



FLASH GLUCOSE MONITORING IN YOUNG PEOPLE WITH TYPE 1 DIABETES

A qualitative study with young people, parents, and health professionals

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Interviews with 10 health professionals (consultants and paediatric diabetes specialist nurses) from seven hospitals across SW England were analysed thematically. This is what they told us:

Adapting to change and making sense of the technology

- The plethora of technology places additional burdens on clinical time to understand the large amount of data from patient sensors and how to process it all.
- IT system difficulties often caused delays.
- There were challenges for families; the constant availability and volume of data can be anxiety provoking and overwhelming.

Looking to the future and appraisal of new practices

- Using online training with families post lockdowns is more acceptable but webinars need adapting for young people.
- Using new technology may widen health inequalities and these need to be overcome.
- Growth in wearable technology means health professionals need to update their own technical skills regularly.
- It would be helpful to have education for school teaching staff.

Embracing new technology and buy-in

- Health professionals were highly committed to Libre and welcomed advances in the newer models.
- There were positive impacts for families – improved psychological benefits and reduced physical impacts on children's fingers.

Better monitoring, tailored support, working to operationalise practices

- Improved management between clinic visits was perceived as important for patients.
- This facilitated more tailored and informed support in clinics due to continuous instead of snapshot monitoring.

HbA1c data from clinic records at 4 hospitals were analysed for Libre impact

- There was some indication that Libre might help young people improve the control of their diabetes but for our sample, the difference between finger-prick testing and Libre was not clinically significant (glycated haemoglobin improvement less than 5mmol/mol).

