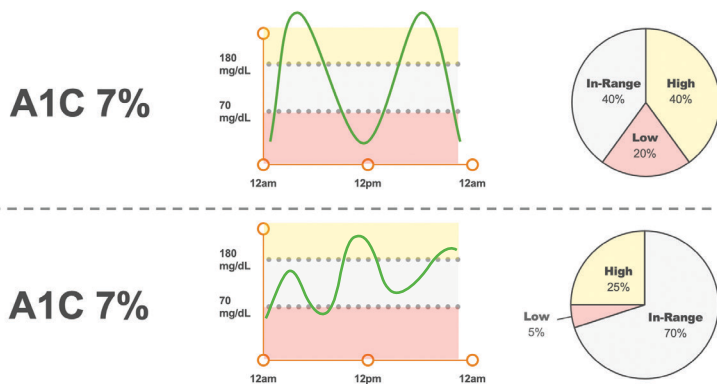


## THE VALUE OF METRICS BEYOND A1C

A1C is a reflection of average glucose over the last 2-3 months but does not identify glycemic variability.<sup>1</sup> CGM data provides the actual average glucose and can identify patterns of hypo- and hyperglycemia, assess glycemic excursions and glucose variability to allow for therapy modification.<sup>1</sup>

## Same A1C but CGM Patterns Drive Different Treatment Plans<sup>2</sup>

Estimated A1C for a Time in Range (TIR) level<sup>3</sup>



TIR 70-180 mg/dL	A1C
20%	10.6%
30%	9.8%
40%	9.0%
50%	8.3%
60%	7.5%
70%	6.7%
80%	5.9%
90%	5.1%

Each 5% increase in TIR is considered clinically significant.<sup>1</sup>  
 For every 10% increase in TIR = ~0.8% A1C reduction.<sup>3</sup>



## KEY METRICS

### Number of days with CGM data

14+ days recommended

### Percentage of time CGM is active

>70% of data recommended

### Mean glucose

The average glucose

### Glucose Management Indicator (GMI)

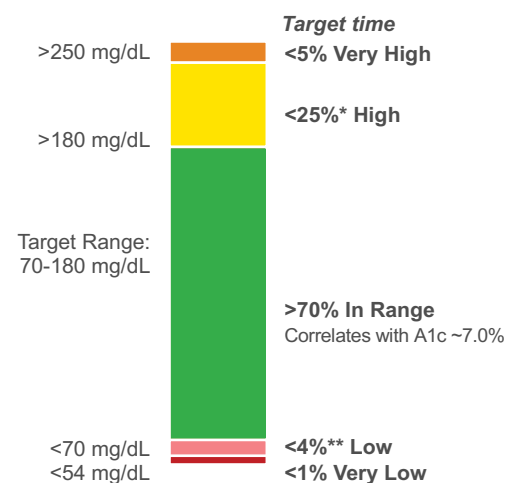
Calculated using average sensor glucose data and expressed as a percent. Can be an indicator of glucose management and will likely differ from A1C.

### Coefficient of Variation (CV)

Measure of glycemic variability  $\leq 36\%$  is recommended<sup>1</sup>

## GOALS FOR TIR

Recommended Time in Range for most people with T1D and T2D<sup>1\*\*\*</sup>



<sup>1</sup>Includes percentage of values >250 mg/dL. <sup>\*\*</sup>Includes percentage of values <54 mg/dL. <sup>\*\*\*</sup>Type 1 diabetes, Type 2 diabetes. Recommendations from the International Consensus on Time in Range, 2019 recommend individualized glycemic targets for high risk and/or older adults with a focus on reducing the percentage of time spent less than 70 mg/dL and preventing excessive hyperglycemia. 1. Battelino T et al. Diabetes Care. 2019;42(8):1593-1603. 2. Adapted from <https://diatribe.org/BeyondA1c>, Assessed March 18, 2021. 3. American Diabetes Association. Diabetes Care. 2019

## USING STRENGTH-BASED LANGUAGE<sup>4</sup> WHILE TALKING ABOUT TIR



Emotions tied to living with diabetes



Numbers are data, not a judgement<sup>\*4</sup>

- Not “good” vs “bad” numbers



Develop SMART goals to move towards more TIR and less time below range



Create an action plan together using shared decision-making

- What is one way you might move towards more TIR?
- Would you prefer to eat fewer carbs at breakfast or increase your insulin?

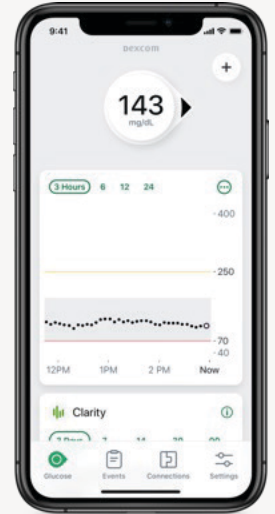


Celebrate the success!

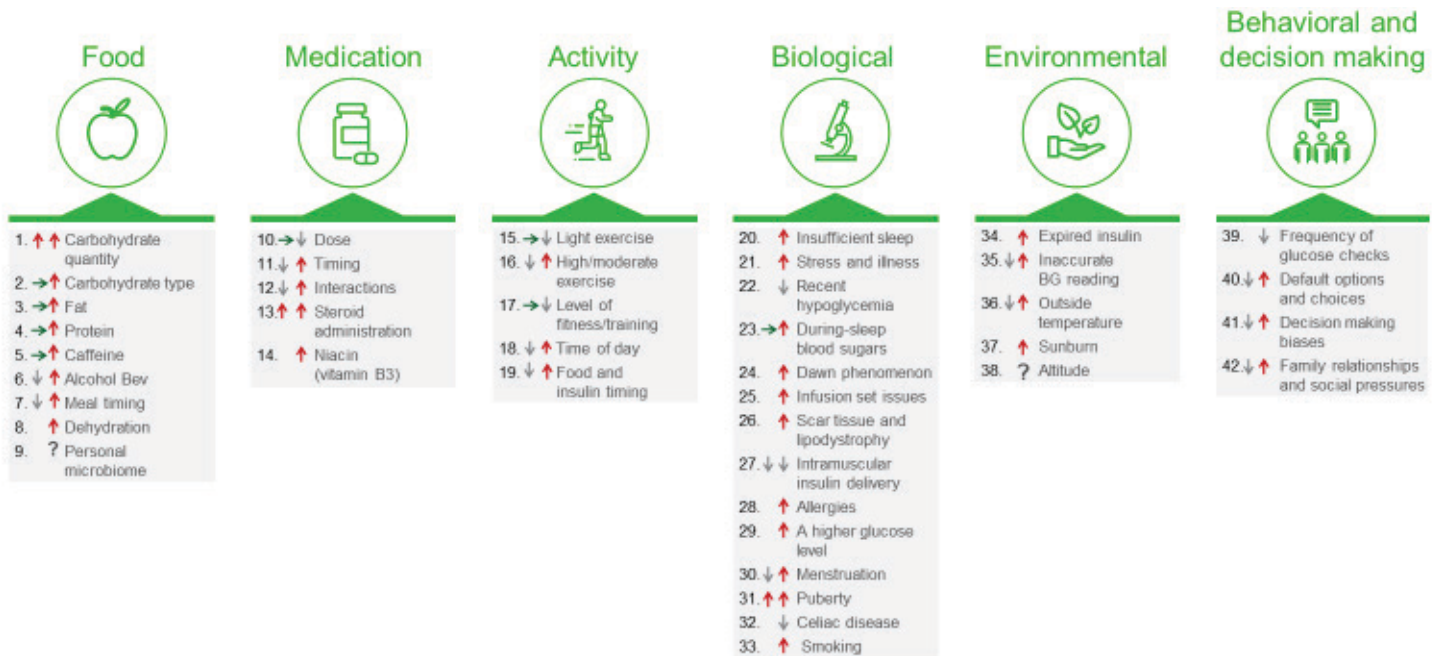
- Identify the positives

## STRATEGIES TO HELP INCREASE TIR

- **Discover** –What food or activity choices helped glucose to stay in range (70–180 mg/dL)?
- **Be curious** –Experiment with portion sizes to evaluate post-prandial peak after eating favorite foods.
- **Strive for FNIR** (flat, narrow, in-range) on the trend graph
- **Celebrate** –Acknowledge the hard work required to manage diabetes and stay in-range.



## AT LEAST 42 FACTORS CAN AFFECT THE GLUCOSE<sup>5</sup>



All images are representational. Your product may look different.

\* Extreme hyper- or hypo-glycemic events warrant serious discussion between a HCP and patient

4. Dickinson, J.K. et al., Diabetes Care 2017 Dec; 40(12): 1790–1799. 5. Adapted from Brown 2020. Brown A. DiaTribe Learn: Making sense of diabetes. Published February 13, 2018. Accessed February 4, 2020. diatribe.org/42factors

BRIEF SAFETY STATEMENT: Failure to use the Dexcom G7 Continuous Glucose Monitoring System (G7) and its components according to the instructions for use provided with your device and available at <https://www.dexcom.com/safety-information> and to properly consider all indications, contraindications, warnings, precautions, and cautions in those instructions for use may result in you missing a severe hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) occurrence and/or making a treatment decision that may result in injury. If your glucose alerts and readings from the G7 do not match symptoms, use a blood glucose meter to make diabetes treatment decisions. Seek medical advice and attention when appropriate, including for any medical emergency.

The web-based Dexcom Clarity software is intended for use by both home users and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis, and evaluation of historical CGM data to support effective diabetes management. It is intended for use as an accessory to Dexcom CGM devices with data interface capabilities. Caution: The software does not provide any medical advice and should not be used for that purpose. Home users must consult a healthcare professional before making any medical interpretation and therapy adjustments from the information in the software. Caution: Healthcare professionals should use information in the software in conjunction with other clinical information available to them. Caution: Federal (US) law restricts this device to sale by or on the order of a licensed healthcare professional.

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