# MINIMED<sup>TM</sup> 780G SYSTEM

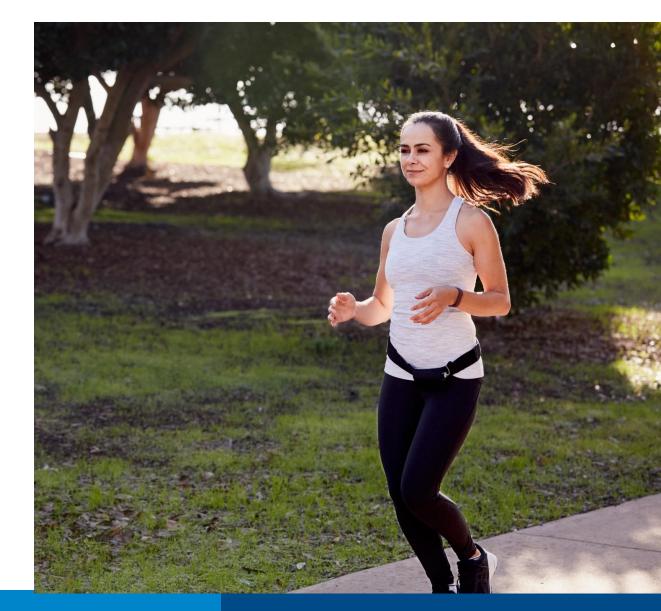
## MANAGING EXERCISE





## AGENDA

- Type 1 Diabetes & Exercise benefits, recommendations & challenges
- Impact of exercise on glucose and additional metabolic parameters
- Exercise Management
  - How SmartGuard<sup>™</sup> feature adapts to exercise
  - Exercise protocol with MiniMed<sup>™</sup> 780G system
- Supplement
  - Comparing strategies: Manual mode vs.
     SmartGuard<sup>™</sup> feature
  - Exercise Protocol Flowchart



# TYPE 1 DIABETES & EXERCISE



#### **TYPE 1 DIABETES & EXERCISE** BENEFITS & RECOMMENDATION

#### **BENEFITS**<sup>1,2,3</sup>

- Lipid profile

   (†HDL; ↓Trig; †LDL size)
- Weight reduction
- Blood pressure
- Insulin sensitivity
- Reduction diabetes-related comorbidities and cardiovascular risk
- Psychological well-being

#### ADA RECOMMENDATIONS<sup>4</sup>

- 150 minutes per week
- Avoid 2 consecutive days without physical activity
- 2-3 sessions/week of resistance exercise on nonconsecutive days

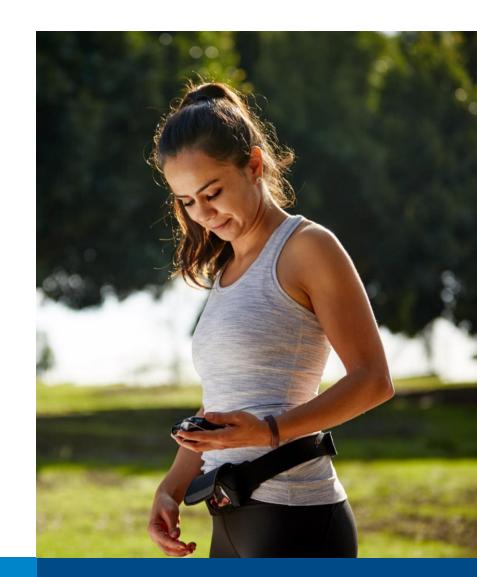


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- 1. Bohn B, et al. *Diabetes Care* 2015;38:1536–1543.
- 2. Kriska AM, et al. J Clin Epidemiol 1991;44:1207–1214.
- 3. Standards of Medical Care in Diabetes 2019. Diabetes Care 2019. 42 (Supplement 1): S1-S2
- 4. Colberg SR, et al. Diabetes Care 2016;39:2065-2079.

#### **EXERCISE IN TYPE 1 DIABETES** CHALLENGES IN MAINTAINING EUGLYCEAMIA

- Pharmacokinetics of subcutaneous infusion of rapidacting insulin<sup>1</sup>
- Pre-exercise glucose levels
- Intra- and inter-individual variation with exercise<sup>2</sup> in:
  - Glucose utilization vs. glucose release
  - Change in insulin sensitivity
- Challenges for glucose monitoring<sup>3</sup>
- Fear of hypoglycaemia during and after the exercise
- Patient education and motivation



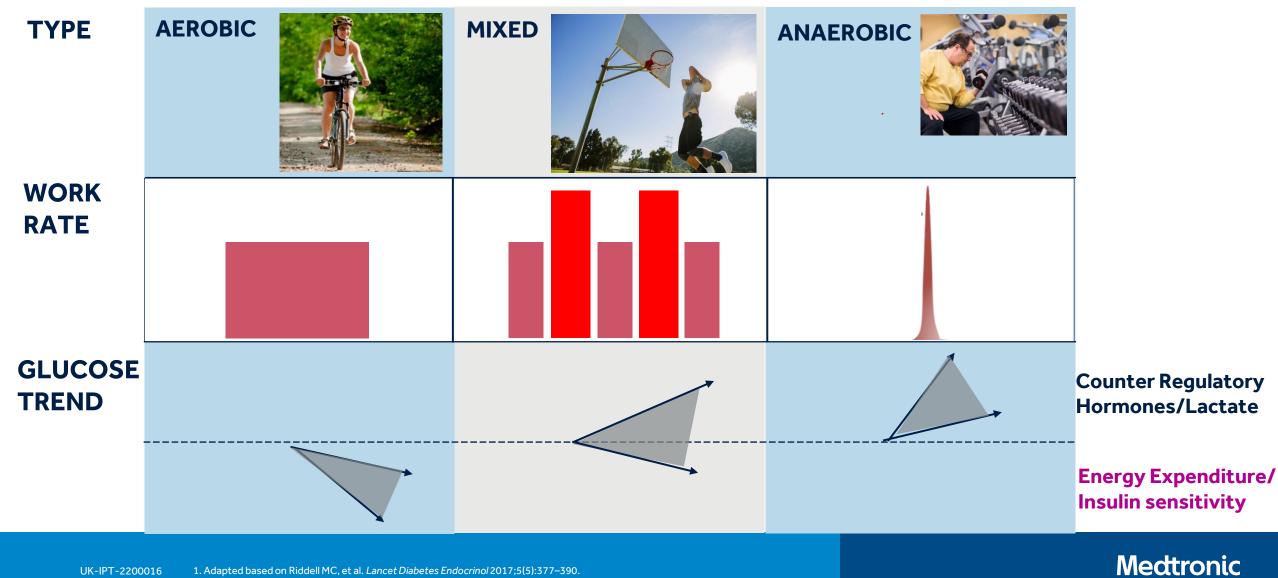
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<sup>1</sup> McAuley SA, et al. *Diabetologia* 2016;59:1636–1644.
 <sup>2</sup> Yardley JE, et al. *Diabetes Care*. 2012;35(4):669-675.
 <sup>3</sup> Zaharieva DP, et al. *Diabetes Technol Ther* 2019;21(6):313-321.

## IMPACT OF EXERCISE ON GLUCOSE & ADDITIONAL METABOLIC PARAMETERS

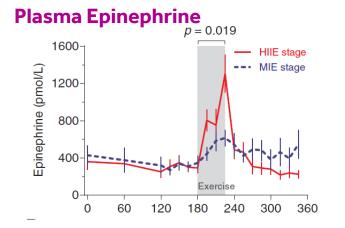


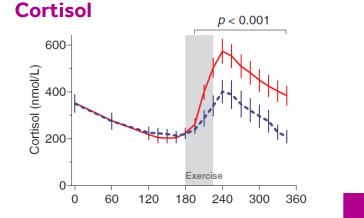
### HOW EXERCISE IMPACTS GLUCOSE LEVELS<sup>1</sup> BASED ON TYPE OF EXERCISE



## **METABOLIC RESPONSES IN TYPE 1 DIABETES<sup>1</sup>** TO HIGH INTENSITY VS MODERATE INTENSITY EXERCISE

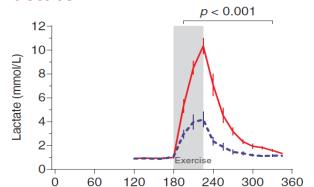
#### HIIE\* stage MIE\*\* stage



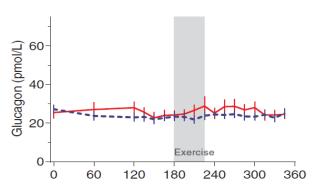


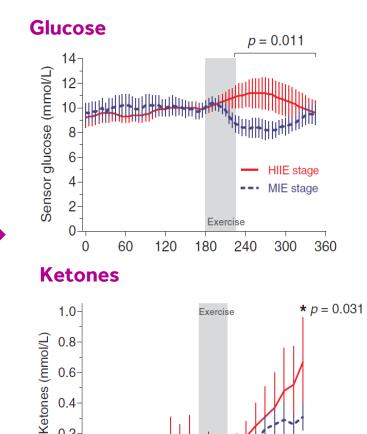
Lactate

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#### Glucagon





0.4

0.2

0.0

0

60

120

180

240

300

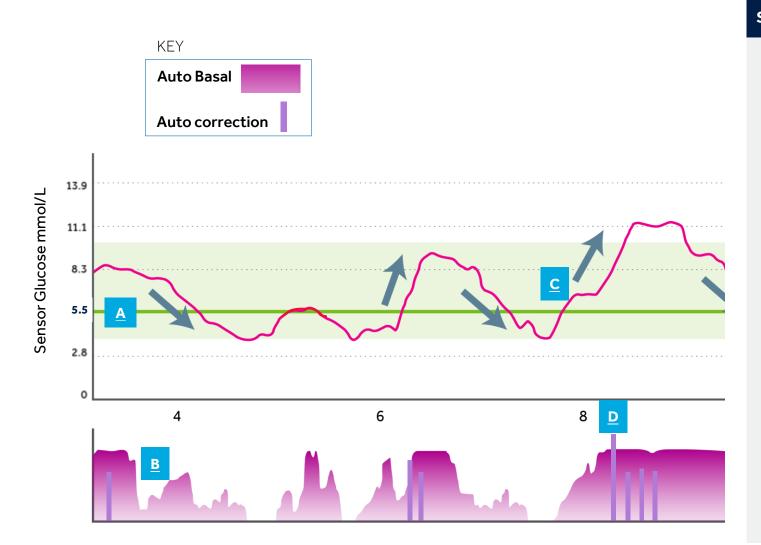
360

Jayawardene, DC, et al. Diabetes Technol Ther 2017;19(6):340–348 \*High Intensity Intermittend Exercise \*\* Moderate-intensity Exercise

# EXERCISE MANAGEMENT



## MINIMED™ 780G SYSTEM HOW SMARTGUARD™ FEATURE WORKS



#### **SUMMARY**

<u>A</u>

B

<u>C</u>

Selection between the default setting of 5.5 mmol/L, and 6.1 mmol/L or 6.7 mmol/L.

Basal insulin adjusts every 5 mins based on SG values

The Auto correction target is set at 6.7 mmol/L

Auto corrections delivered every 5 minutes if max basal reached and SG is above 6.7 mmol/L, as determined by the algorithm.

## MINIMED™ 780G SYSTEM HOW THE SMARTGUARD™ FEATURE ADAPTS TO EXCERCISE



#### SUMMARY

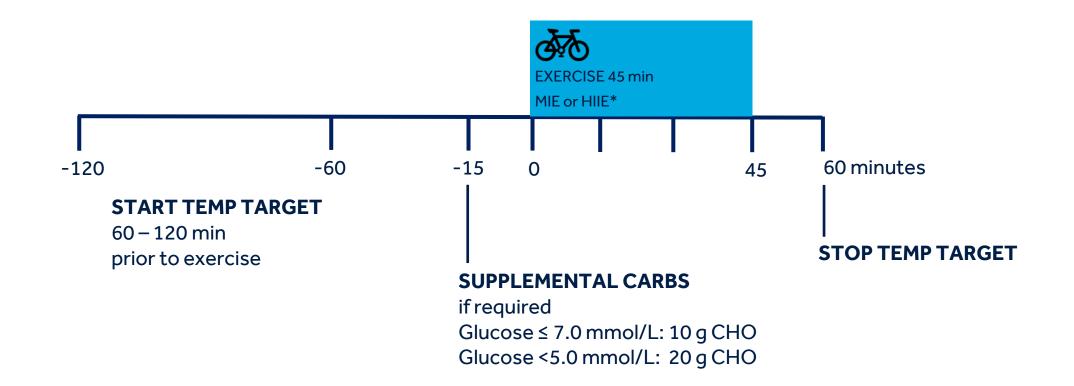
D

- Temp Target can be set to 8.3 mmol/L from 30 mins to 24 hours (in 30 mins increments). At that interval NO Auto corrections are administered.
- Basal insulin adjusts every 5 mins based on SG values , avoiding post exercise highs if anaerobic or lows post aerobic exercise.
  - Auto corrections delivered every 5 minutes if max basal reached and SG is above 6.7 mmol/L, as determined by the algorithm. The safe correction bolus module decreases the correction dose if a low is predicted.

#### MINIMED<sup>™</sup> 780G SYSTEM HOW TEMP TARGET IS SHOWN IN CARELINK<sup>™</sup> REPORTS



#### **EXERCISE PROTOCOL MINIMED™ 780G SYSTEM** FOR A COMMON 45 MIN EXERCISE WHEN USING SMARTGUARD™ FEATURE



#### **EXERCISE STRATEGY WHEN USING SMARTGUARD™ FEATURE** KEY MESSAGES

#### DO'S

- Discuss exercise strategy with patient
- Start Temp target 1-2 hours before the exercise
- Start exercise in target range
- If needed, consider replacement carbs before and during exercise - but do not enter in the SmartGuard<sup>™</sup> bolus screen\*
- If disconnecting the pump for exercise (i.e., contact sport), suspend insulin delivery to ensure correct TDD - but limit stopping the pump to the minimum
- Turn off Temp target at end of exercise (~15 mins after exercise)
- Post-exercise meal: consider bolus modification
- Trust the system and let the algorithm do the work

#### DONT'S

- Rapidly rising glucose levels immediately before exercise
- Overtreating hypoglycaemia
- Entering replacement carbs in the SmartGuard<sup>™</sup> Bolus screen\*
- Exercising with high insulin on board

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Carb-loading pre-exercise

# SUPPLEMENT

COMPARING STRATEGIES MANUAL MODE VS. SMARTGUARD<sup>™</sup> FEATURE EXERCISE PROTOCOL FLOWCHART



#### **EXERCISE STRATEGY¹** CSII/MANUAL MODE VS. SMARTGUARD™ FEATURE – 1/2

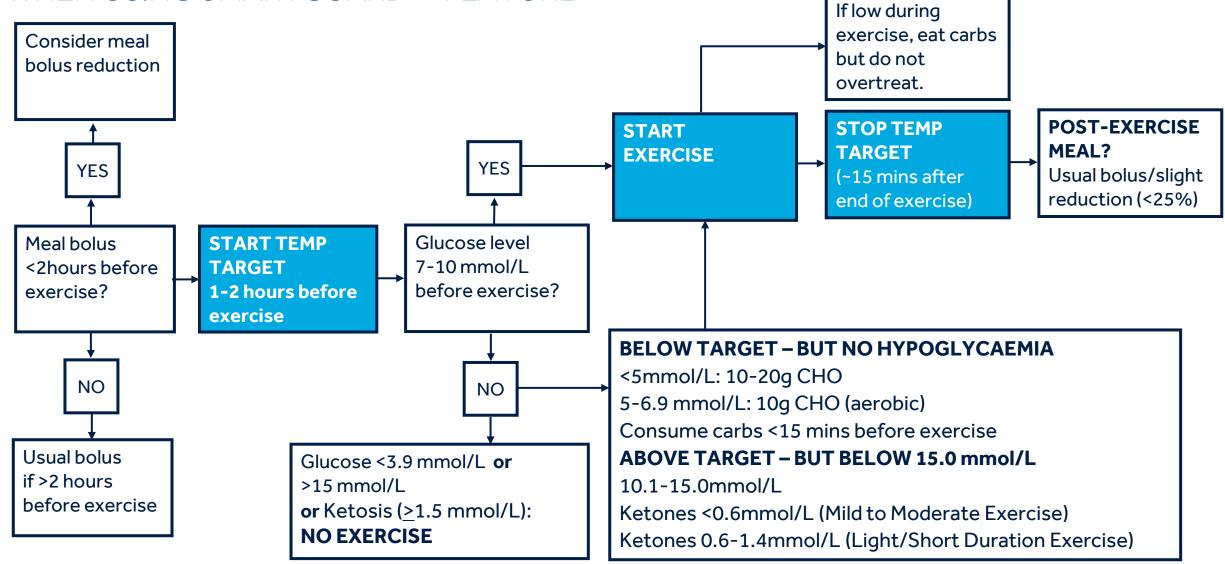
	CSII/Manual mode	SmartGuard™ feature
<b>Contraindication</b> - For both CSII/Manual mode & SmartGuard™ Feature	<ul> <li>Recent severe hypoglycaemia</li> <li>Significant hyperglycaemia (&gt;15.0 mmol/L)</li> <li>Ketosis (<u>&gt;</u>1.5 mmol/L)</li> </ul>	
<b>Pre-Exercise Meal Bolus</b> - For both CSII/Manual mode & SmartGuard™ Feature	<ul> <li>Meal Bolus &gt;120 min Prior: Usual Bolus +/- Correction</li> <li>Meal Bolus &lt;120 min Prior: Reduce bolus <ul> <li>25% for light exercise,</li> <li>50% for moderate exercise</li> <li>75% for high intensity exercise</li> </ul> </li> </ul>	
<b>Pre-Exercise Basal Adjustment</b> - Different approach for CSII/Manual mode vs. SmartGuard™ Feature	<ul> <li>50-80% reduction 90min pre-exercise OR</li> <li>Pump suspension at exercise start</li> </ul>	<ul> <li>Temp Target 1-2 hours prior to exercise</li> <li>Should pump be disconnected (i.e. contact sports), it must be suspended – but limit this to a minimum</li> </ul>

#### UK-IPT-2200016 1. Adapted from Riddell MC, et al. Lancet Diabetes Endocrinol 2017;5(5):377–390.

## **EXERCISE STRATEGY¹** CSII/MANUAL MODE VS. SMARTGUARD™ FEATURE – 2/2

	CSII/Manual mode	SmartGuard™ feature
<b>Pre-Exercise Glucose &lt;7.0mmol/L</b> - Different approach for CSII/Manual mode vs. SmartGuard™ Feature	<ul> <li>&lt;5mmol/L: 10-20g CHO</li> <li>5-6.9 mmol/L: 10g CHO         <ul> <li>(aerobic)</li> </ul> </li> </ul>	<ul> <li>As per Manual mode</li> <li>Give &lt;15min prior to exercise</li> </ul>
<b>Pre-Exercise Glucose 7-10mmol/L</b> - For both CSII/Manual mode & SmartGuard <sup>™</sup> Feature	■ 0g CHO	
<b>Pre-Exercise Glucose &gt;10.0mmol/L</b> - For both CSII/Manual mode & SmartGuard <sup>™</sup> Feature	<ul> <li>10.1-15.0 mmol/L: Start Exercise</li> <li>Ketones&lt;0.6 (Mild to Moderate Exercise)</li> <li>Ketones 0.6-1.4mmol/L (Light/Short Duration Exercise)</li> </ul>	
<b>Post-Exercise Meal</b> - Different approach for CSII/Manual mode vs. SmartGuard™ Feature	<ul> <li>0- 50% bolus reduction</li> </ul>	<ul> <li>Usual bolus/slight reduction (&lt;25%)</li> </ul>
<ul> <li>Post-Exercise</li> <li>Basal Adjustment</li> <li>Different approach for CSII/Manual mode vs.</li> <li>SmartGuard<sup>™</sup> Feature</li> </ul>	<ul> <li>20% reduction for 6 hours a bedtime</li> </ul>	<ul> <li>Temp target off (approx. 15 mins after exercise)</li> </ul>

### **EXERCISE PROTOCOL** WHEN USING SMARTGUARD<sup>TM</sup> FEATURE



# QUESTIONS



## DISCLAIMER

See the device manual for detailed information regarding the instructions for use, indications, contraindications, warnings, precautions, and potential adverse events. For further information, contact your local Medtronic representative.

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