

- Patient education is vital when initiating SMBG
- Teach patient how to interpret and action BG results
- · Agree testing times and targets with the patient
- Carry out structured annual assessment to confirm continued benefit of SMBG
- Use just HbA1c testing, in those who will not benefit from SMBG

Key questions to think about before continuing SMBG:

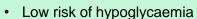
- 1. Is SMBG appropriate for this patient?
- 2. What value does self-monitoring add to the patient's care?
- 3. Is the patient's blood glucose well controlled?

Diet and Exercise

Metformin

- Pioglitazone
- DPP-4i
- SGLT-2s
- GLP-1 mimetics

Monotherapy or in combination with other drugs in this group



- Patients do not routinely need to test unless agreed purpose for testing
- Advise patient to read DVLA advice

Sulphonylureas

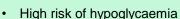
· Repaglinide / nataglinide

Monotherapy or in combination with other drugs



- Increased risk of hypoglycaemia
- Usually test 2 to 3 times a week if stable
- Drivers will need to test before driving (see DVLA advice)

Insulin



- · See table below for testing
- Drivers should test no more than 2 hours before driving, ideally just before driving, and every 2 hours when driving (see DVLA advice)

Insulin regimen	Minimum recommended BG testing frequency
ONCE daily insulin with oral agents	≥ 1 test per day at different times of day
TWICE daily insulin	2 tests per day, before meals when insulin is due
BASAL BOLUS insulin & carbohydrate counting	May need ≥ 4 tests per day
INSULIN PUMP	≥ 6 tests per day, up to 10 tests per day
Gestational diabetes (with or without insulin)	Without insulin : usually 6 tests / day, With insulin: up to 10 tests per day

Consider **stepping down or stopping** SMBG:

- When patients therapy is changed and does not cause hypoglycaemia
- If patient's control is quite stable
- After pregnancy (if not breastfeeding)
- Once recovered from inter current illness (including on discharge from hospital)
- If SMBG has a negative effect on well being
- If no action is being taken on results

Consider **stepping up** SMBG when:

- Therapy or dosing is changed
- Control is deteriorating e.g. increased frequency of hypoglycaemia
- Planning or during pregnancy
- Breastfeeding
- Inter current illness (refer to local sick day rules if available)
- Ensuring safety during activity e.g. exercise or driving
- Systemic corticosteroids are co-prescribed

Notes: See individual CCG guidance for preferred local choice of blood glucose meter. Freestyle Libre advice <u>here</u>.