Methods of Evaluating the Utility of Continuous Glucose Monitor Alerts

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Abstract

Background:

The evaluation of continuous glucose monitor (CGM) alert performance should reflect patient use in real time. By evaluating alerts as real-time events, their ability to both detect and predict low and high blood glucose (BG) events can be examined.

Method:

True alerts (TA) were defined as a CGM alert occurring within \pm 30 minutes from the beginning of a low or a high BG event. The TA time to detection was calculated as [time of CGM alert] – [beginning of event]. False alerts (FA) were defined as a BG event outside of the alert zone within \pm 30 minutes from a CGM alert. Analysis was performed comparing DexComTM SEVEN[®] PLUS CGM data to BG measured with a laboratory analyzer.

Results:

Of 49 low glucose events (BG \leq 70 mg/dl), with the CGM alert set to 90 mg/dl, the TA rate was 91.8%. For 50% of TAs, the CGM alert preceded the event by at least 21 minutes. The FA rate was 25.0%. Similar results were found for high alerts.

Conclusion:

Continuous glucose monitor alerts are capable of both detecting and predicting low and high BG events. The setting of alerts entails a trade-off between predictive ability and FA rate. Realistic analysis of this trade-off will guide patients in the effective utilization of CGM.

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Abbreviations: (BA) benign alert, (BG) blood glucose, (CGM) continuous glucose monitor, (FA) false alert, (FN) false negative, (FP) false positive, (HbA1c) hemoglobin A1c, (ISF) interstitial fluid, (MA) missed alert, (ROC) receiver–operator characteristic, (TA) true alert, (TN) true negative, (TP) true positive, (YSI) Yellow Springs Instruments

Keywords: alert performance, blood glucose, continuous glucose monitor, glucose sensor

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