make changes.

## Steps to Review the AGP report:

### 1. Do we need to take action?

- Review your patient's time in ranges compared to the targets. Targets are: < 4% time with glucose < 70mg/dL and > 70% with glucose 70-180 mg/dL → The goal is More Green, Less Red
- Review the AGP → the goal is a profile that is Flat, Narrow, and In-Range (FNIR)

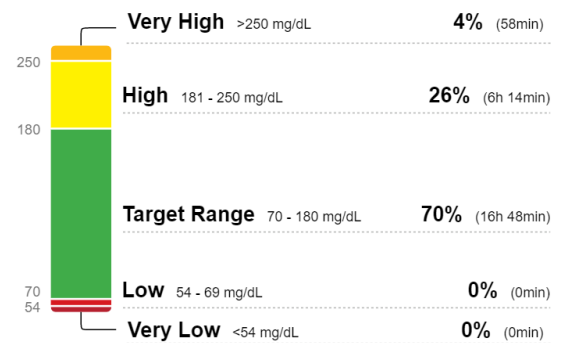
### 2. Where is action needed?

- Discuss dips < 70 mg/dL, peaks > 180 mg/dL, and areas of more variability on the AGP
- Discuss when the patient wakes up, goes to bed, eats, takes diabetes medications, and exercises, and how these may impact what you see on the AGP report

### 3. What is the action plan?

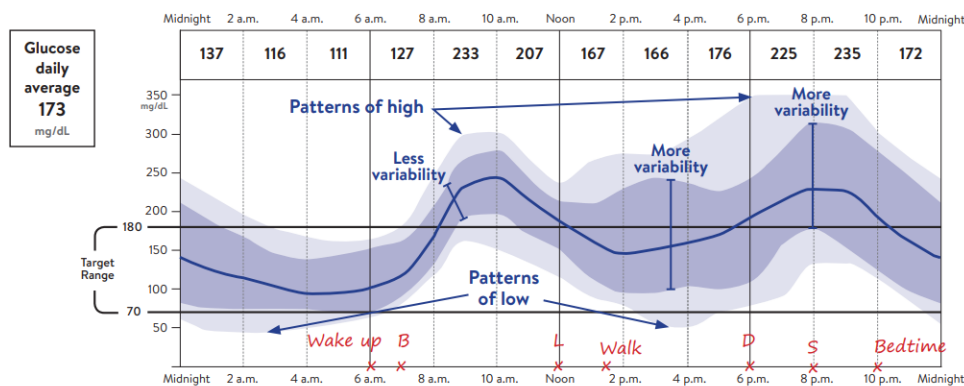
- Focus on shared decision-making with the patient. Support your patient in identifying healthy and realistic changes (1-2 changes at a time) that are specific (when, what, how often).

Ranges And Targets For	Type 1 or Type 2 Diabetes
<b>Glucose Ranges</b>	<b>Targets % of Readings (Time/Day)</b>
Target Range 70-180 mg/dL	Greater than 70% (16h 48min)
Below 70 mg/dL	Less than 4% (58min)
Below 54 mg/dL	Less than 1% (14min)
Above 180 mg/dL	Less than 25% (6h)
Above 250 mg/dL	Less than 5% (1h 12min)
Each 5% increase in time in range (70-180 mg/dL) is clinically beneficial.	



### Ambulatory Glucose Profile (AGP)

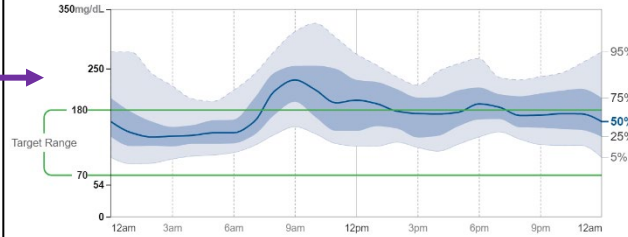
27 February 2018 – 11 March 2018 (\*13 days combined into a single 24-hour day)



## Example questions based on AGPs:

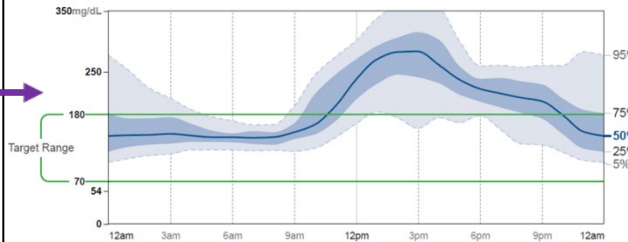
### Area of Focus: Breakfast

I notice a rise in glucose around 6-9 am. What do you think causes this? What do you think would happen to your glucose if you reduced the portion of cereal or toast at breakfast? How would you feel about exploring what happens to your glucose if you added some protein to your morning meal?



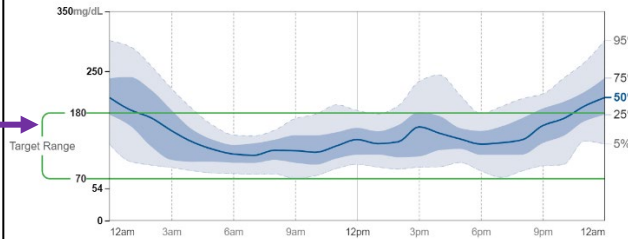
### Area of Focus: Midday

It looks like there is a consistent midday spike. Have you noticed particular foods and/or portions that are different during this time or are there snacks afterward? How does this meal compare to your other meals? Is there a difference in your activity in the midday? What do you think you could you change to see if it brings your glucose into the target range of 70-180mg/dL?



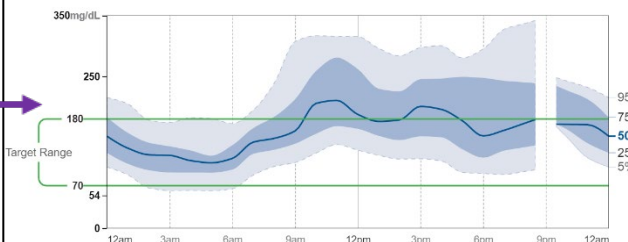
### Area of Focus: Evening

Describe your evening meal/snacks. Would you consider substituting some of your usual foods for ½ plate of non-starchy vegetables? What do you think would happen if you added in a walk after your evening meal?



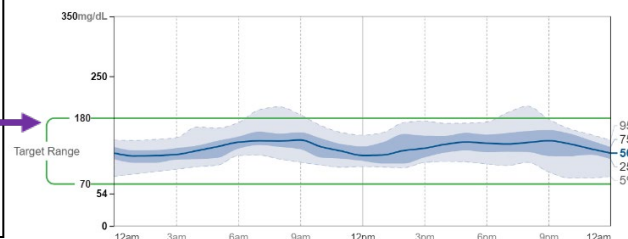
### Area of Focus: Variability

It appears there is quite a bit of variability throughout the day. What have you noticed with your meals/snacks and their effect on your glucose? What do you think you could try to help reduce this?



### Area of Focus: Improvement

I see less variability today compared to your last visit. The glucose levels look flatter, more narrow, and more in range. Tell me about the changes you are making.



## Tips for supporting nutrition changes:

Ask patients what changes they are willing to make to their usual food and beverage choices.

Ask what barriers get in the way of making nutrition changes.

Suggest keeping a food log to determine which choices impact glucose the most. Encourage checking sensor glucose before and 1-2 hours after the meal to assess the change in glucose.

Suggest reducing the portion of foods that raise glucose > 180 mg/dL and adding in healthy foods that do not raise glucose as much.

Encourage replacing sugar-sweetened beverages with sugar-free beverages, or ideally water.

Suggest replacing processed foods with non-starchy vegetables; instead of fries or chips, try a side salad.

Pick one meal per week to focus on; try different foods throughout the week. Ask your patient to identify which foods work best to keep glucose 70-180mg/dL.