

Alicia has type 1 diabetes



Alicia is a 21 year old with Type 1 diabetes who likes to run.

During university her glucose control suffered, with one admission to hospital for diarrhoea and vomiting, complicated by ketosis. After university she was given a flash glucose monitor and she shares the data from her glucose monitor with her specialist diabetes team.



Alicia scans her sensor when she wakes each day to check her blood sugars. Before breakfast she calculates the amount of bolus insulin.

She scans again after breakfast and has a snack before and after a run if her blood sugars are low. She scans before lunch and evening meal, at 9pm (when she administers her daily basal insulin injection) and before bed.



Alicia attends a review. She is concerned that her blood sugar levels increase after runs instead of dropping. Her consultant reviews her record and glucose sensor data.

He notes she has had no hospital admissions due to diabetes in the last 12 months and had attended the refresher DAFNE structured education course. Her glucose variability is significantly higher on days that she runs.



Her consultant assesses her general control of her sugar levels as good. He explores Alicia's concern including how she plans for runs, timing and length of runs and her use of isotonic drinks for carbohydrate.

He suggests considering a connected pen to monitor insulin doses to see which strategies work best. They agree a virtual review of her data in 2 – 3 weeks.