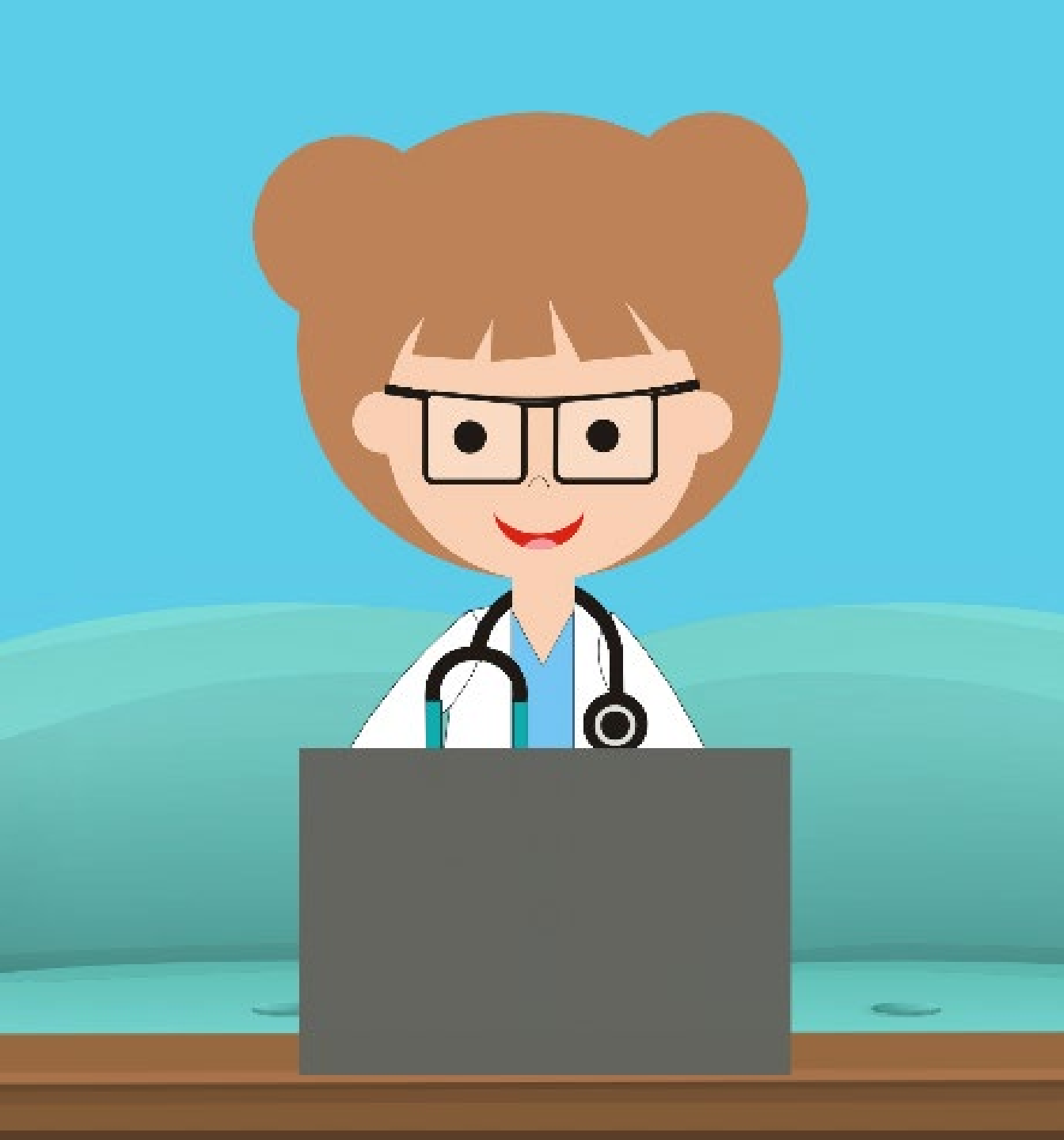


Travelling with Diabetes

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Assistant Professor University of Toronto





Faculty/presenter disclosure

Relationships with commercial interests:

- Speakers Bureau/Honoraria: Abbott, Dexcom, Novo Nordisk, Sanofi, BI, LifeScan
- Consulting Fees: None
- Clinical trials: Novo Nordisk

Objectives

1

Review planning checklists to assist PWD who plan to travel

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Adjust medications for activity and time changes

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Uncover diabetes apps that can support patients while travelling

TRAVELERS WITH DIABETES

Travelers with Diabetes must take extra precautions and plan their holiday well in advance.

Don't let diabetes be a barrier to stop you from traveling





General Travel Advice

- Vaccines
- Travel Insurance
- Extra supplies (and batteries)
- Pack all meds in carry-on
- Medication for nausea and diarrhea
- First aid kit
- Hypo treatments (glucagon, fast and complex carbs)
- Travel Letter
 - Nature of the illness
 - List of medications
 - Requirement to fly with sharps
 - Requirement to fly with hypo treatment, snacks



Storing insulin and supplies

Most Insulin keeps its strength at room temperature for 30 days.

- hot temperatures, store insulin in an insulated bag.
- cold temperatures, keep insulin close to the body to stop it from freezing.

Suggest a small sharps container to store used needles and syringes

Alcohol swabs or hand sanitizer to clean fingers prior to testing

Pack more than the needed supplies

Pack back up pump and long-acting insulin if pump fails

Airport Screening

No requirement to disclose diabetes diagnosis to security agents, “medical device” is adequate.

No requirement to remove insulin pump but **CANNOT** be worn through the 360 body-scanner or placed in the x-ray machine

If 360 scanner is required, PWD should request a physical search, handheld metal detectors do not affect pump or CGM

About diabetes >

Type 2 risks >

Nutrition & fitness >

D-Camps >

Get involved >

Resources >

Your region

Advocacy & Policies >

Health-care providers >

Research >

Air travel

Traveling can be a breeze if you follow a few tips

General travel tips

- Be sure to get any required vaccinations at least four weeks before you travel, so you have time to deal with any possible side effects.
- Have a letter from your doctor stating that you need to carry medicines or supplies because some airlines and some countries require you to. Syringes and needles can present a problem when flying and when entering some countries.
- Carry a list of your medications (including the generic names and their dosages) from your pharmacist.
- Keep your medication, meal, and snack times as regular as possible.
- If traveling by air or car, try to do some form of activity during your journey: do simple stretches in your seat, circle your ankles, raise your legs, or move around periodically in

Travelling with Diabetes Patient Checklist

Feel more confident with the meter that provides real-time guidance and insight.

General Travel Tips:

- Keep your medication, meal, and snack times as regular as possible.
- If travelling by air or car, try to do some form of activity during your journey: do simple stretches in your seat, circle your ankles, raise your legs, or move around periodically in the aisles.
- If you will be extremely active while travelling, you may need to decrease your diabetes medication, so be sure to discuss this with your diabetes educator or physician.
- If you are crossing time zones, you should discuss your meal and insulin schedule with your doctor or diabetes educator.

Carrying & Storing Tips:

- Insulin keeps its strength at room temperature for 30 days. If travelling in hot temperatures, store your insulin in an insulated bag. If travelling in cold temperatures, keep your insulin close to your body to stop it from freezing.
- You can carry a small sharps container to store used needles and syringes while travelling.
- When travelling by air, you may carry liquids such as insulin, juice or gels to treat hypoglycemia, etc., even in amounts greater than 100 ml. Just make sure they're accessible and declare them to security when being screened.

Connect your meter with the OneTouch Reveal® mobile app to share your results with your healthcare team wherever you go.

Download the FREE OneTouch Reveal® mobile app to start sharing your progress today.



Travelling with Diabetes Patient Checklist

Use this travel checklist to get ready for your trip:

- **Have a list of your medications.** Include the generic names and their dosages from your pharmacist.
- **Bring a letter from your doctor stating:**
 - Your diabetes treatment plan so doctors in the places you travel can understand your needs.
 - That you need to carry syringes or needles for insulin pens and lancets as part of your insulin treatment. Having this will be helpful if your luggage is examined at airport security checkpoints.
 - The supplies you need for your diabetes care. Be sure to keep your syringes, needles, pens, and lancets in the same boxes that they came in with the original prescription label on them.
- **Ask your doctor, diabetes educator or healthcare team about:**
 - Illness management.
 - Low blood sugar management (and Glucagon for insulin users).
 - Adjustments for meals, insulin and medications in different time zones.
 - Avoiding illness caused by contaminated food and water.
 - Tips for adjusting your medication if required.
- **Pack extra supplies.** Keep them in your carry-on bag in case your luggage goes astray. This includes your meter, test strips, glucose tabs, alcohol swabs and insulin pens or syringes (and insulin vials).
- **Bring plenty of travel snacks.** Some good ones include low-fat granola bars, whole-wheat crackers or nuts. Be on the safe side and bring enough in case you get delayed. As well, bring some fast-acting sugar to treat low blood sugar. If you're going to the U.S., you may not be able to bring certain types of food, like fruit.
- **Consider getting travel insurance.** Before you leave for your trip, consider getting travel insurance. And remember, some countries require proof of health insurance on arrival.
- **Some other things to have:**
 - Telephone numbers of your doctor and diabetes educator.
 - Meter, test strips, and logbook.
 - Urine ketone-testing strips.
 - A print-out of your medical history summary from your healthcare professional.

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Instructions for Health-Care Professionals:

If people with diabetes become ill and are unable to maintain adequate fluid intake, or have an acute decline in renal function (e.g. due to gastrointestinal upset or dehydration), they should be instructed to hold medications which will:

A) Increase risk for a decline in kidney function:

- Angiotensin-converting enzyme inhibitors
- Angiotensin receptor blockers
- Direct renin inhibitors
- Nonsteroidal anti-inflammatory drugs
- Diuretics
- SGLT2 inhibitors

B) Have reduced clearance and increase risk for adverse effects:

- Metformin
- Sulfonylureas (gliclazide, glimepiride, glyburide)

- S** sulfonylureas
- A** ACE inhibitors
- D** diuretics, direct renin inhibitors

- M** metformin
- A** angiotensin receptor blockers
- N** nonsteroidal anti-inflammatory
- S** SGLT2 inhibitors

Please complete the following card and give it to your patient.

People with diabetes should be instructed that increased frequency of self blood glucose monitoring will be required, and adjustments to their doses of insulin or noninsulin antihyperglycemic agents may be necessary.

Instructions for People with Diabetes

When you are ill, particularly if you become dehydrated (e.g. vomiting or diarrhea), some medicines could cause your kidney function to worsen or result in side effects.

If you become sick and are unable to drink enough fluid to keep hydrated, you should **STOP** the following medications:

- Blood pressure pills
- Water pills
- Metformin
- Diabetes pills
- Pain medications
- Nonsteroidal anti-inflammatory drugs (see below)

Please be careful not to take nonsteroidal anti-inflammatory drugs (which are commonly found in pain medications [e.g. Advil] and cold remedies).

Please check with your pharmacist before using over-the-counter medications and discuss all changes in medication with your health-care professional.

Please increase the number of times you check your blood glucose levels. If they run too high or too low, contact your health-care professional.

If you have any problems, you can call:

Adjusting oral medications

Consider increased activity

Hot climate and risk of dehydration

Changes in diet

Food born illness (gastroenteritis)

Stay Safe When You Have Diabetes and Are Sick or at Risk of Dehydration



You are at risk of dehydration if you have any of any of the following:

- Vomiting
- Diarrhea
- Fever
- Excessive exposure to heat and/or humidity without drinking enough



DRINK plenty of fluids, with minimal sugar (unless you have been told to limit fluids)

- Consider electrolyte replacement solutions (such as Gastrolyte®, Hydralyte®, Pedialyte®), clear soups or broths, water, diet soda (e.g. diet ginger-ale), watered down apple juice
- Limit caffeine (from coffee, tea and soda drinks) which makes dehydration worse



PREVENT low blood sugar (hypoglycemia).

If you cannot eat your usual foods, try any of the following foods, each containing about 15g of carbohydrates.

- 1 cup milk*
- 2/3 cup juice
- 1/2 cup applesauce
- 1/2 cup regular Jell-O
- 1/2 cup flavoured yogurt*
- 1/2 cup ice cream* or sherbet
- 2/3 cup regular soft drink (avoid caffeinated drinks)
- 1/4 cup pudding or 1/2 cup sugar-free pudding
- 1 twin popsicle



* Consider avoiding these foods if vomiting or diarrhea

IF YOU ARE USING INSULIN, you need to check your blood sugar more often and you might need to adjust the amount of insulin you inject

If the symptoms last more than 24 hours and you continue to be dehydrated, or at risk of dehydration, you should also TEMPORARILY STOP:

Certain Blood Pressure / Heart Medications

- ACE Inhibitors: e.g. Enalapril (Vasotec®), Fosinopril (Monopril™), Lisinopril (Prinivil®/Zestril®), Perindopril (Coverlyl®), Quinapril (Accupril™), Ramipril (Altace®), Trandolapril (Mavik®)
- ARBs: e.g. Candesartan (Atacand®), Eprosartan (Teveten®), Irbesartan (Avapro®), Losartan (Cozaar®), Olmesartan (Olmotec®), Telmisartan (Micardis®), Valsartan (Diovan®)

All Water Pills

- e.g. Chlorthalidone (Hygroton), Furosemide (Lasix®), Hydrochlorothiazide, Indapamide (Lozide®), Metolazone (Zaroxolyn®), Spironolactone (Aldactone®)

Certain Diabetes Pills

- Metformin (Glucophage® or Glumetza®)
- SGLT2 Inhibitors: e.g. Canagliflozin (Invokana®), Dapagliflozin (Forxiga®), Empagliflozin (Jardiance™)

Anti-Inflammatory Pain Medications

- e.g. Ibuprofen (Advil®/Motrin®), Celecoxib (Celebrex®), Diclofenac (Voltaren®), Ketorolac (Toradol®), Naproxen (Aleve®/Naprosyn®)

Note: The list above does not include the names of medications that come in combination (2 medications in one tablet).

Ask your pharmacist to tell you:

The medications I need to TEMPORARILY STOP are:

When I am eating less than normal:

When I am dehydrated:

This personalized list last reviewed (date):

Note: RESTART these medications when you are eating and drinking normally.

Call your health-care team (Pharmacist, Doctor, Nurse Practitioner, Nurse, Dietitian) and/or go the Emergency Department

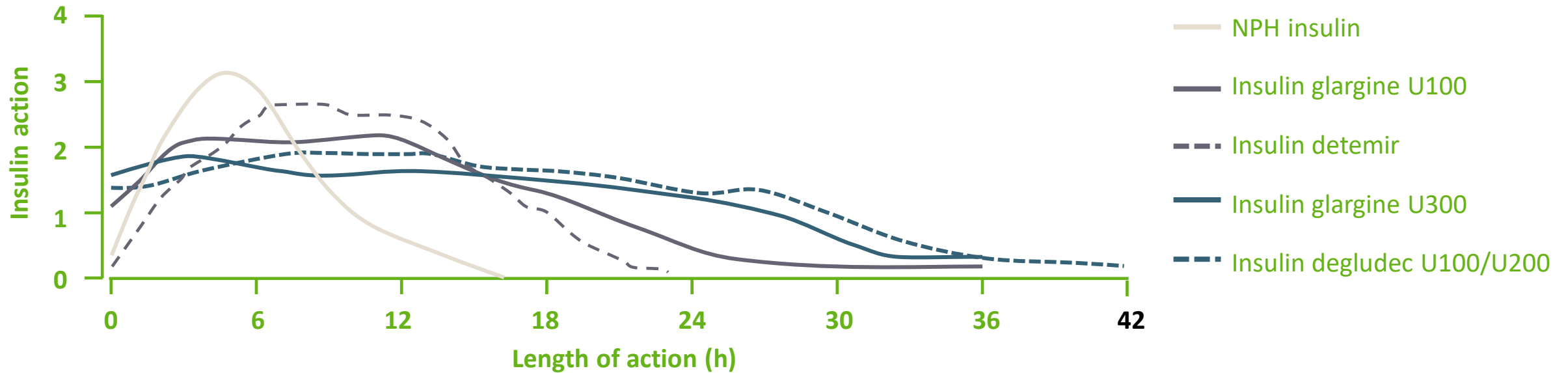
- If you cannot drink enough fluids
- If you don't know which medications to stop
- If you don't know how to adjust your insulin
- If you have been told to check your ketones and they are moderate to high
- If you have any of the following that are not getting better: vomiting, diarrhea, stomach pain, frequent urination, extreme thirst, weakness, difficulty breathing or fever

Adjusting insulin for time zone changes



- Travelling within 2-3 times zones no dose adjustment needed
- If losing or gaining more than 4-6 hours an adjustment should be considered

Each advance in basal insulin analogue generation has resulted in flatter profiles and longer duration of actions



The clinical benefit of these improved basal insulin profiles means less hypoglycemia and more flexible dosing for patients

Travelling East

Requires LESS basal insulin

Scenario : Depart Toronto 6:30 PM arrive Paris 8:30 AM Duration of flight 9 hrs (6 hrs LOST)

- Usual dose- 24 units of glargine u100 taken at 10 pm. aspart1u: 10g CHO and ISF 1:2.
- Recommendation- Take 18 units of glargine at 10pm EST (4 hrs into the flight) then change the watch to Paris time and take 24 units of glargine at 10pm Paris time on day of arrival.
- Dose aspart with all meals (at least 4 hrs apart for corrections)
- Target BG 6-12.



Travelling West

Requires MORE basal insulin

Scenario : Depart Toronto 1:30 PM arrive Tokyo 3:30 PM the next day, duration of flight 12 hrs (13 hrs gained)

- Usual dose- 24 units of glargine u100 taken at 10 pm. aspart1u: 10g CHO and ISF 1:2.
- Recommendation- Take 24 units of glargine the night before the flight, 12 hr later which is 11am Tokyo time (4 hrs before arrival) take 12 units and ~12 hrs after that-take the additional 12 units (10 pm Tokyo time) then on the second night in Tokyo take the full 24 units
- Dose aspart with all meals (at least 4 hrs apart for corrections)
- Target BG 6-12



Other considerations

- Insulin pump users change clock on arrival
- Adjust basal insulin down by 20-50% depending on nature of activity while travelling
- Safer to target slightly higher glucose levels while travelling
- Discuss ketone monitoring and how to recognize and treat ketosis

Diabetes Management For People Who Use Insulin

Developed at the Leadership Sinai Centre for Diabetes, Mt. Sinai Hospital, Toronto, with an educational grant from Abbott Laboratories, Limited, MediSense Products.

Know what to do if you are sick?

- **Always take some insulin—never omit it! (even if vomiting)**

You always need to take some insulin—you may need extra insulin. You may have higher blood sugar levels, even though you eat less.

- **Check your blood sugar and ketone.**

Test blood sugar and ketone before meals, and/or every 4 hours, around the clock. If your blood ketone are > 0.7 mmol/L, call your healthcare professional and follow your Sick Day Guidelines.

- **Drink plenty of fluids.**

Your body needs about 9 cups (2200 ml) of fluid daily to prevent dehydration. If you cannot eat as usual, replace carbohydrate with sugar-containing fluids.

- **If you vomit twice or more within 12 hours,** Call your healthcare professional or go to Emergency Department.

This general information about sick day management is not meant to replace the advice of your healthcare professional. Should you require further information regarding your condition or treatment, please speak with your healthcare professional.

Insulin Dose Adjustment Guidelines

The Total Daily Dose (TDD) formula helps you decide how much extra rapid or fast acting insulin you need to take.

1. Add up the number of units of insulin (all kinds) you usually take each day. (Use baseline or usual doses.) *Your TDD = _____ units.*
2. Calculate 10% = _____ 15% = _____ 20% = _____ of TDD. This is the extra dose (or supplement).
3. Follow the chart to decide how much fast/rapid acting insulin to take every 4 hours, in addition to your baseline or usual insulin doses. Repeat insulin every 4 hours, if needed, as per chart.
4. If not eating as usual, replace the usual carbohydrate with sugar containing fluids.

Your blood SUGAR tests (mmol/L)	Your blood KETONE tests (mmol/L)	ACTION NEEDED *Able to take fluids	YOUR DOSE would be:
Blood Sugar <3.9	–	No extra insulin. Decrease dose of pre-meal insulin as directed. If vomiting, contact your healthcare team!	
Blood Sugar 4.0-16.0	Blood Ketone <0.6	Use usual insulin dose (and scale) as for non-sick days.	
Blood Sugar 4.0-16.0	Blood Ketone ≥0.6	Take a 10% (of TDD) supplement of rapid or fast-acting insulin, in addition to usual <u>baseline</u> insulin doses.	
Blood Sugar >16.0	Blood Ketone <0.6	Take a 10% (of TDD) supplement of rapid or fast-acting insulin, in addition to usual <u>baseline</u> insulin doses.	
Blood Sugar >16.0	Blood Ketone ≥0.7-1.4	Take a 15% (of TDD) supplement of rapid or fast-acting insulin, in addition to usual <u>baseline</u> insulin doses.	
Blood Sugar >16.0	Blood Ketone ≥0.5-3.0	Take a 20% (of TDD) supplement of rapid or fast-acting insulin, in addition to usual <u>baseline</u> insulin doses. CALL YOUR HEALTHCARE TEAM as soon as possible!	

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Diabetes Canada COVID-19 Survey



1000 PWD 50% T1D
They found it convenient and
felt heard, and were able to
ask questions.
90% of the virtual care was by
phone, 10% by video

53% of respondents “agreed” or “strongly agreed” that “virtual is as good as if we were together in person”.

55% of respondents “agreed” that “it was convenient and saved me from having to go out”.

68% prefer more virtual visits in the future, even after COVID ends.

44% use advanced glucose monitoring systems.
2/3 share data digitally with their clinics

Reference. <https://www.diabetes.ca/DiabetesCanadaWebsite/media/Campaigns/COVID-19%20and%20Diabetes/COVID-Survey-of-PWD-Results-Summary.pdf>

Demonstrated confidence among Canadians living with diabetes to share their glucose data and use virtual care to ensure the continuity of their care during COVID (June, 2020).



Contents lists available at [ScienceDirect](#)

Canadian Journal of Diabetes

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**DIABETES
CANADA**



Original Research

Systematic Evaluation of Canadian Diabetes Smartphone Applications for People With Type 1, Type 2 and Gestational Diabetes

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Key Messages

- Blood glucose monitoring apps can be a useful tool for people with diabetes.
- The app marketplace is largely unregulated and the quality of apps is highly variable, healthcare providers and patients may have difficulty selecting the right app to fit their needs.

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ABSTRACT

Objectives: Our aims in this study were to: 1) review diabetes apps available in Canada using the Mobile App Rating Scale tool and generate usability scores for each, 2) characterize availability of features across all apps, 3) evaluate the clinical safety of bolus insulin calculators and 4) evaluate the quality of exportable blood glucose reports meant for use by health-care providers.

Methods: Two primary reviewers searched for, screened and evaluated diabetes apps from the Android Play Store and iOS App Store, resulting from the search terms “glucose” and “diabetes.”

Results: Overall Mobile App Rating Scale quality rating score was 3.1 out of 5. The Functionality subsection scored the highest (3.9 out of 5) and Information scored the lowest (2.0 out of 5). The majority of apps have the ability to track carbohydrate intake (54 of 75, 72%), send reminders (46 of 75, 61%) and can generate blood glucose reports (53 of 75, 71%), but few have bolus insulin calculators (6 of 75, 9%) and remote diabetes support (10 of 75, 13%).

Conclusion: Despite the widespread availability of many iOS and Android diabetes management apps, few are of high quality.

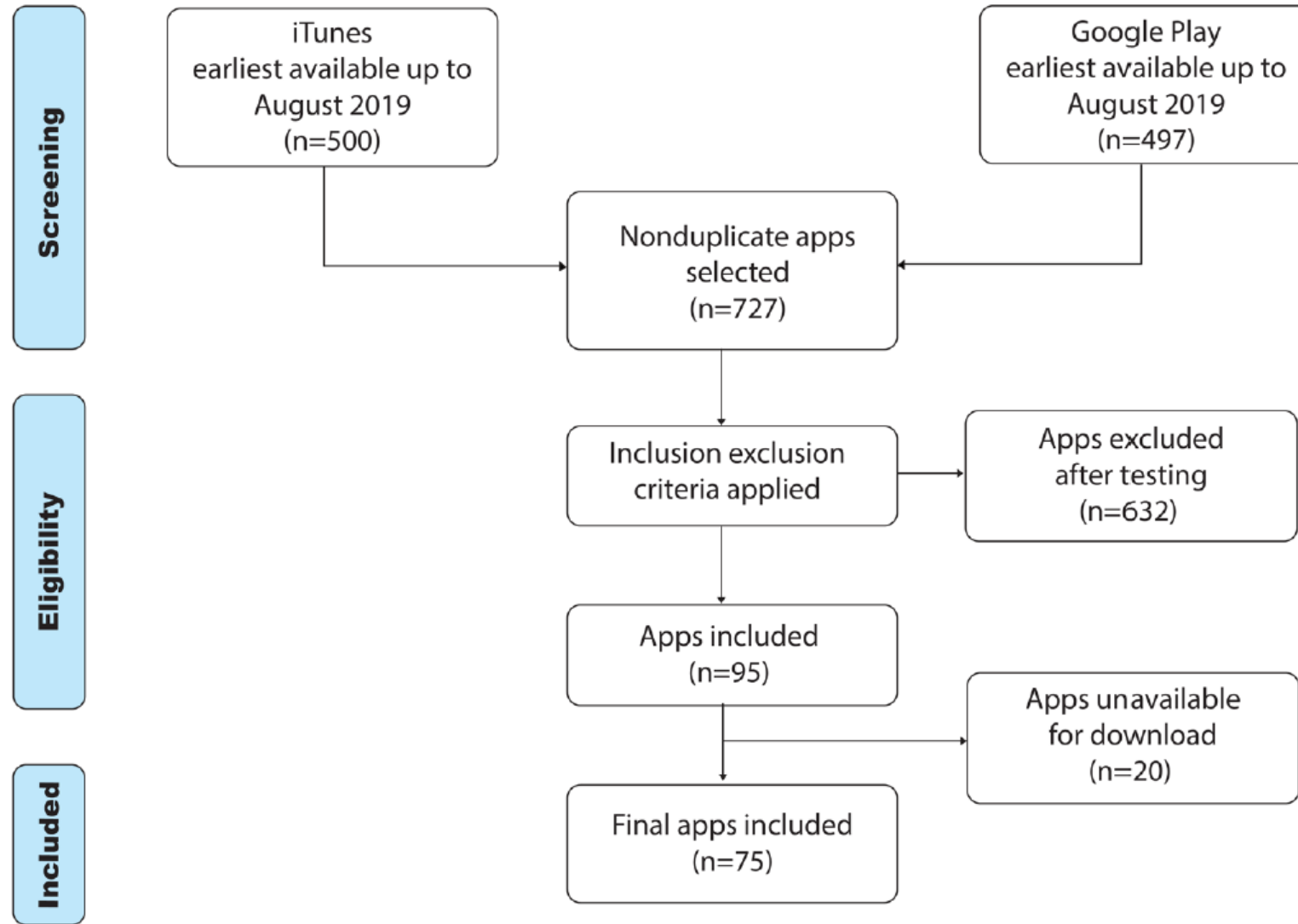


Figure 1: Selection process to identify relevant apps

Table 2: App features

App features	All apps (n=75)	%
Remote/virtual diabetes teaching	10	12%
Carbohydrate counting	54	72%
Bolus insulin dosing calculator	6	8%
Reminders for medication/blood glucose checks	46	61%
Generates reports for healthcare providers	53	71%
Automatic data entry option	26	35%
User community	7	9%
Apple and Android Compatibility	33	44%
No internet requirement	56	75%
Size <50 MB	51	68%

Table 3: Blood glucose report features

Blood glucose report features	All apps (n=53)	%
BG displayed by time of day in columns	40	53%
Range of BG by time of day or meal times	16	21%
Average of BG by time of day	15	20%
Highlights hypoglycemic BG measures	19	25%
Can denote if BG measures before or after meal	32	43%
Can denote insulin dose or food related to a BG measure	34	45%
Generates an ambulatory BG profile consistent with recommendations	9	12%

Top Five Apps by MARS Score

Name	Overall MARS Score (95% CI)	Cost (CAD)	Preferred Bluetooth Meter	Virtual Diabetes Teaching	Sends Reminders	BG Report Score (/7)
OneTouch Reveal	4.65 (4.19 – 5.11)	Free ^a	OneTouch Verio Flex [®]	No	Yes	6
Health2Sync	4.63 (4.21 – 5.07)	Free, Upgrade ^b (\$3.98/month)	None	No	Yes	6
Sugar Sense	4.60 (4.18 – 5.07)	Free	None	No	Yes	6
MySugr	4.57 (4.18 – 5.02)	Free, Upgrade ^c (\$3.98/month)	Accu-Chek [®] Guide meter	Yes (\$26.63/month)	Yes (Upgrade)	6
Center Health – The Diabetes App	4.57 (4.21 – 4.93)	Free	Center Nano Meter (US only)	No	No	N/A

^aOneTouch Reveal Plus to be paid by employer or health plan

^bUnlimited PDF reports, data analysis.

^cPDF reports, enhanced entry search, add pictures to BG entries, automatic reminders, multi-device sync, activity challenges.

One Touch



Health2sync



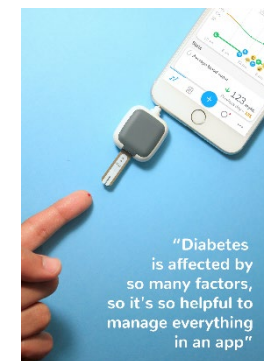
Sugar Sense



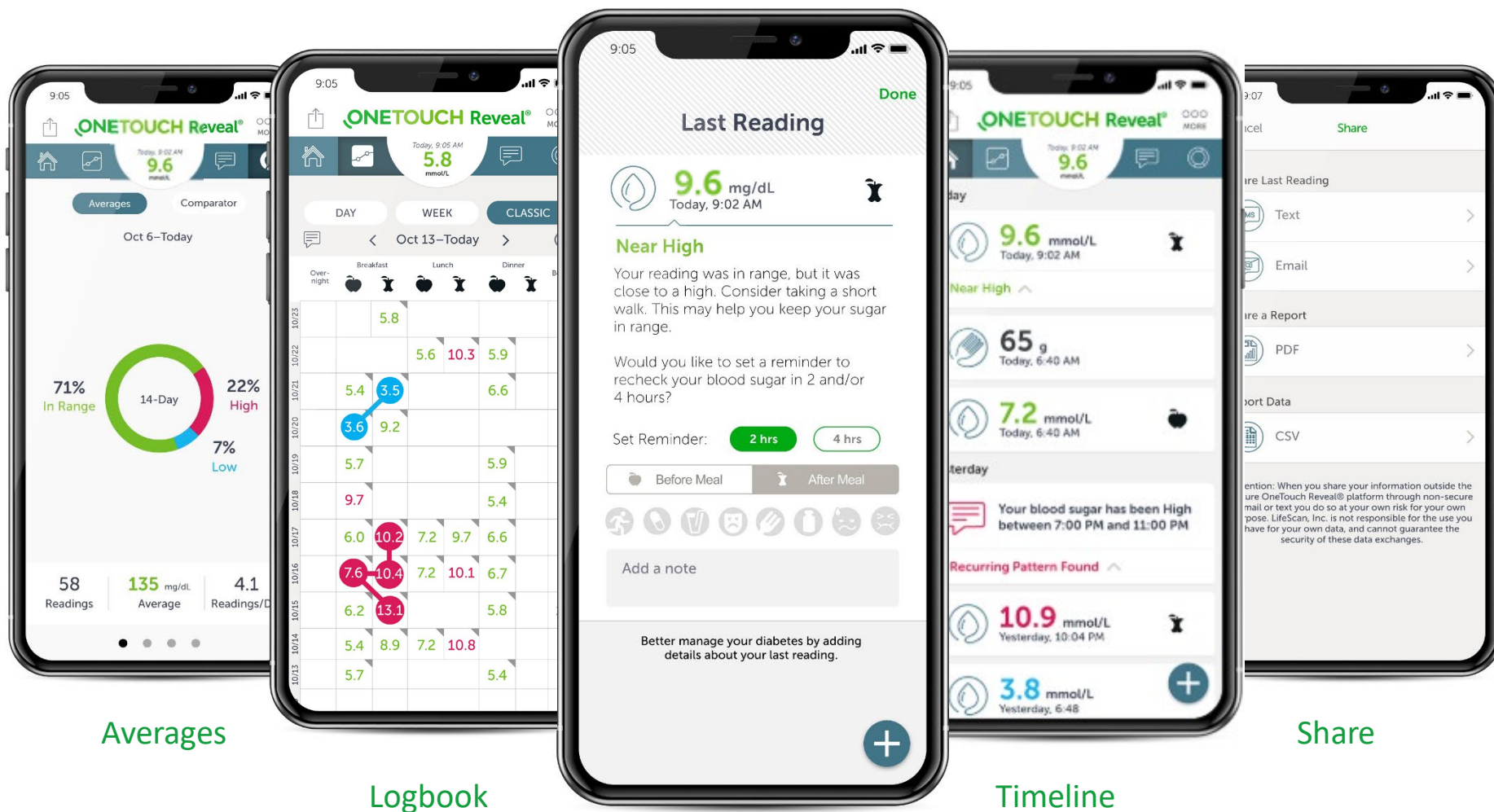
MySugr



Center Health



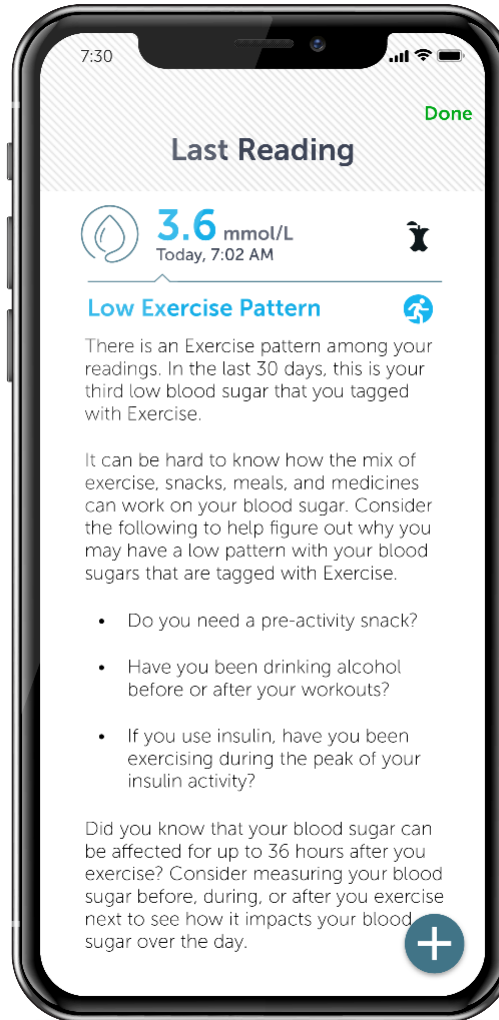
Supportive features on the OneTouch Reveal[®] mobile app



Blood Sugar Mentor™ messages with deeper insights



Event Tag Pattern
Message on Meter



Event Tag Pattern
Message on App

Timeline records events and patterns

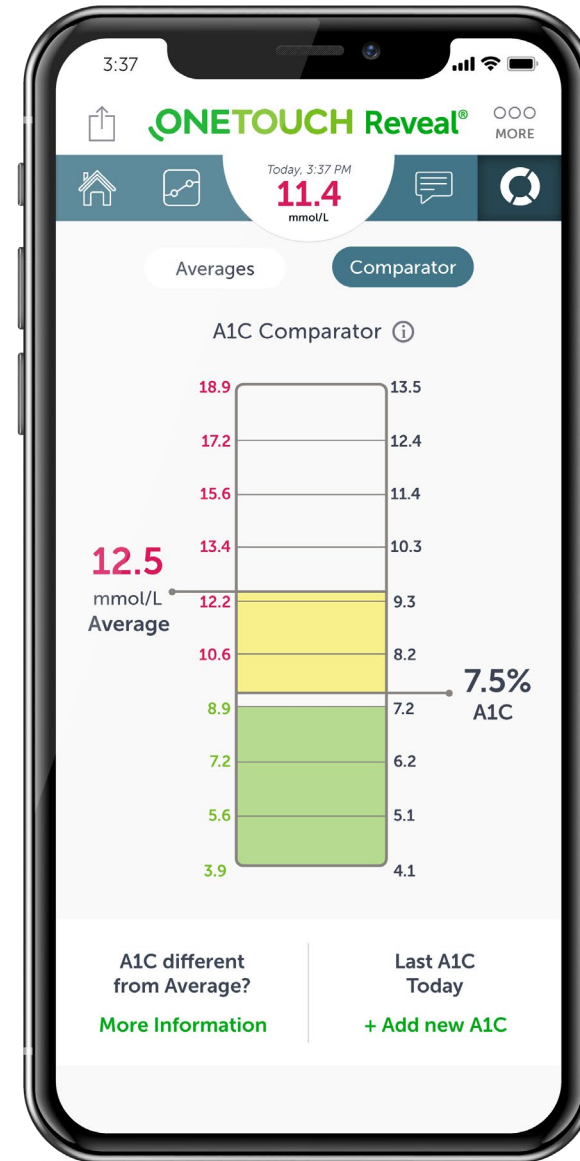
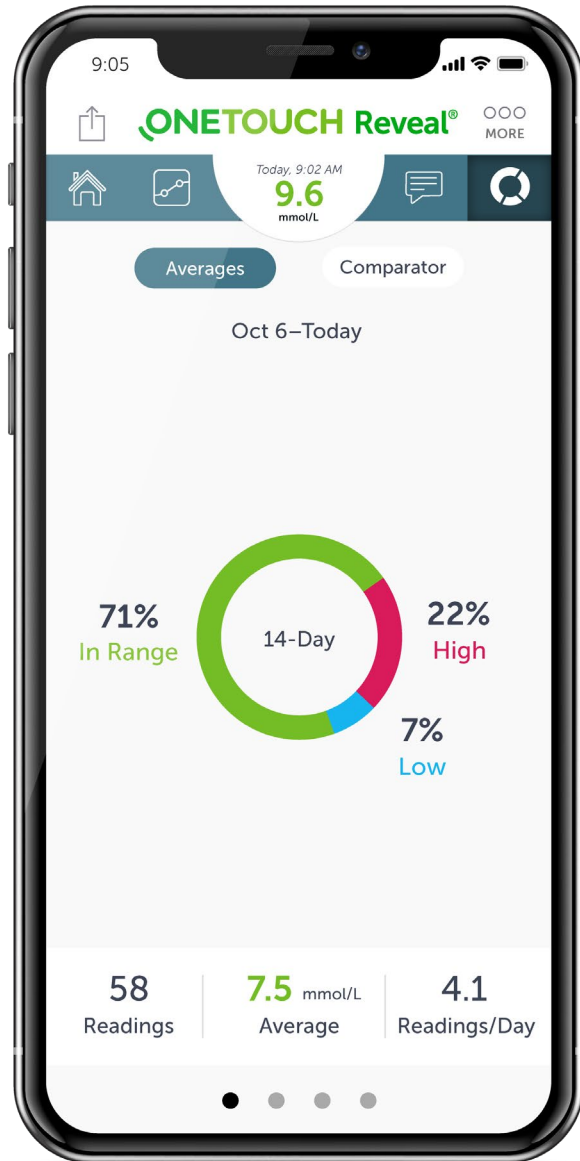


Tracks activity

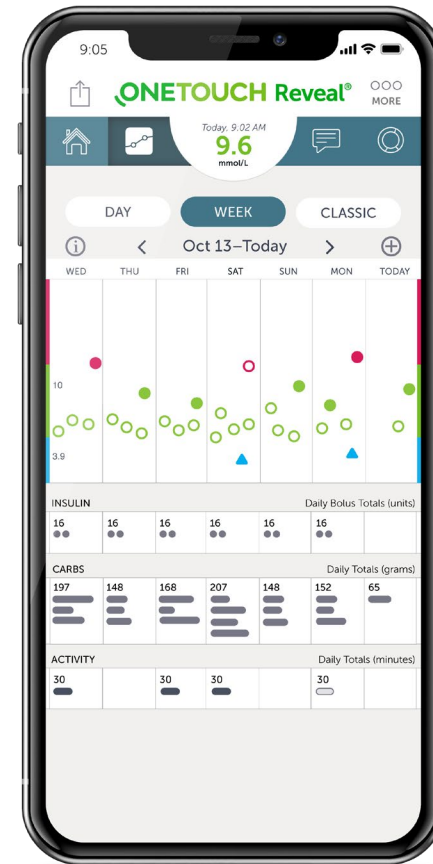
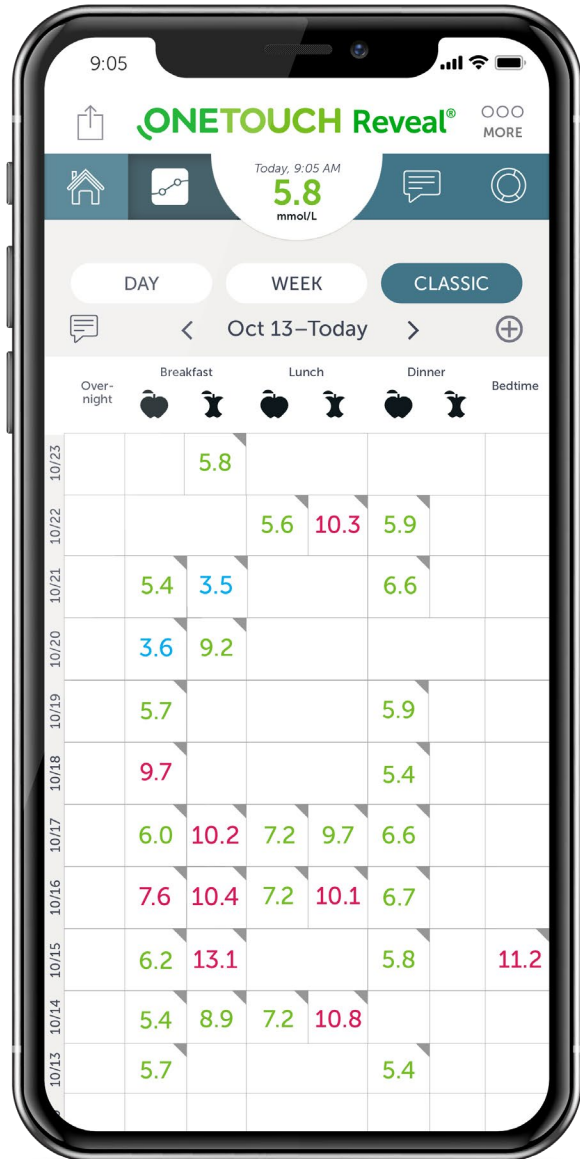
Records carb and
blood glucose events

Identifies patterns

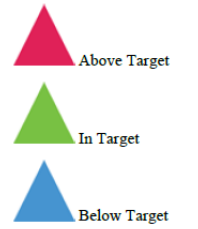
Averages and a1C Comparator



Logbook views



Untagged events



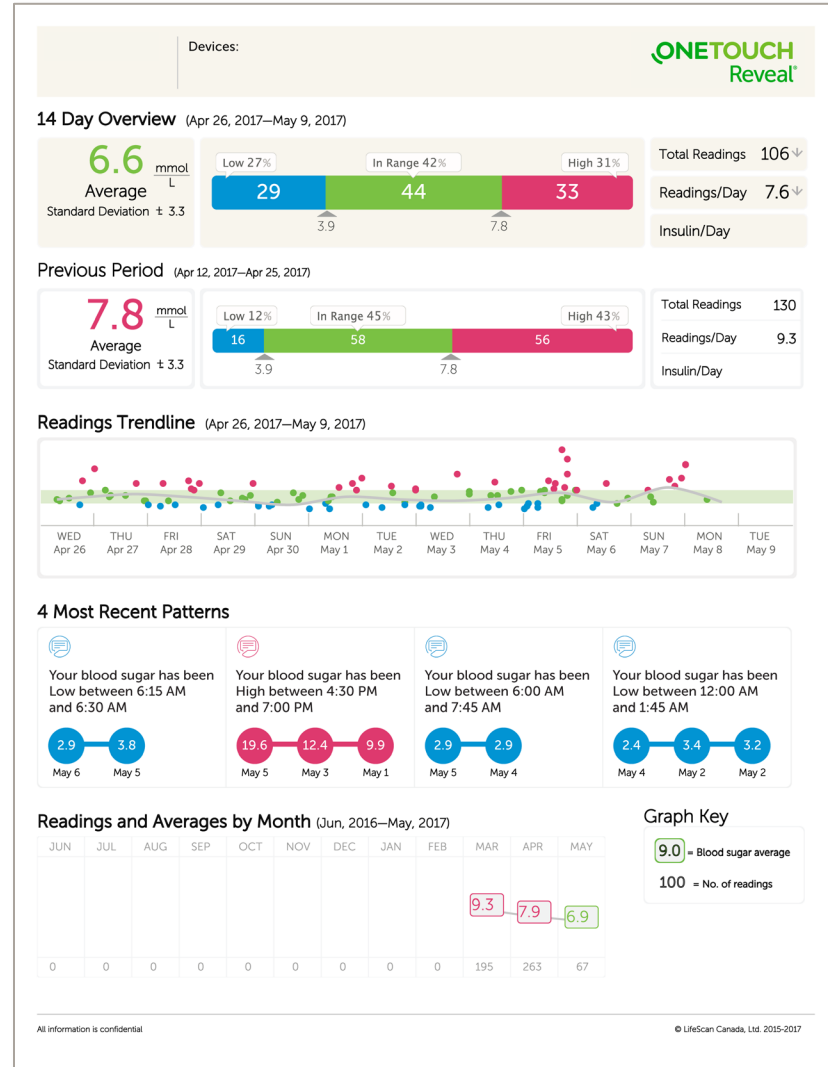
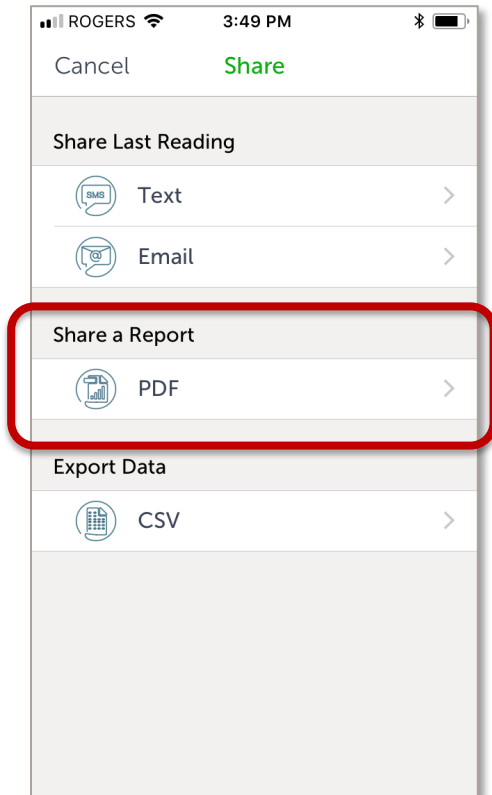
Before meals



After meals



Sharing of SMBG data





























Patients can share:

- A progress report that includes key summaries, stats, and the logbook for 14-, 30- or 90-day periods

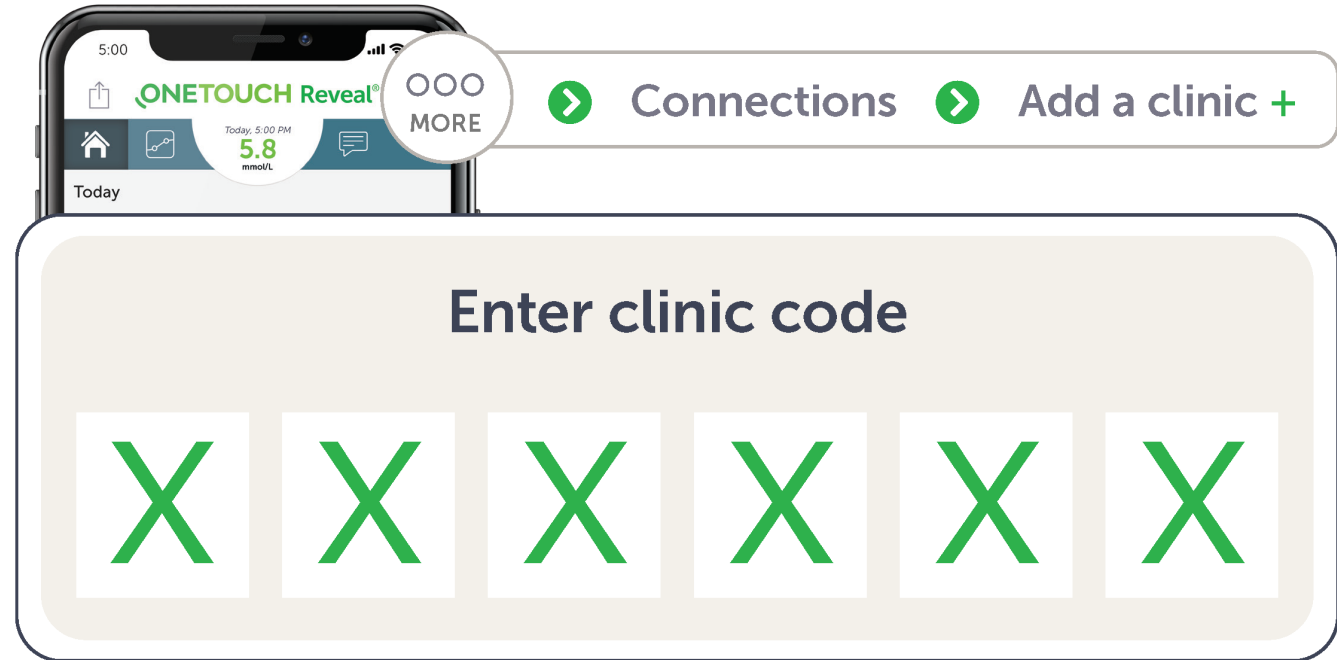
Allows for a quick scan of information prior to patient's visit

Digital logbook

Logbook Overview	Overnight 12-6am	Before Breakfast 6-9am	After Breakfast 9-11am	Before Lunch 11am - 2pm	After Lunch 2-5pm	Before Dinner 5-7pm	After Dinner 7-10pm	Bedtime 10pm-12am
Wednesday Aug 29, 2018			 9:00 am 0.0 min. Sore throat  9:31 am  9:49 am 65 g Toast with peanut butter and Nutella plus a banana  Rapid 9:59 am 5.0u 1/12.5 no correction, Right thigh	 12:02 pm +8.9 mmol/L 2:03 hours post bolus				
Tuesday Aug 28, 2018	 12:04 am  Moderate 1:30 am 15.0 min. Chasing friends around (sleep over in a tent)  2:10 am  2:13 am 36 g Two chewy bars and a cheese string before sleeping (extra carbs because I was concerned about a post exercise drop mid-sleep).		 9:31 am 0.0 min. Sore throat  10:00 am  10:31 am 0 g Sausages	 12:09 pm 12 g Cashews  12:22 pm  12:23 pm 12 g G2	 2:00 pm 6 g Pepperoni sticks  2:45 pm	 5:35 pm  5:42 pm 87 g Pizza and G2 with broccoli and cucumber  Rapid 5:50 pm 7.0u 1/12.5 no correction	 8:05 pm  8:30 pm 3 g Whipped cream  Long 9:08 pm 18.0u	 10:00 pm 2 g Almond milk  10:34 pm  10:35 pm 11 g Peanut butter rice cake and cheese string

How to connect your patients from their OneTouch Reveal mobile app

- 1 Patients **download OneTouch Reveal** mobile app
- 2 **Follow the mobile app prompts** step by step
- 3 **Add clinic code** to connect with diabetes care team



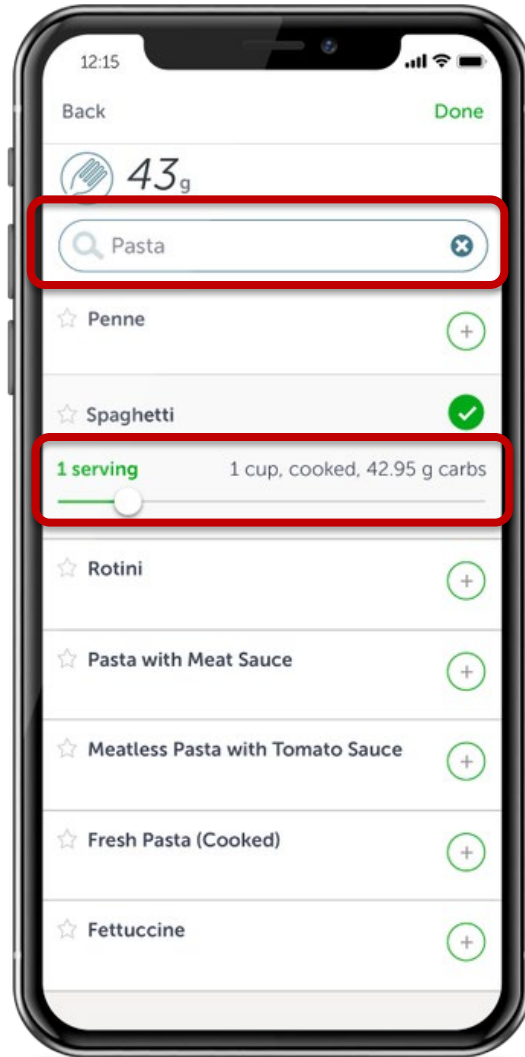
Patients don't have to send a report if they connect to the cloud and sync their meter.

Easily access patient reports from: OneTouchReveal.ca

Insulin Mentor™ feature on the OneTouch Reveal® app

Search bar

Adjustable slider to change serving size



Helps calculate carb values using the integrated food library.

Users can add carbs manually or use the large food library to calculate carb values for the serving size or portion of foods listed

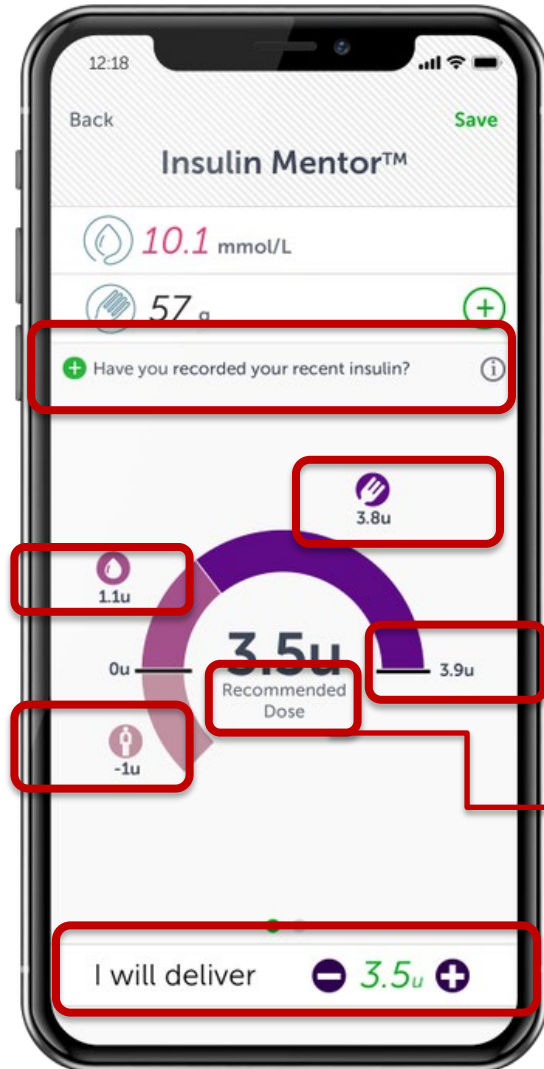
The Insulin Mentor™ feature is indicated for people with diabetes requiring bolus insulin, age 18 and older. Before use, a physician or healthcare professional must activate the functionality and program the set-up of patient-specific parameters and patients are required to complete a first-use tutorial. An accurate dose recommendation is dependent upon the data that the patient entered into the functionality and the settings their healthcare professional entered inclusive of patient's target blood sugar, insulin-to-carbohydrate ratio, insulin duration and insulin sensitivity.

Insulin Mentor™ feature on the OneTouch Reveal® app

Users can add any previous bolus insulin if they haven't recorded it

Correction bolus

Active Insulin taken into account to help avoid stacking



Helps users visualize how their mealtime insulin dose is calculated.

Meal Bolus

Calculated Dose (not rounded off)

Recommended Dose (rounded down)

The Recommended Dose can be adjusted manually (positive or negative)

Getting Started

Before use, a healthcare professional must activate and set up the OneTouch Reveal® mobile app Insulin Mentor™ feature for their patients. This can be completed in two ways:



Using the OneTouch Reveal® professional web app

OR

Directly on the patient's mobile device using the OneTouch Reveal® mobile app and an activation code

Lets keep connecting!



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