INCIDENCE AND FACTORS ASSOCIATED WITH RESTORATION OF HYPOGLYCAEMIA AWARENESS IN ADULTS WITH TYPE 1 DIABETES TREATED WITH HYBRID CLOSED-LOOP IN THE UNITED KINGDOM



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Background and aims:

The NHS England hybrid closed loop (HCL) pilot provided access to HCL for adults with type 1 diabetes (T1D), managed with an insulin pump and intermittently scanned glucose monitoring, continuous with a HbA1c \geq 69mmol/mol (8.5%). We assessed the incidence and influencing of factors hypoglycaemia awareness (HA) restoration in those with impaired awareness of hypoglycaemia (IAH) from the pilot.

Methods:

Anonymised baseline and follow-up data were collected via the ABCD audit tool. We performed logistic regression on several variables.

Figure 1. Restoration of hypoglycaemia awareness after HCL initiation

% of population with IAH at baseline

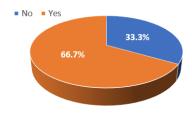


Table 1. Associations between various characteristics and restoration of hypoglycaemia awareness

Variable	Univariate	
	OR	P-Value
Age	0.97	0.16
Gender, Female	0.19	0.035
Ethnicity, White British	0.55	0.49
Multiple deprivation index	1.2	0.15
Diabetes duration	0.97	0.23
Duration of insulin pump therapy at baseline	0.97	0.50
Total daily dose of insulin (baseline)	1.01	0.26
HbA1c, mmol/mol (baseline)	0.98	0.40
Time in range, % (3.9-10mmol/L or 70-180mg/dL) (baseline)	1.01	0.50
Time below range, % (<3.9mmol/L or <70mg/dL) (baseline)	1.09	0.40
% coefficient of variation (baseline)	1.06	0.13
Number of sensor scans/day (baseline)	1.06	0.43
Gold score (baseline)	0.53	0.016
Diabetes distress scale score (baseline)	0.81	0.27
% time in closed loop	1.003	0.88
Change in HbA1c from baseline, mmol/mol	1.02	0.45
Variable	Multiple	
	OR	P-Value
Gender, Female	0.12	0.013
Gold score (baseline)	0.43	0.005

Results:

- 78 Individuals (24 centres) with IAH (Gold ≥4) at baseline, with paired baseline and follow-up Gold score data were included.
- 76.9% female; 79.5% White; age 39.8 ± 13.9 years; diabetes duration 22.6 ± 11.0 years; baseline HbA1c 77.6 ± 8.2mmol/mol; (no severe hypoglycaemic events 12 months before HCL start).
- After 13.2 ± 9.5 months, HA was restored (Gold <4) in 52/78 (66.7%) (group A) and remained impaired in 26/78 (33.3%) (group B) (Figure 1).
- Compared with group B, Group A had a lower baseline Gold score (4.6±0.8 vs 5.2±1.1, p=0.01); no other significant between-group differences (including time-in-range or time-below-range at baseline or follow-up) were observed.
- Gender and baseline Gold score were the only factors associated with HA restoration (Table 1).

Conclusions:

HCL was associated with HA restoration in T1D, irrespective of glucose levels or diabetes duration. Additional therapeutic interventions are required to further improve IAH in real-world HCL users.

Acknowledgments. The authors extend a special thanks to Professor Partha Kar, and his team at NHS England, who led the delivery of the NHS England closed-loop pilot.