Clinical consensus statement (Wales)

Consider Freestylye Libre Flash Glucose Testing as an option for patients testing eight or more times a day on a regular basis.

In this patient group, confirm that the frequency of blood glucose testing is appropriate (initiation should be limited to specialist hospital diabetes team). Patients must agree to undergo appropriate training on the use of Flash Glucose Testing:

In particular, for adults, consider the following groups and factors when despite optimised use of insulin therapy and conventional blood glucose monitoring:

- More than 1 episode a year of severe hypoglycaemia with no obviously preventable precipitating cause.
- Frequent (more than 2 episodes a week) asymptomatic hypoglycaemia that is causing problems with daily activities.
- Extreme fear of hypoglycaemia.
- Hyperglycaemia (HbA1c level of 75 mmol/mol [9%] or higher) that persists despite testing at least 10 times a day. Continue only if HbA1c can be sustained at or below 53 mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more.

In particular, for children and young people, consider the following groups despite optimised use of insulin therapy and conventional blood glucose monitoring:

- Children and young people who undertake high levels of physical activity (for example, sport at a regional, national or international level).
- Children and young people who have co-morbidities (for example anorexia nervosa) or who are receiving treatments (for example corticosteroids) that can make blood glucose control difficult.
- Children and young people who continue to have hyperglycaemia despite insulin adjustment and additional support.
- Should only be continued if it results in a sustained improvement in glycaemic control, evidenced by a fall in HbA1c levels, or a sustained decrease in the rate of hypoglycaemic episodes. The responsible physician, in discussion with the person receiving the treatment or their carer, should set appropriate targets for such improvements.
- As a management tool by healthcare professionals to obtain a more detailed picture of the glucose profile for an individual. In particular, for patients having difficulties in achieving their personalised treatment target, someone who is troubled by frequent hypoglycaemia, hyperglycaemia or both. People who have recently developed hypoglycaemia unawareness could use Flash GM, with the support of their healthcare professional team, ‘to troubleshoot’, which may help stabilise their blood glucose levels and re-establish their hypo awareness. Such usage should be limited to one month’s trial, with monthly extensions in exceptional circumstances provided ongoing monthly review by specialist diabetes team. In these circumstances, all prescribing limited to specialist hospital diabetes team.