

Optimising mylife CamAPS FX

A structured approach

Review the Glooko $\ensuremath{\mathbb{B}}$ statistics or the PDF report from the mylife CamAPS FX app

- Review time in range (TIR) and time below range (TBR) over past 14–30 days: target > 70 % TIR and < 4 % TBR (This target needs to be individualised). Some vulnerable people (e.g. frail, older or very young) with a higher risk of hypos may be asked to aim for > 50 % TIR with < 4 % TBR)
- Number of boluses per day (any missed ones?)
- % time spent in closed-loop & Continuous Glucose Monitoring (CGM) use (higher % time = better outcomes)

Revisit the insulin to carbohydrate ratio (ICR)

- Accurate carbohydrate counting and pre-meal bolus timing are essential to correctly evaluate the ICR
- Review glucose profile at breakfast/lunch/dinner separately:
- if post-meal hypos/algorithm shutting off, suggests ICR is too strong
- if post-meal high closed-loop insulin delivery (± late post-meal hypo), suggests ICR is too weak
- Reviewing total daily dose (TDD) can be helpful to estimate the anticipated ICR
- Recalculate 400 rule (300 rule in young children and adults with periods of insulin resistance)

Review the bolus timing

- Review timing of glucose rise in relation to bolus delivery
- Ideal bolus timing: 10–15 minutes before eating (5–10 minutes for ultra-rapid insulins)







Review the hypo/hyper treatment

- Review how to use the "Add meal" function to notify the algorithm of a hypo treatment
- Over-treating hypos: review if there are any rebound highs after a hypo
- Over-correcting highs: review if any hypos are caused by manual corrections via the bolus calculator Consider using "Boost" mode as a safer way to manage highs
- Recalculate 100 rule. Correction factor, active insulin time and glucose target programmed on the mylife CamAPS FX app is used to calculate dose of manual corrections
- Review number of alarms (burden) and alert settings

Review the use of "Ease-off" and "Boost" modes

- Review if "Boost" and "Ease-off" used for odd times when insulin resistance (e.g. illness) or insulin sensitivity (e.g. activity) occurs or if used too often or not enough
- Consider reviewing personal glucose target (main menu "Settings") if there is a need to use "Boost" and/or "Ease-off" too often

Review the CGM ambulatory glucose profile (AGP)

- Look for periods of the day with frequent hypos or highs
- Look at variability (target CV < 36 %, SD < 3 mmol/L (54 mg/dL))
- High variability may be due to:
 - infusion site absorption issues (lumpy sites/cannula issues)
 - delayed infusion set change (set "pump fill" alert on app as reminder)
 - lack of pre-meal or snack bolusing/inaccurate carb counting

Review the entered body weight and TDD

- Check body weight (kg) and update app (main menu "Settings")
 - Children: every three months
 - Adults: 6-12 monthly (if weight stable)
 - Pregnancy: every four weeks
- Check pre-programmed pump basal and optimise for open-loop. Use expected % of TDD for age to estimate pump basal, not "basal" (i.e. algorithm insulin delivery) % on statistics report

Note: Please discuss all the above recommendations and measures with your diabetes team.

rtCGM: real time continuous glucose monitoring

mylife YpsoPump and CamAPS FX are class IIb devices. Only rapid-acting insulin at a concentration of 100 U/ml (insulin analogue) may be used with the mylife YpsoPump system. Always read the label and use only as directed. Consult your healthcare professional to see if these products are right for you.

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 $\square \hspace{-0.5mm}$ For safety information on mentioned products, see Instructions for Use.

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