

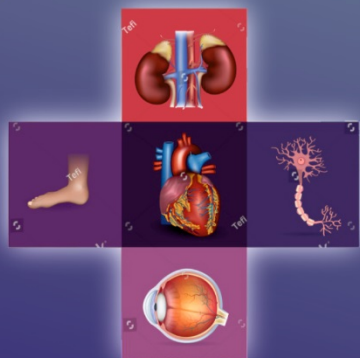


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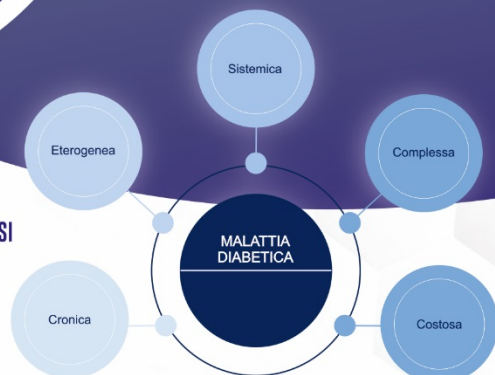
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CONGRESSO REGIONALE CALABRIA SID - AMD 2022



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25-26 NOVEMBRE 2022



PROVIDER

SEGRETERIA
ORGANIZZATIVA



Tecnologia e Diabete

Concetta Irace

Dipartimento di Scienze della Salute
Università degli Studi Magna Graecia Catanzaro



Disclosure

La sottoscritta Concetta Irace dichiara di **aver ricevuto** negli ultimi due anni compensi o finanziamenti dalle seguenti Aziende Farmaceutiche e/o Diagnostiche:

- Novo Nordisk
- Abbott
- Lilly/Boehringer
- Roche Diabetes Care
- Astra Zeneca
- Ascensia

Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.)

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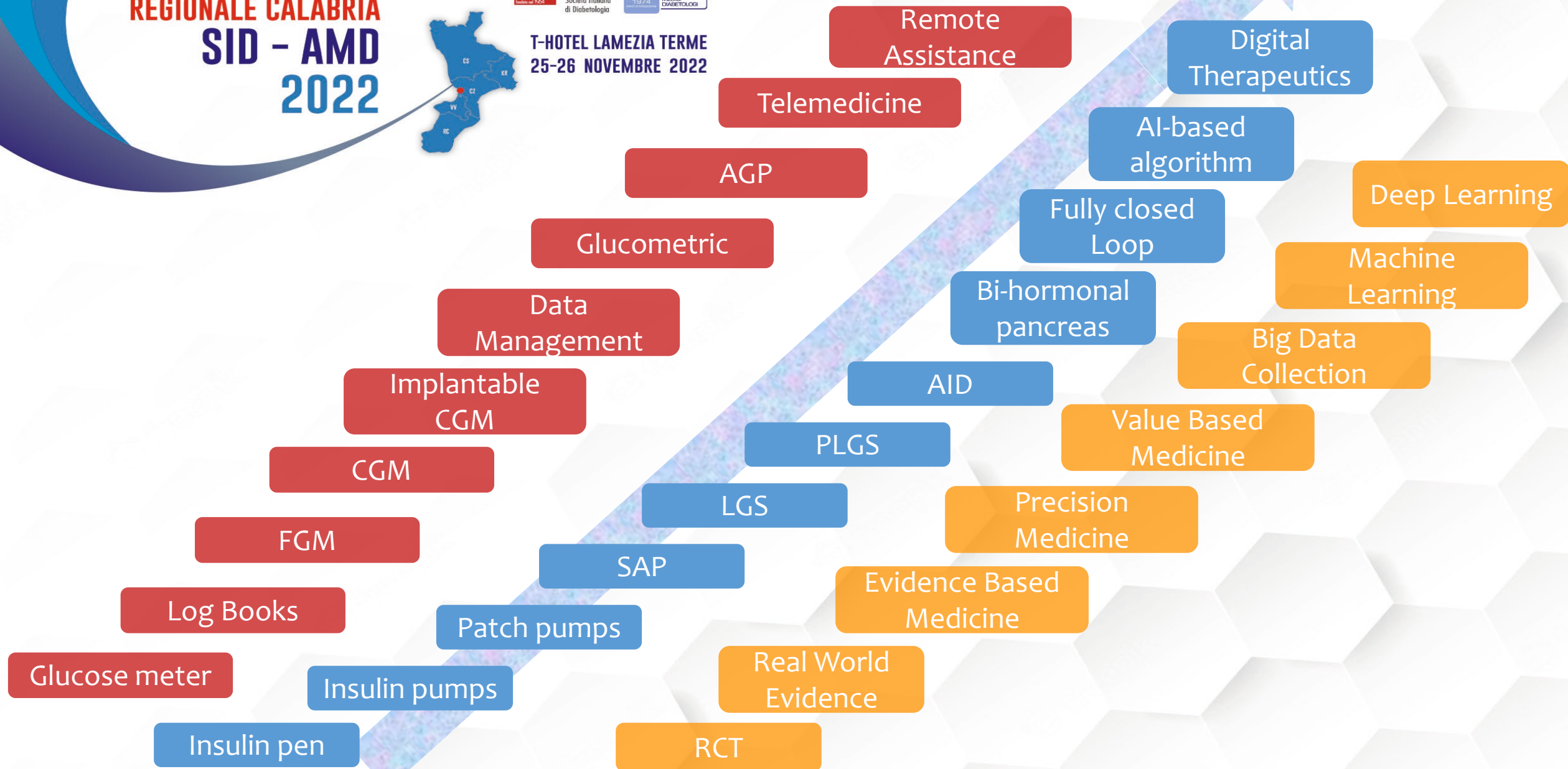
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Diabetology 3.0



Diabetology 1.0



Diabete e Tecnologia: pros and cons

PROS

- Ruolo centrale del paziente
- Utilizzo patients friendly
- Facilitazione delle cure domiciliari
- Limitazione delle ospedalizzazioni
- Raccolta di dati in precedenza non accessibili
- Riduzione del rischio di errore
- Personalizzazione delle cure
- Miglioramento dello stile di vita
- Miglioramento degli esiti clinici

CONS

- Scarsa fiducia nel digitale
- Mancanza di standardizzazione e calibrazione tra diversi dispositivi
- Mancanza di studi
- Difficoltà di acquisizione di dati in alcune categorie
- Scarsi investimenti
- Sicurezza e privacy
- Pericolo di autodiagnosi
- Rischio di iper-medicalizzazione



**Who would benefit from
routine use of technology in
diabetes?
Focus on continuous glucose
monitoring (CGM) and insulin
pump (CSII)?**

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Nutrition, Metabolism & Cardiovascular Diseases (2022) 32, 2392–2398



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Nutrition, Metabolism & Cardiovascular Diseases

journal homepage: www.elsevier.com/locate/nmcd



Health care organization and use of technological devices in people with diabetes in Italy: Results from a survey of the Working Group on Diabetes and Technology

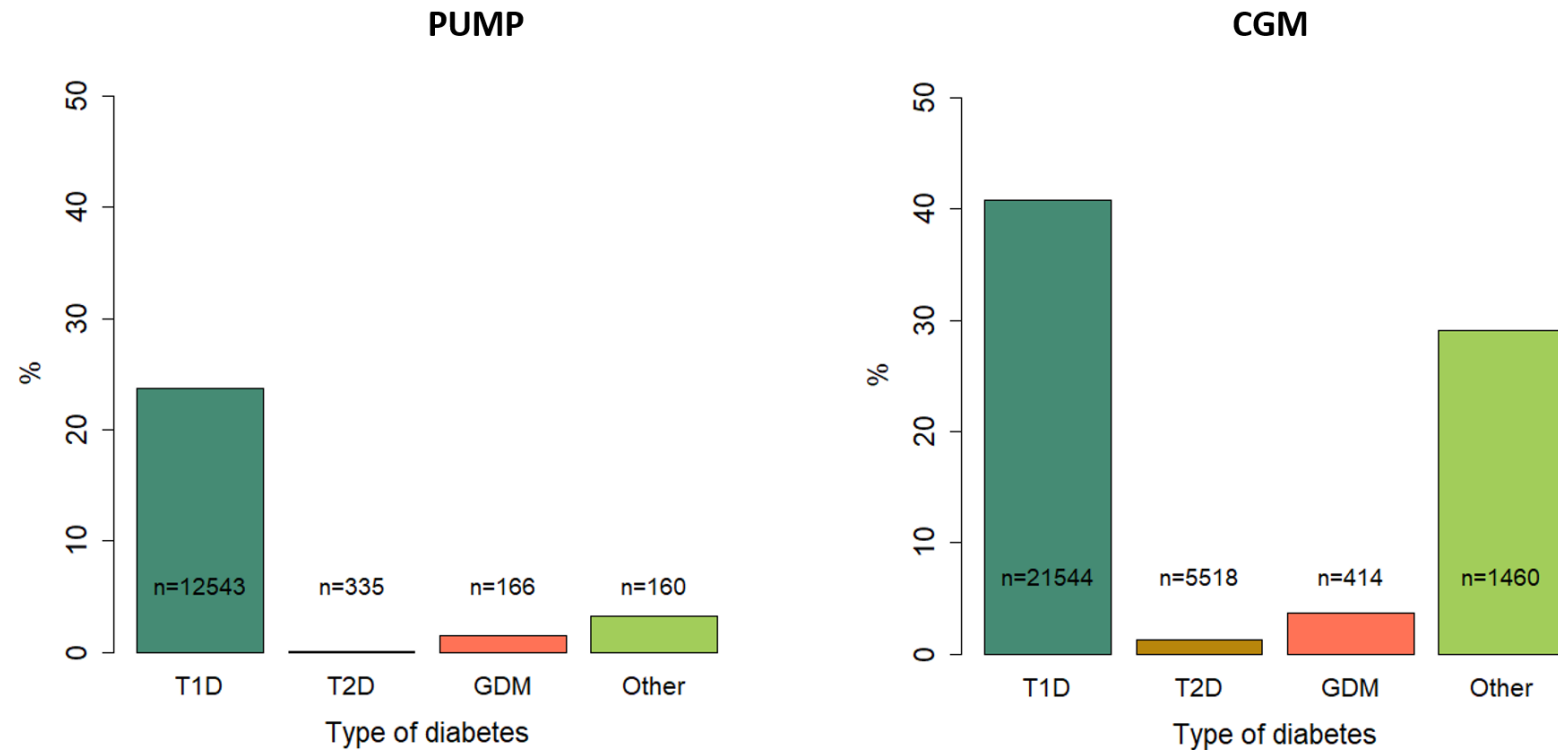


Dario Pitocco ^a, Andrea Laurenzi ^b, Letizia Tomaselli ^c, Roberta Assaloni ^d,
Agostino Consoli ^e, Paolo Di Bartolo ^f, Vincenzo Guardasole ^g, Fortunato Lombardo ^h,
Claudio Maffei ⁱ, Antonio Rossi ^l, Rosaria Gesuita ^m, Sergio Di Molfetta ⁿ,
Andrea Rigamonti ^o, Andrea Scaramuzza ^p, Concetta Irace ^{q,*}, Valentino Cherubini ^r,
Working group of Diabetes and Technology AMD-SID-SIEDP



CGM and CSII in Italy

Figure 3. Percentage of patients using pump or CGM according to type of diabetes





Diabetologia (2022) 65:604–619

<https://doi.org/10.1007/s00125-021-05648-4>

ARTICLE

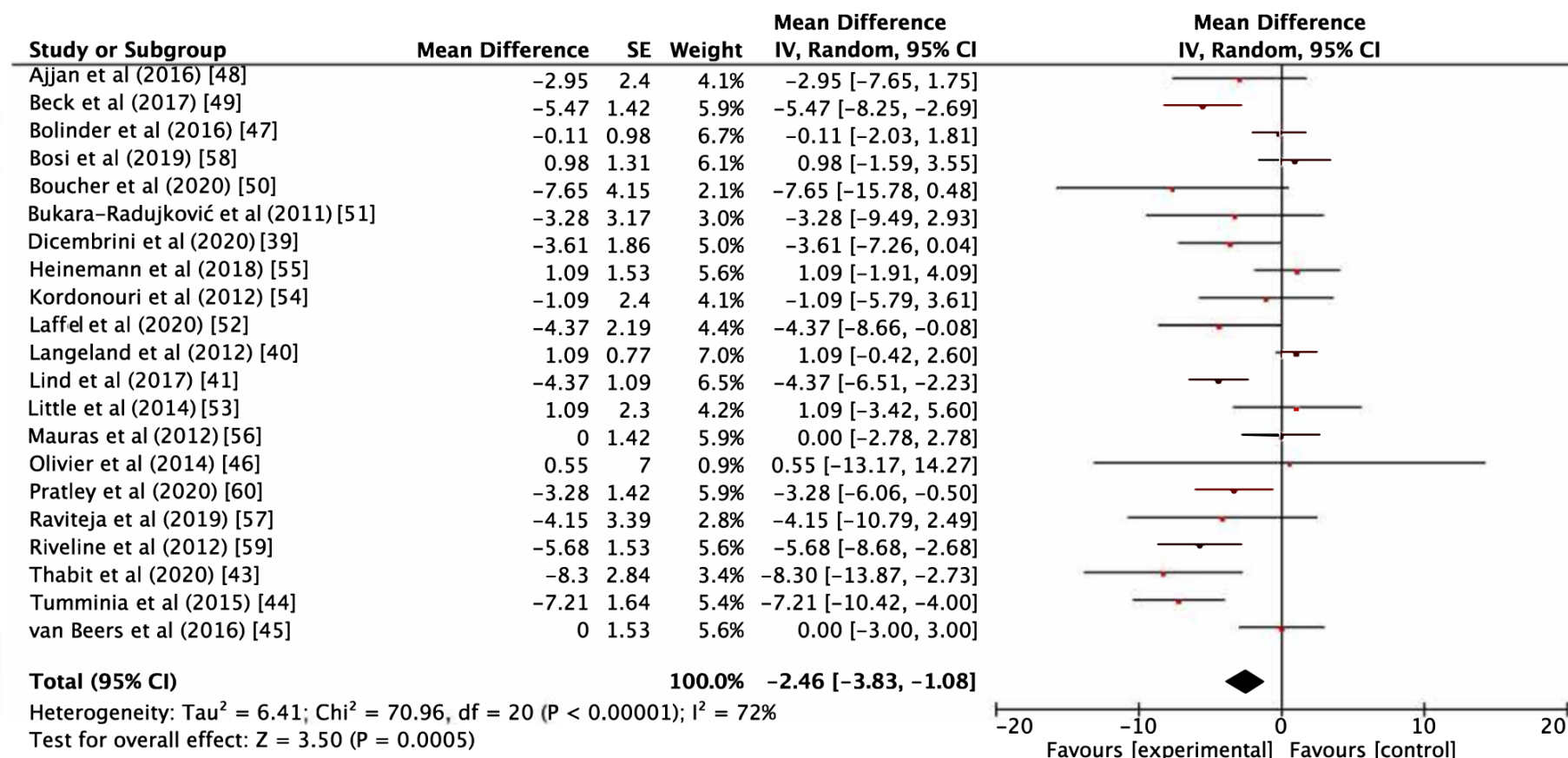


Effectiveness of continuous glucose monitoring in maintaining glycaemic control among people with type 1 diabetes mellitus: a systematic review of randomised controlled trials and meta-analysis

Evelyn Teo¹  • Norasyikin Hassan²  • Wilson Tam¹  • Serena Koh¹ 

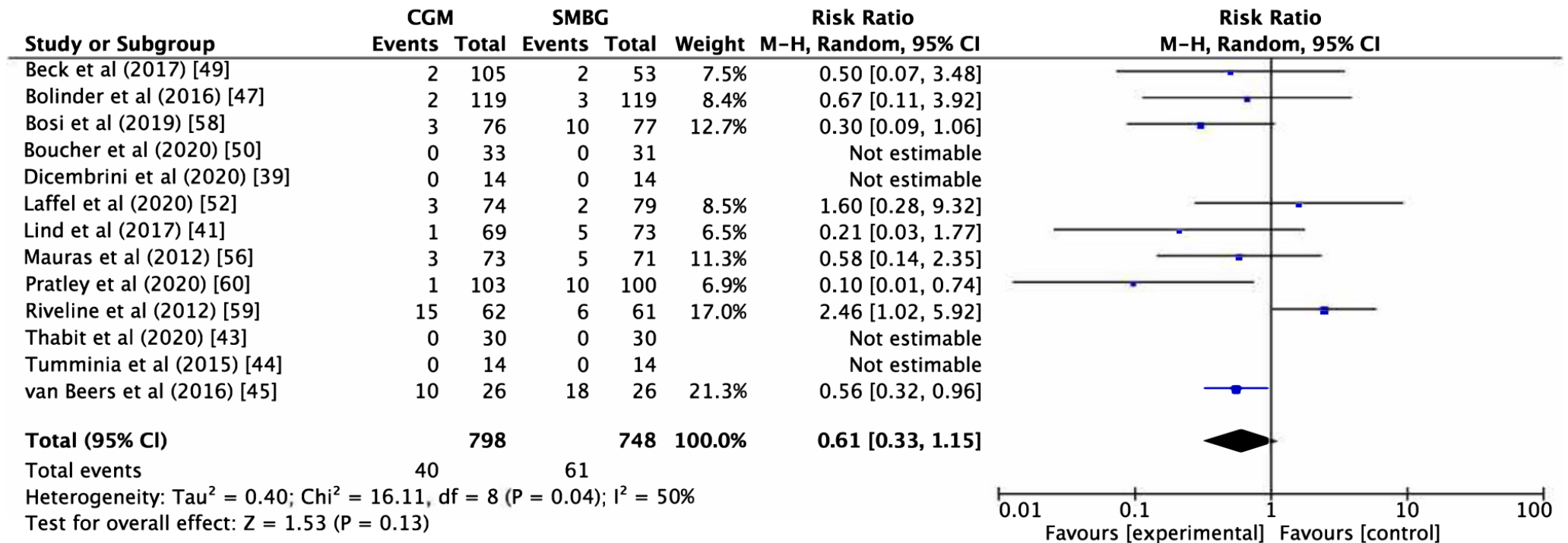


Effect of CGM on post-intervention HbA_{1c} (mmol/mol)





Forest plot showing the effect of CGM on severe hypoglycaemia events





Effects of Continuous Glucose Monitoring on Metrics of Glycemic Control in Diabetes: A Systematic Review With Meta-analysis of Randomized Controlled Trials

Table 2—Preplanned subgroup analysis

	Comparisons	Patients	Control subjects	Estimated WMD (95% CI)	<i>P</i>	<i>I</i> ²	<i>P</i> value of Q test
TBR level 1							
rtCGM	13	851	769	−15.82 (−25.70 to −5.95)	0.002	96.6%	<0.001
iCGM	3	350	276	−56.26 (−88.91 to −23.60)	0.001	93.7%	<0.001
SAP	2	107	108	−41.04 (−127.10 to 45.02)	0.350	88.1%	0.004
Overall	18	1,308	1,153	−27.16 (−42.08 to −12.25)	<0.001	98.9%	<0.001
TBR level 2							
rtCGM	8	524	450	−5.65 (−10.83 to −0.46)	0.033	74.3%	<0.001
iCGM	3	350	276	−26.23 (−49.07 to −3.40)	0.024	86.8%	0.001
SAP	1	76	77	−37.40 (−46.05 to −28.75)	<0.001	—	—
Overall	12	950	803	−13.58 (−20.63 to −6.53)	<0.001	91.7%	<0.001
CV							
rtCGM	7	509	449	−2.56 (−5.28 to 0.17)	0.066	93.1%	<0.001
iCGM	3	350	276	−3.86 (−5.15 to −2.57)	<0.001	78.1%	0.010
SAP	—	—	—	—	—	—	—
Overall	10	859	725	−3.09 (−4.43 to −1.74)	<0.001	90.7%	<0.001



Impact of technology on glycaemic control in type 2 diabetes: A meta-analysis of randomized trials on continuous glucose monitoring and continuous subcutaneous insulin infusion

Ilaria Dicembrini MD^{1,2} | Edoardo Mannucci MD^{1,2} | Matteo Monami MD¹ |
Laura Pala PhD¹

(B)

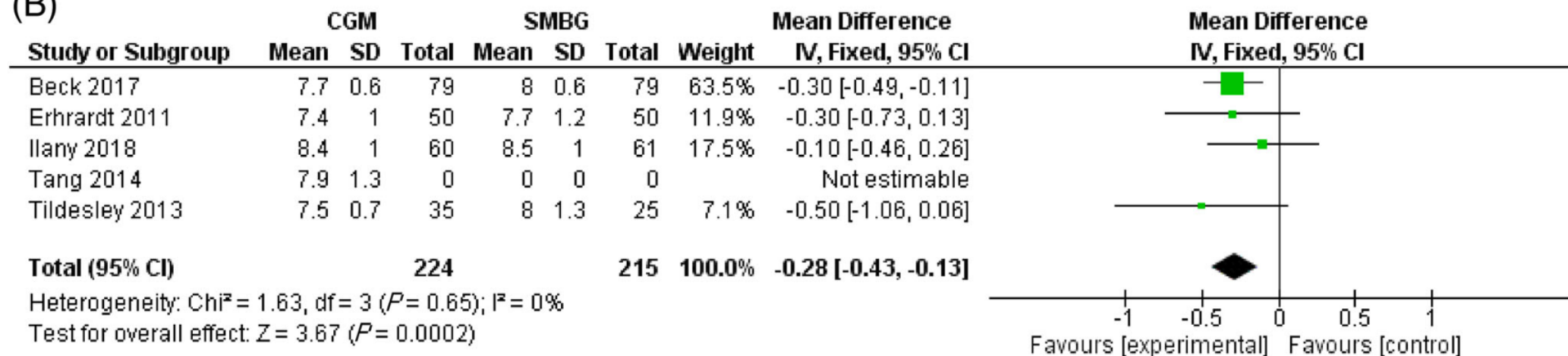


FIGURE 1 Glycated haemoglobin (HbA1c) between A, continuous subcutaneous insulin infusion (CSII) and multiple daily injections (MDI) and B, continous glucose monitoring (CGM) and self-monitoring of blood glucose (SMBG)



Datanami: ovvero quando i dati sono troppi

La semeiologia ci insegna che un eccesso di dati se non opportunamente ordinati e interpretati genera “rumore” ovvero ci allontana dal vero e ci trascina nella palude della incertezza

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diabetesresearchandclinicalpractice 187 (2022) 109867



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Diabetes Research and Clinical Practice

journal homepage: www.journals.elsevier.com/diabetes-research-and-clinical-practice



A guide for the use of LibreView digital diabetes platform in clinical practice: Expert paper of the Italian Working Group on Diabetes and Technology

Sergio Di Molfetta^{a,1}, Antonio Rossi^{b,1}, Roberta Assaloni^c, Valentino Cherubini^d,
Agostino Consoli^e, Paolo Di Bartolo^f, Vincenzo Guardasole^g, Andrea Laurenzi^h,
Fortunato Lombardoⁱ, Claudio Maffei^j, Andrea Scaramuzza^k, Concetta Irace¹, AMD-SID-SIEDP
Working group on Diabetes and Technology



Figure 1. Non-fragile, non-pregnant T1DM and T2DM adult patients

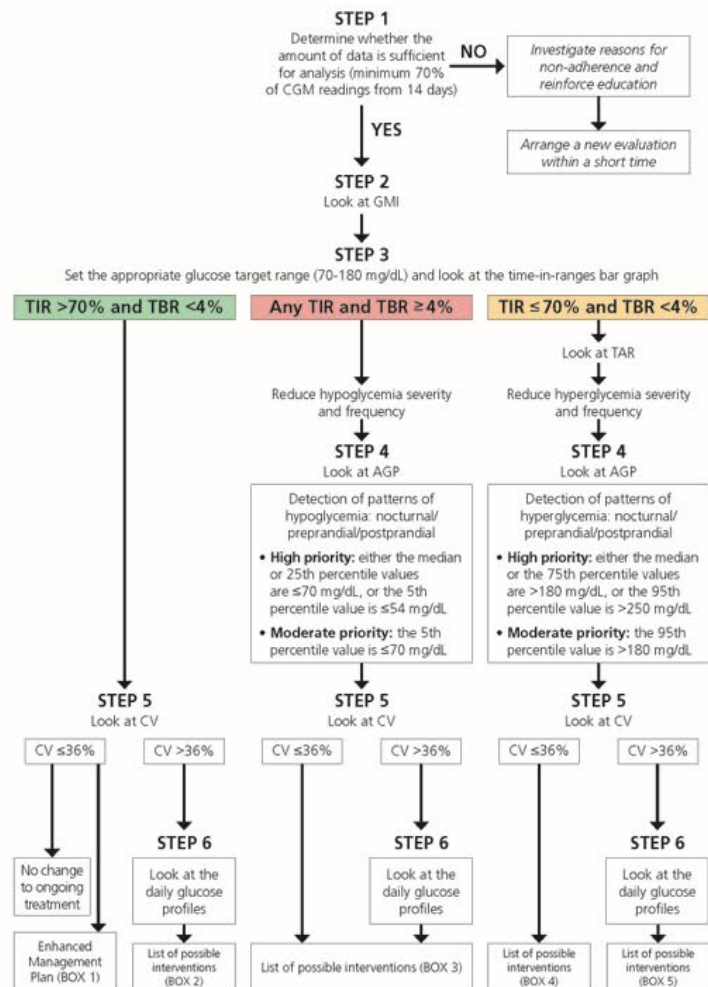


Figure 2. Fragile adult T1DM and T2DM patients

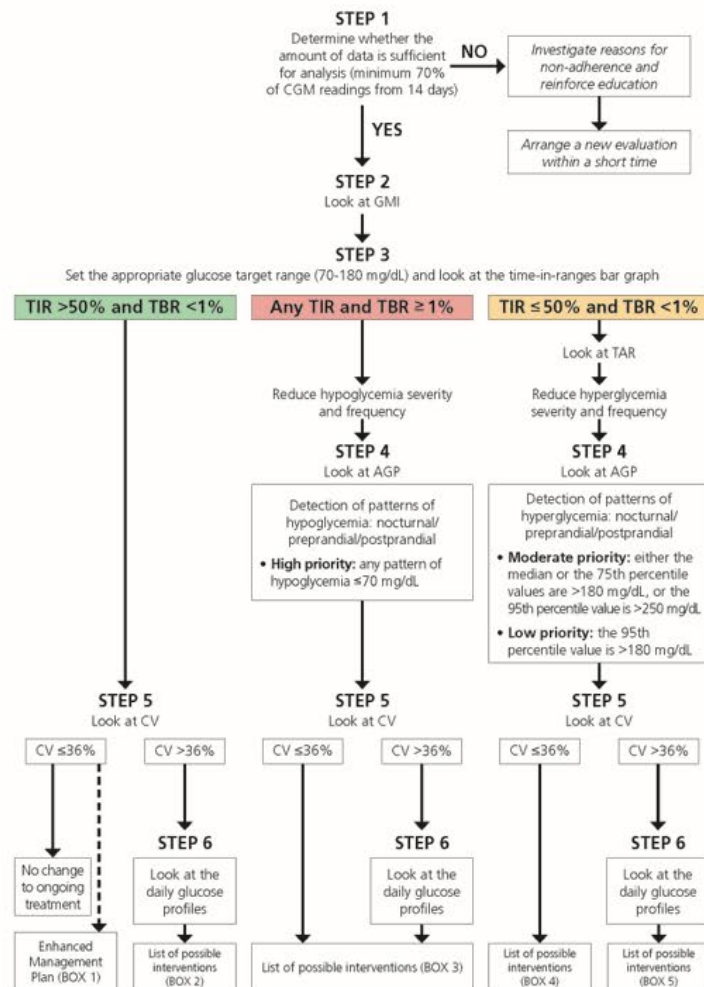
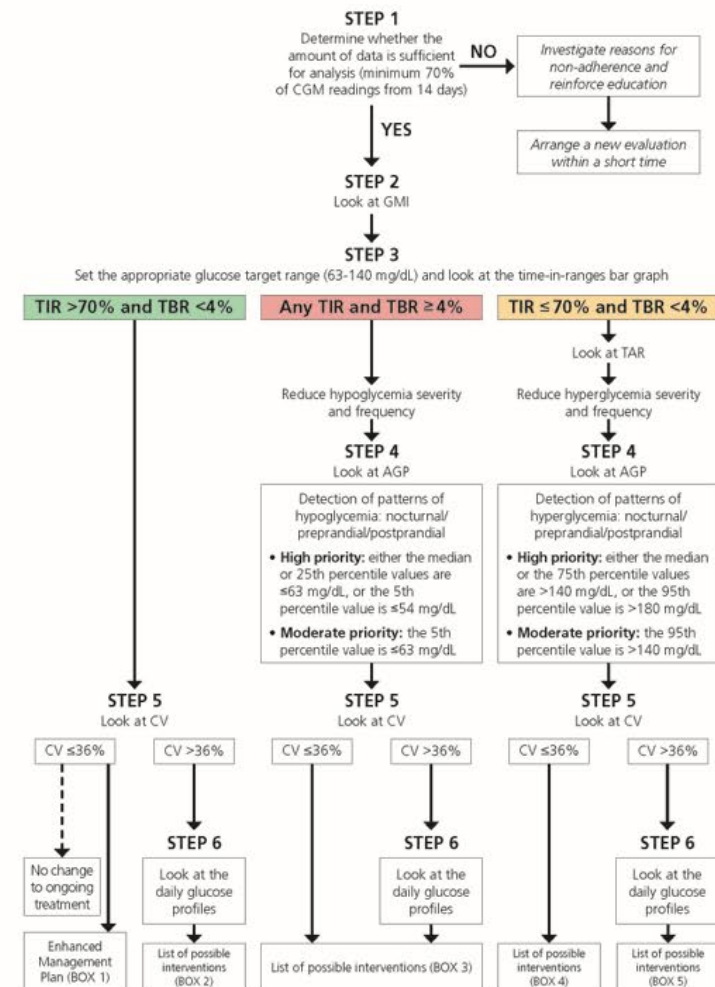
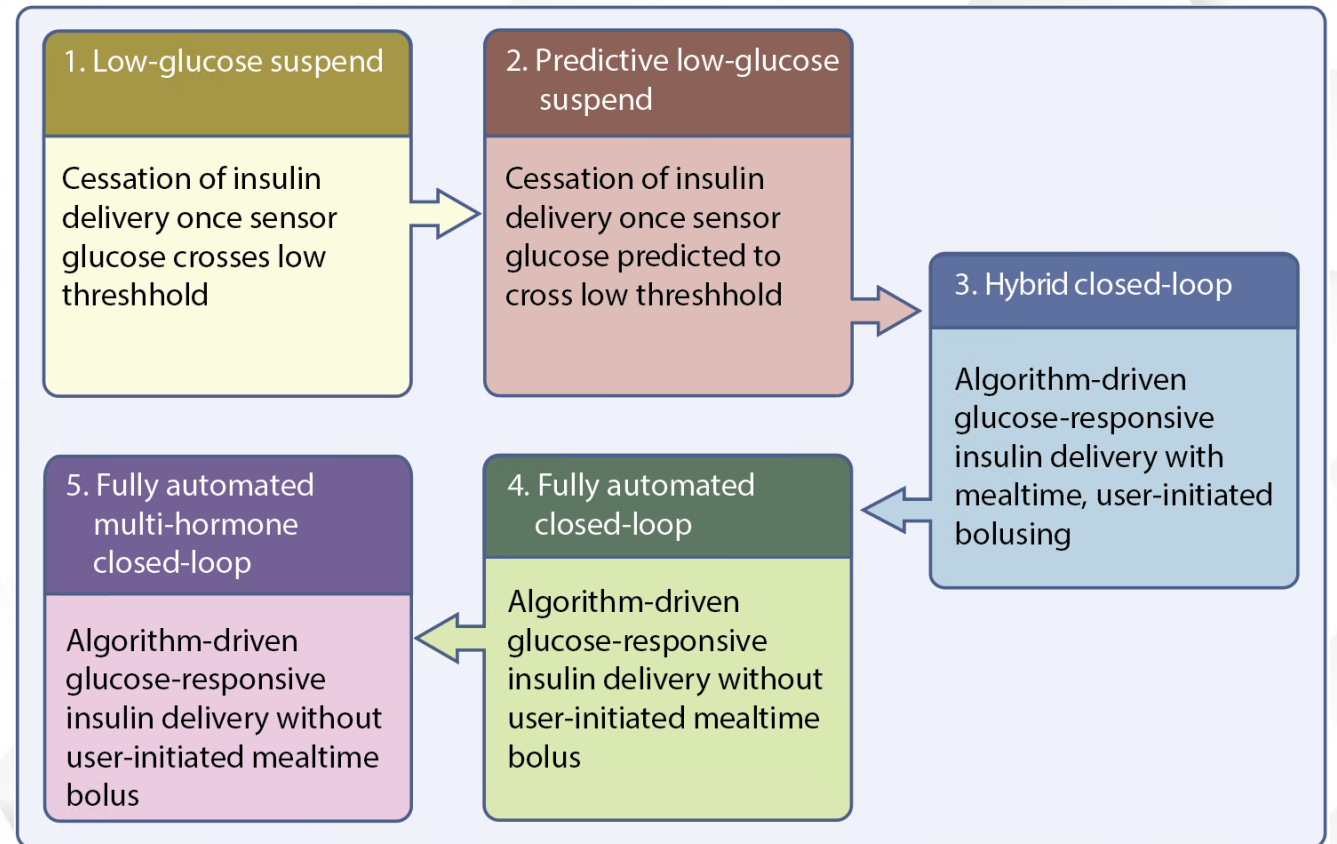
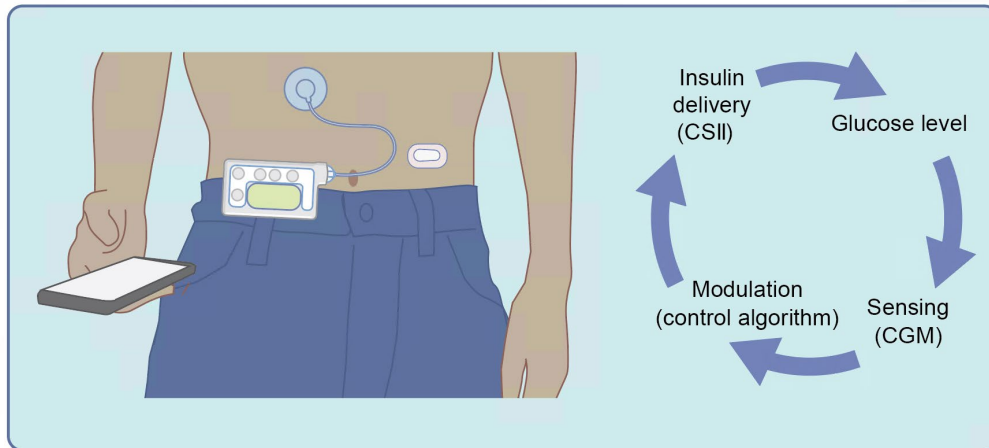


Figure 3. Pregnant T1DM, T2DM or GDM patients



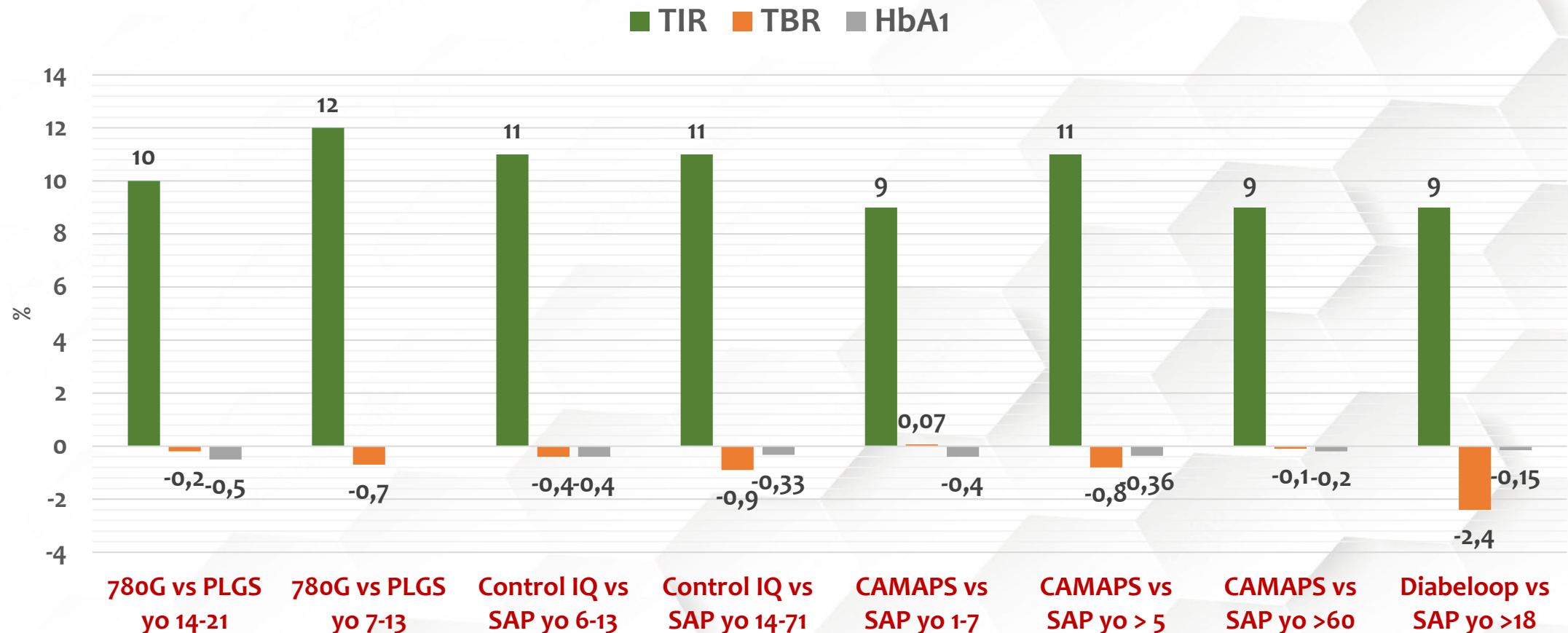


Key developmental milestones towards a truly artificial pancreas



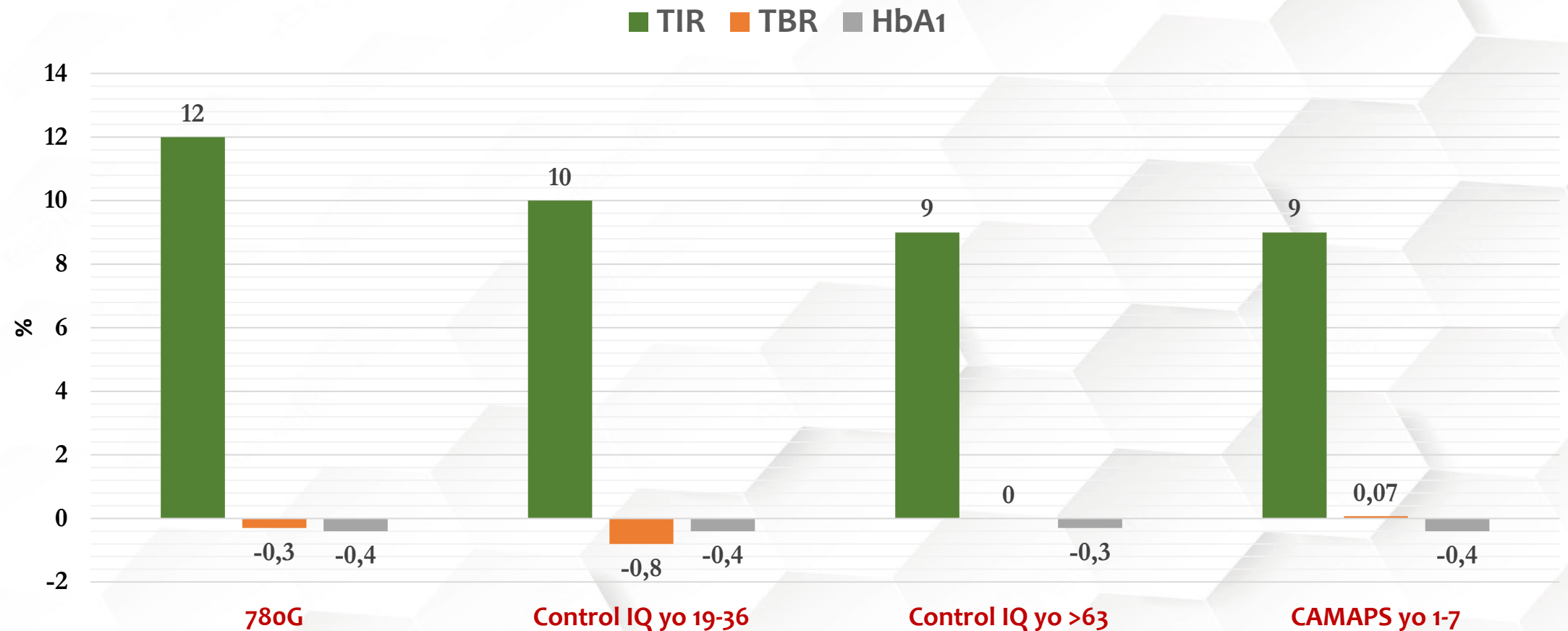


Randomized controlled trials





Key real world trials



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Multicenter, Randomized Trial of a Bionic Pancreas in Type 1 Diabetes

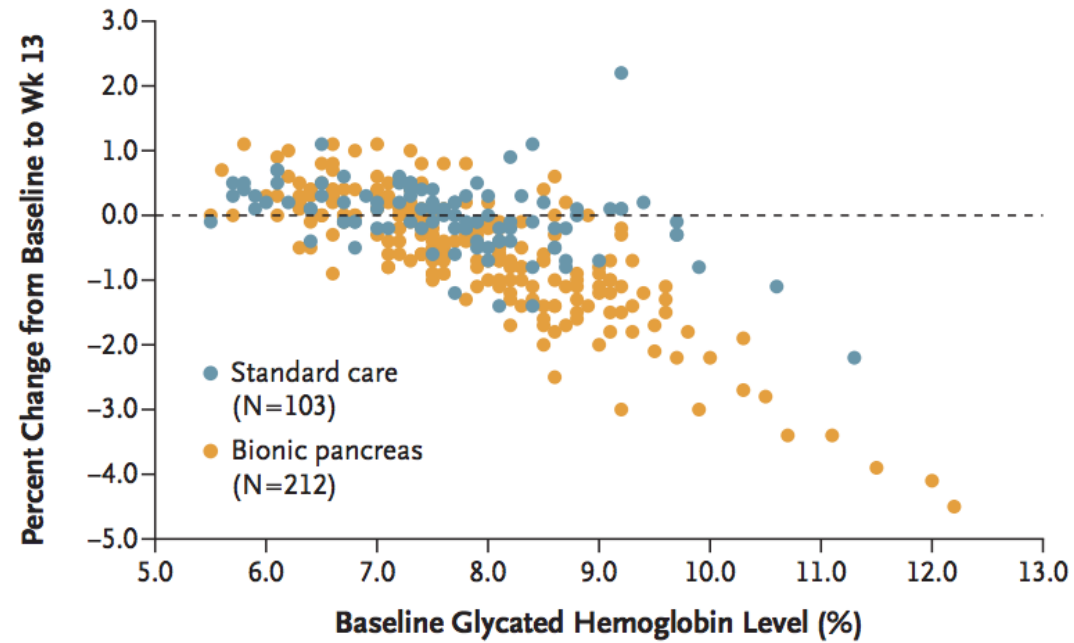
Bionic Pancreas Research Group*

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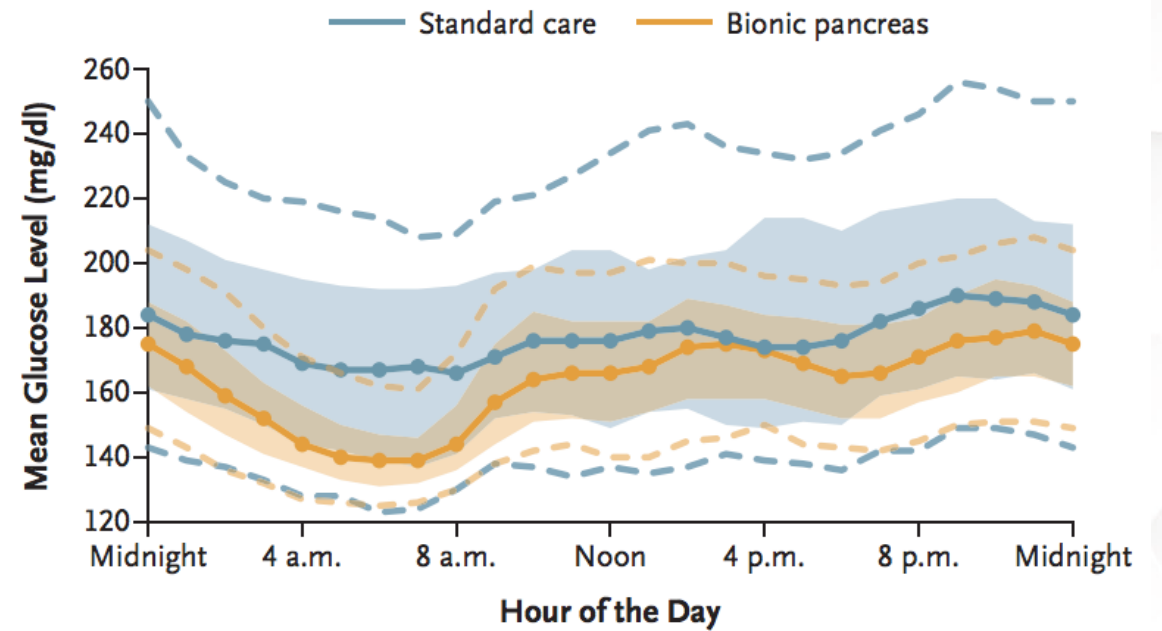


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A Change in Glycated Hemoglobin Level



A Glucose Level over 13 Weeks





The digital/virtual diabetes clinic: recommendations from the International Panel on Diabetes Digital Technology

