The COMISAIR Study
CGM for MDI patients? Yes, they can benefit, too.
Results from this year-long study showed that continuous glucose monitoring (CGM)—not the insulin delivery method—drives A1C reduction.

Study Objectives and Methods

Objective:
Compare efficacy of MDI* and pump insulin regimens augmented by CGM vs. SMBG†.

Research Design/Methods:
• 1-Year prospective clinical trial
• 65 participants with type 1 diabetes
• Adults (>18 years) with A1Cs ranging from 7%-10%
• Participants divided into four groups (see chart below)

* Multiple daily injections
† Self-monitoring of blood glucose

RESULTS

GREATER A1C REDUCTION
Patients on MDI + CGM saw greater improvement than those on Pump Therapy + SMBG

REDUCED HYPOGLYCEMIA
25% reduction of time spent in hypoglycemia in CGM-augmented group compared to baseline

INCREASED TIME SPENT IN TARGET RANGE
38% increase in time spent in range (4.0 mmol/L-10.0 mmol/L) in CGM-augmented group compared to baseline

CGM First™
Recognized as the standard of care in diabetes management by ADA, AACE and the Endocrine Society, CGM use has been proven to reduce A1C without increasing risk of hypoglycemia regardless of insulin delivery method. When initiating or adjusting insulin regimens for your patients, CGM provides real-time insights for better glycemic outcomes. Optimize your patients’ treatment plans and prescribe a Dexcom CGM System today.
References

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