

# Recommendation for Self-Monitoring of Blood Glucose



## MY PATIENT

## HOW MUCH IS OPTIMAL?

Person with type 1 or type 2 diabetes using basal bolus insulin regimens



Individualize frequency to guide adjustments in insulin therapy.

Adult with type 2 diabetes using basal insulin



Individualize frequency, but testing of up to 14 times per week is often sufficient.

Adult with type 2 diabetes managed on oral antidiabetes drugs



Routine self-monitoring of blood glucose is not required. Periodic testing in selected patients may be beneficial. For example, those with:

- o unstable glucose levels
- o acute illness
- o pharmacotherapy changes
- o pregnancy
- o risk of hypoglycemia (e.g., from insulin secretagogues)
- o jobs in which hypoglycemic reactions could be dangerous

Periodic testing should be linked to specific patient actions (e.g., prevention or treatment of hypoglycemia, self-directed dosage adjustment).

Adult with type 2 diabetes managed by diet and exercise



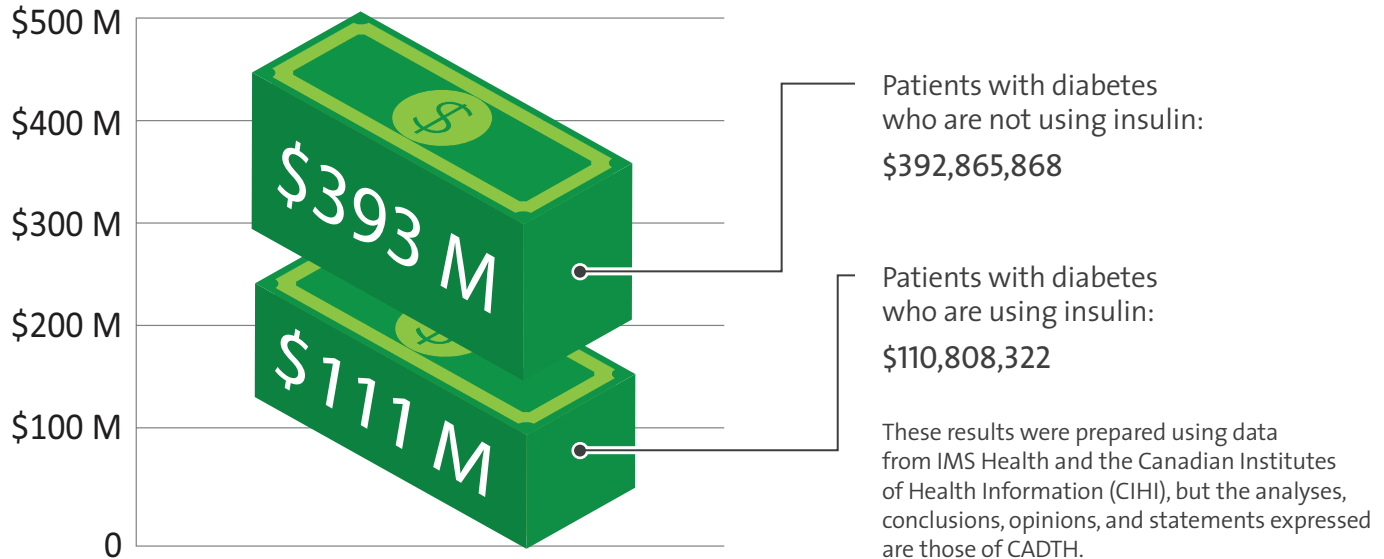
Routine self-monitoring of blood glucose is not required.

These recommendations are based on clinical and cost-effectiveness evidence. They should be taken into account, along with each patient's unique situation, when prescribing self-monitoring of blood glucose.

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Total Spending on Blood Glucose Test Strips in Canadian Publicly and Privately Funded Drug Plans Exceeded

\$503 million in 2012



If practice changes to reflect the evidence, more than \$260 million could be freed up per year for spending on antidiabetes interventions that are proven effective. Patient health would not be affected negatively.