

Barts Health NHS Trust



Stick with what we know or try something new? Considering closed loop technology and high risk diabetes patients

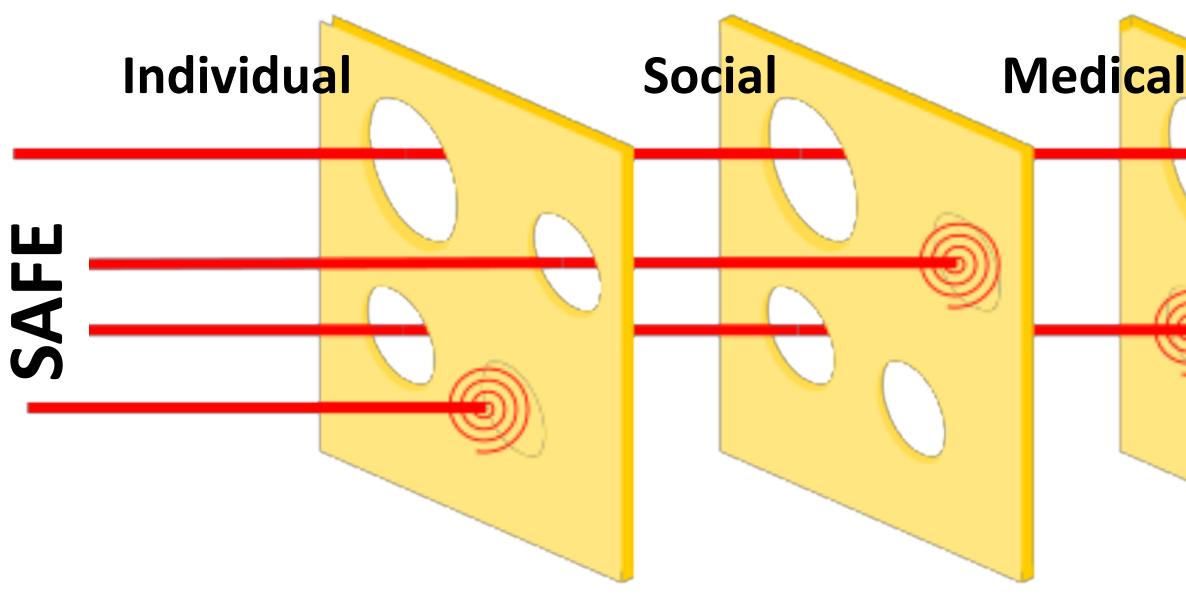
DTN, 14th March 2025

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How we conceptualise and catergorise risks What factors suggest potential issues Four cases to think about



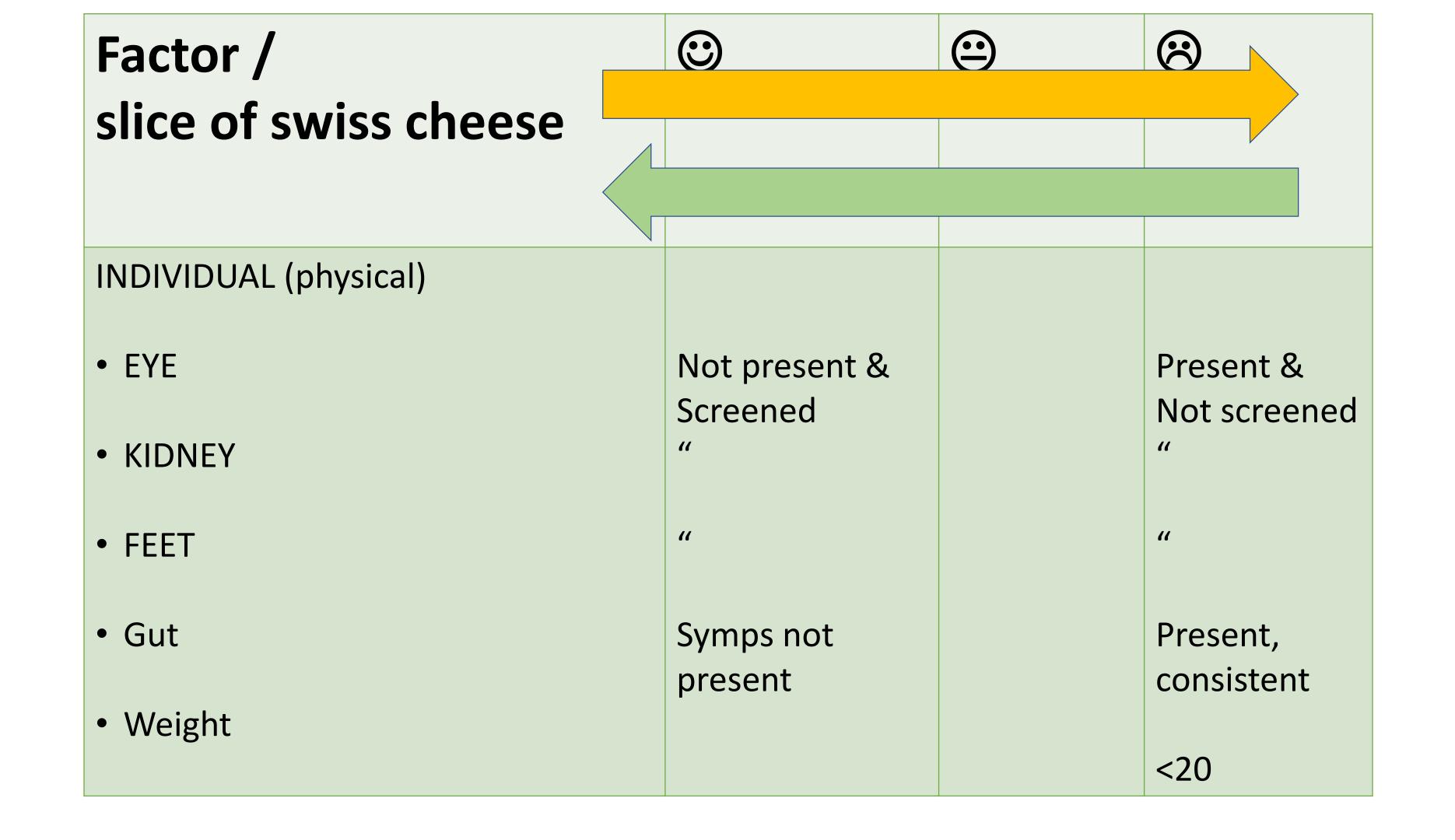
SWISS CHEESE MODEL:

safety model where systems weaknesses align leading to potential harm

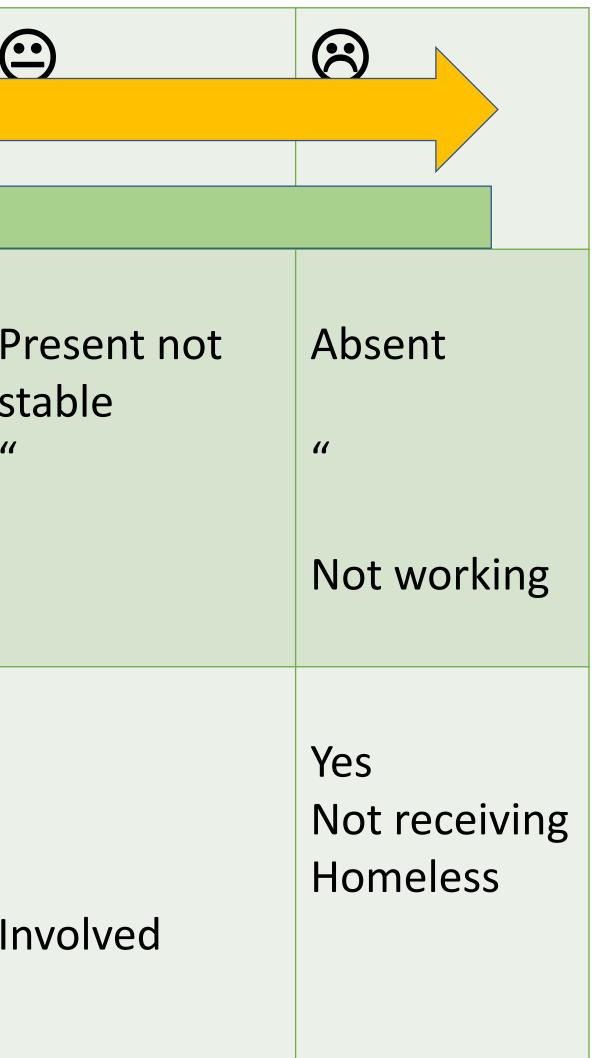
However, one layer influences weaknesses to occur in other layers

Lia ission eath

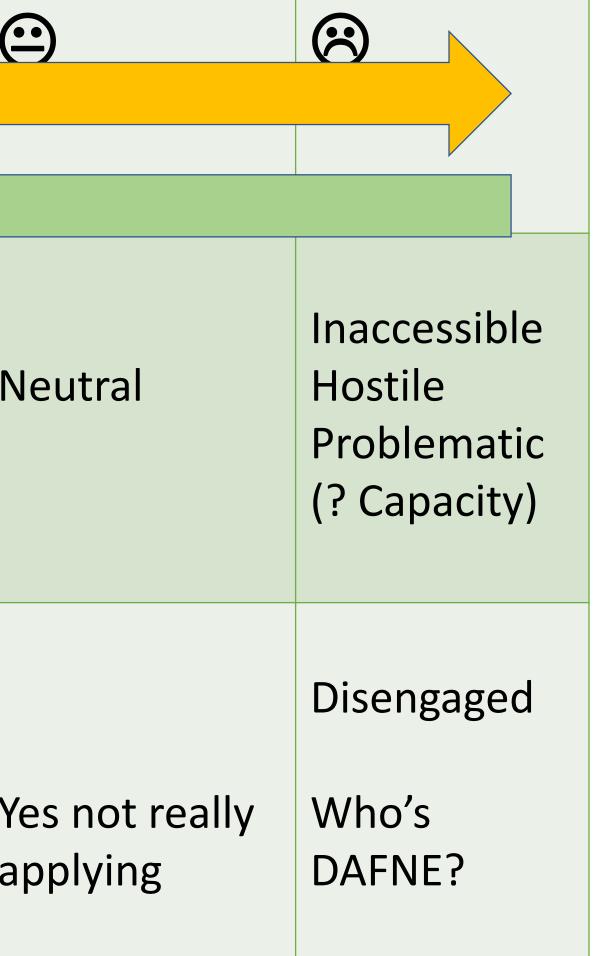
Factor /			8
slice of swiss cheese			
INDIVIDUAL (psychological)			
• Trust	Some	Little	None
• Mood	OK	Low or \updownarrow	Very low / \updownarrow
 Wt/shape core beliefs 			What prob?
 Suicidality 	None	Occasional	Persistent
 Self-destructiveness 	"	"	11
Recklessness	"	"	11
 Capacity* 	Present	Fluctuating	Ab/Unrec
INDIVIDUAL (behavioural)			
 Eating and drinking patterns 			High sugar
• Sensor	On, working	On, no data	???
• BM	(alternative)	Some data	No data
• SA	Some	Little / none	None / SB
• LA	Mostly	Some	Little / none
• (Pump / HCL)	On, working	On, oh dear	On?

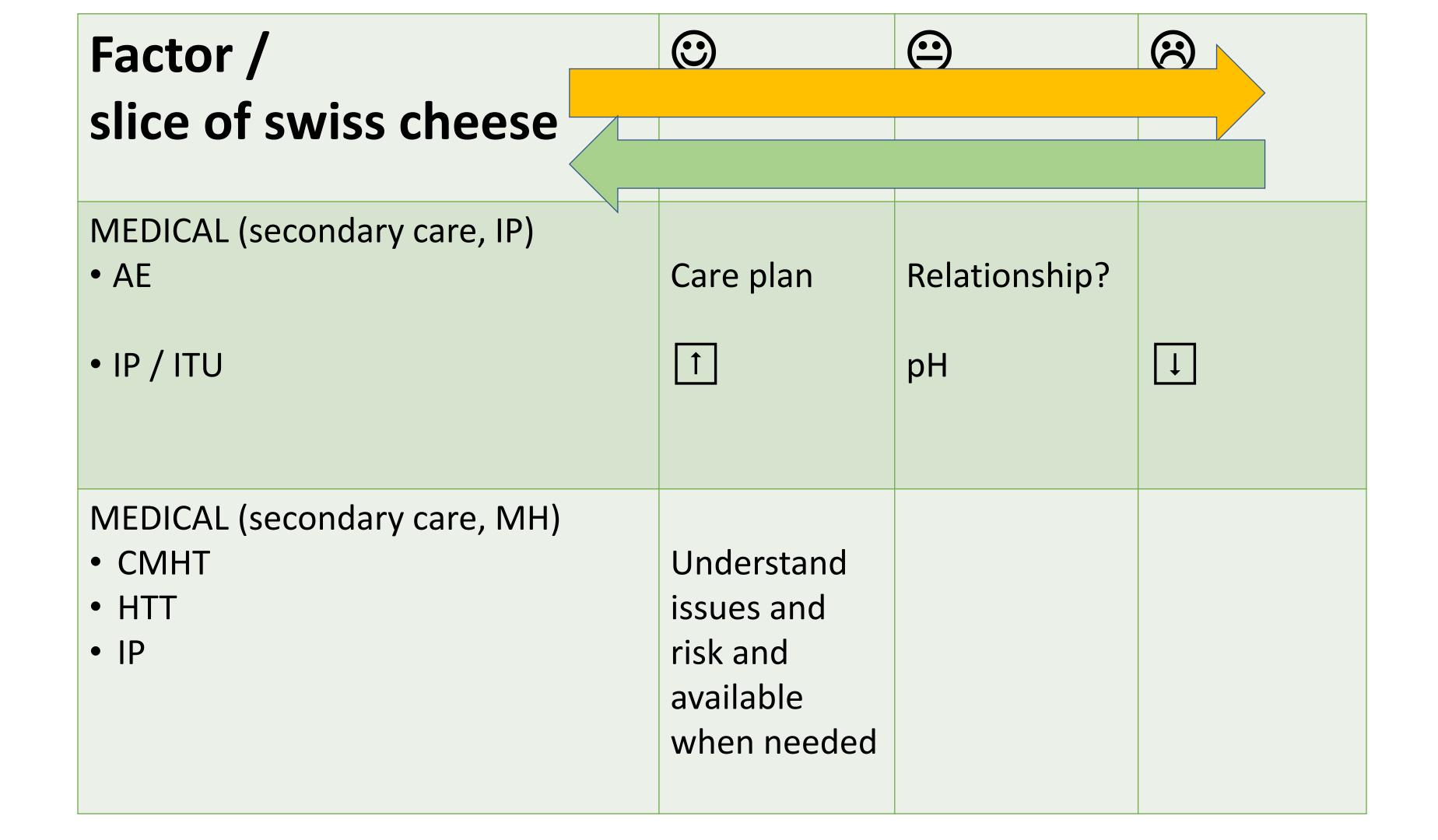


Factor /		(
slice of swiss cheese		
SOCIAL (RELATIONSHIPS) • Family / Partner • Friends	Present & stable	P S'
• Work	In work	
 SOCIAL (CARE) Care leaver Money (UC / PIP) Housing Adult social care 		Ir



Factor /		(
slice of swiss cheese		
 MEDICAL (Primary care) Access Relationship Prescriptions District nurses 	Accessible Positive	
 MEDICAL (Secondary Care, OP) Nurses Doctors Dieticians, structured education Psychologists 	Yes applying	Y

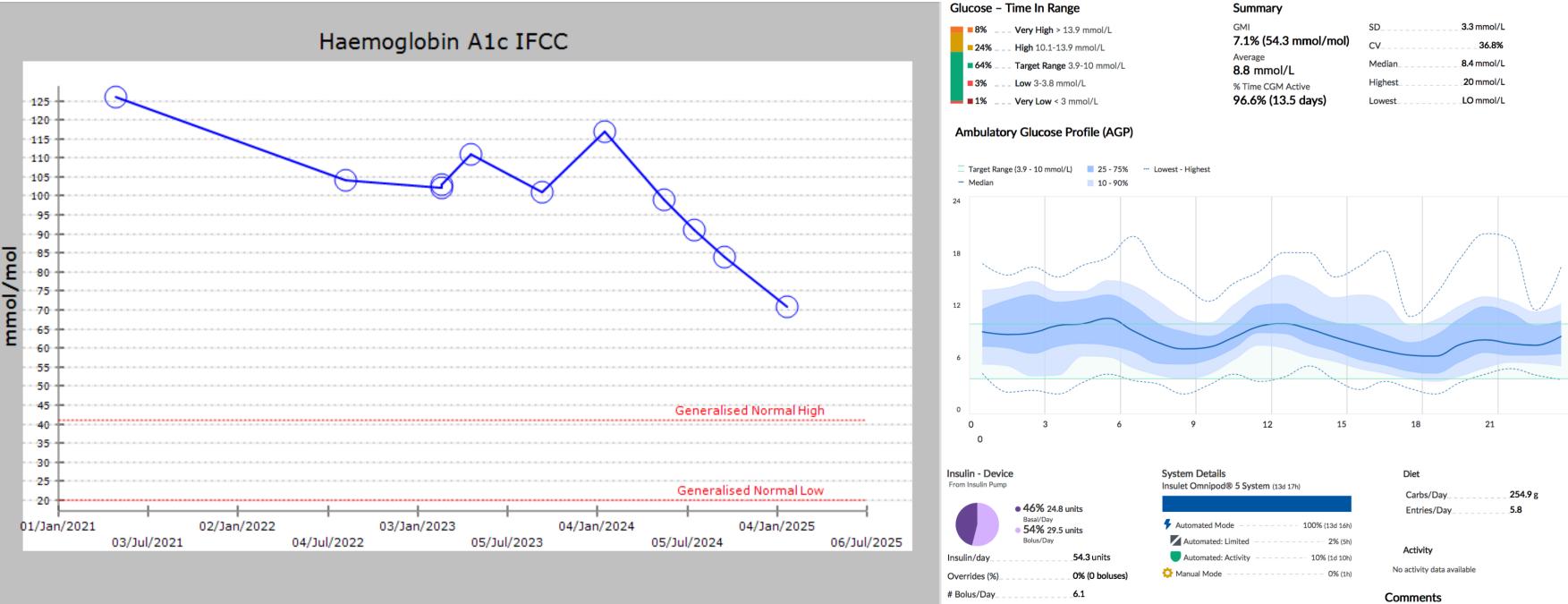




Case 1.

19 year old, non-white British, struggles with trust and affect regulation Long standing diagnosis T1D, new to service A1c 120 20+ DKA in approximately 24 months including 4 ITU admissions Living with mum and brother Didn't finish secondary school Recent DAFNE

What more would you like to know



GMI	SD 3.3 mmol/L
7.1% (54.3 mmol/mol)	CV 36.8%
Average 8.8 mmol/L	Median8.4 mmol/L
% Time CGM Active	Highest20 mmol/L
96.6% (13.5 days)	LowestLO mmol/L

Automated Mode – – – – – – 100% (13d 16h)
Automated: Limited 2% (5h)
Automated: Activity – – – – – – – 10% (1d 10h)
🛟 Manual Mode 0% (1h)

Case 2.

Lady in late 30s with autism diagnosis T1D diagnosis for approx. 5 years A1c 105

20 admissions over prior 12 months to another hospital, approximately half DKA, mild presentations and quickly improved

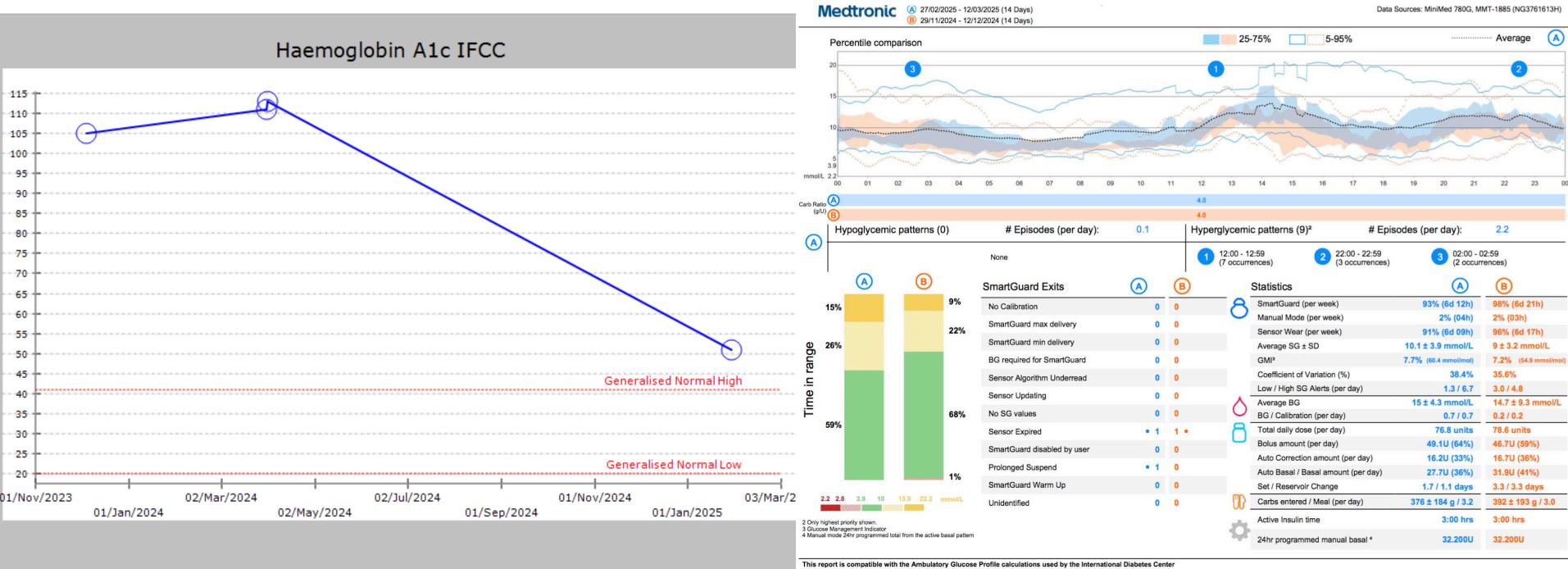
Living with mum and dad

Completed secondary school, but limited GCSEs/qualifications

Limited carb counting

What more would you like to know

Case 2.

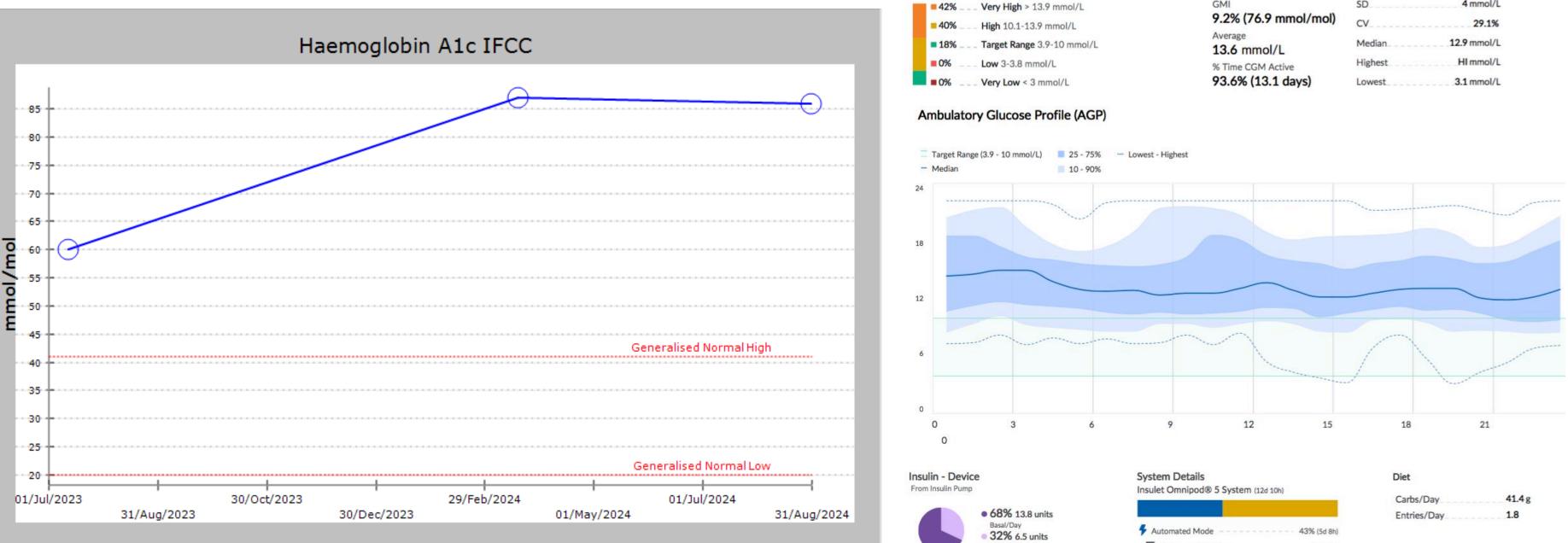


Data Sources: MiniMed 780G, MMT-1885 (NG3761613H)

Case 3.

Lady in mid 40s no prior mental health diagnosis Diagnosis 10 years A1c 60 No admissions Living alone for last 6 months University degree, department lead in large company DAFNE equivalent near to diagnosis

Case 3.



Today: 12 March 2025

lucose – Time In Range	Summary		
42% Very High > 13.9 mmol/L	GMI	SD	4 mmol/L
40% High 10.1-13.9 mmol/L	9.2% (76.9 mmol/mol)	CV	29.1%
18% Target Range 3.9-10 mmol/L	Average 13.6 mmol/L	Median	12.9 mmol/L
0% Low 3-3.8 mmol/L	% Time CGM Active	Highest	HI mmol/L
■ 0% Very Low < 3 mmol/L	93.6% (13.1 days)	Lowest	3.1 mmol/L

Bolus/Day

Insulin/day

Overrides (%)

Bolus/Day

2.4

	Insulet Omnipod® 5 System (12d 10h)	
units		
nits	Automated Mode 43% (5d 8h)	
	Automated: Limited 3% (10h)	
20.3 units	Automated: Activity 1% (3h)	
3% (1 boluses)	🔅 Manual Mode 57% (7d 2h)	

Carbs/Day	41.4g
Entries/Day	1.8

Activity

No activity data available

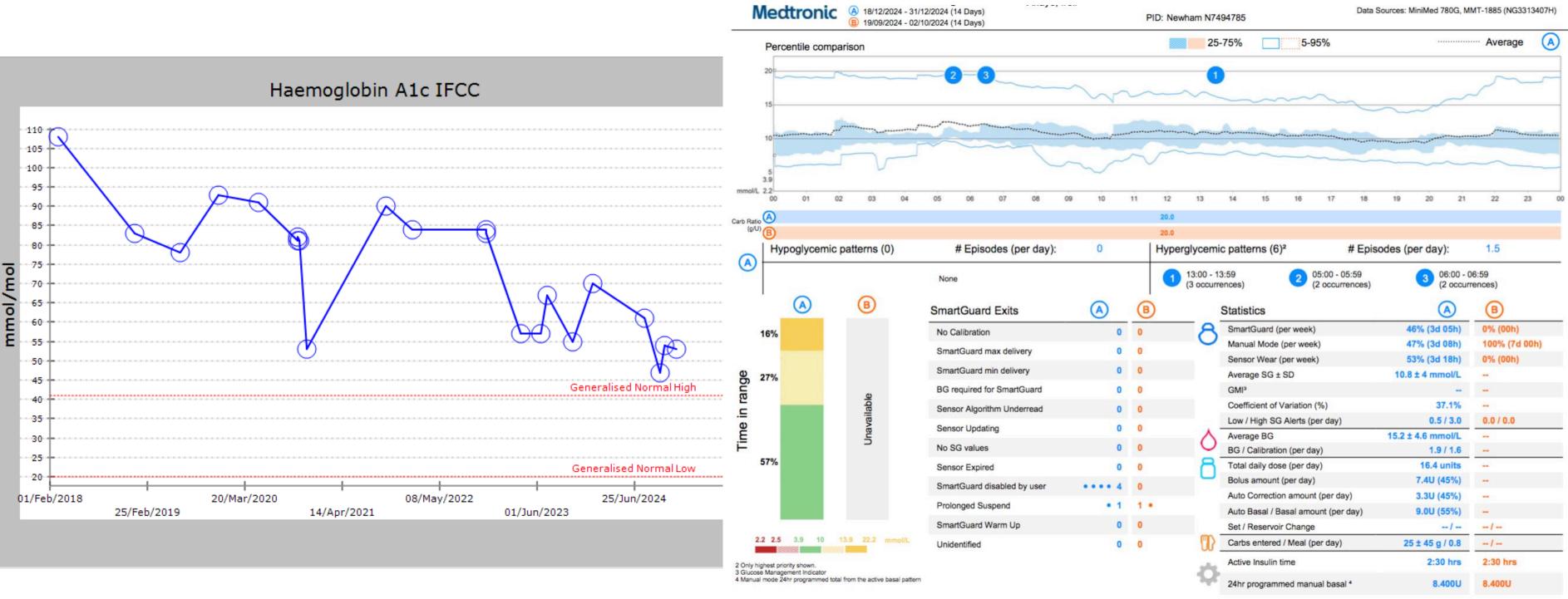
Comments

Case 4.

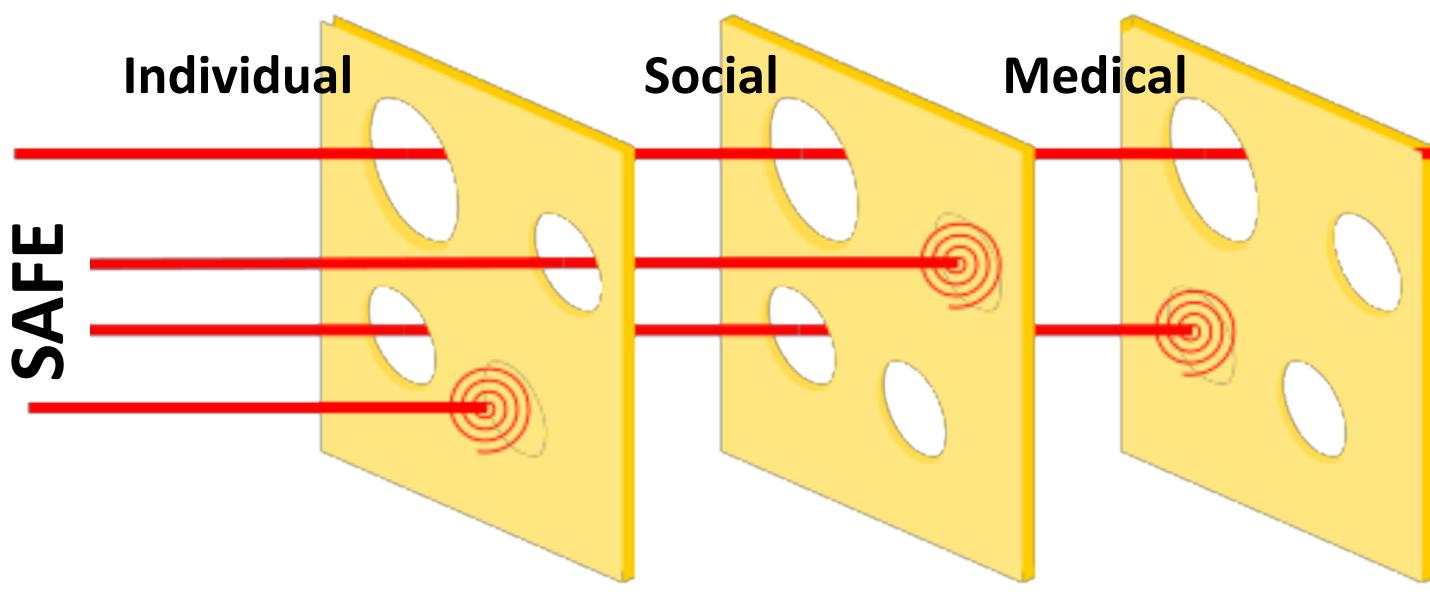
Lady in mid-twenties T1D for 10 years A1c 80 Recurrent sickness admissions for 8 months, no DKA Living alone in temporary accommodation EGFR 30-40

What more would you like to know

Case 4.



This report is compatible with the Ambulatory Glucose Profile calculations used by the International Diabetes Center



What are risks if pump, detailed thinking What are risks if no change is made Who is around the person What is actually going on for person

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Thank you