

I N T R O D U C T I O N

If New Technology Falls in Our Laps, Does It Make a Sound?

It was a hot, muggy day down in southern Florida. My wife and I decided to bring the kids to visit their grandparents (aka Mom-Mom and Pop-Pop) from our home just outside of Philly. The last time we visited, we bought my parents a computer and set them up with high-speed Internet so that they could follow our blogs and video-chat with their grandkids in real time. It wasn't the best computer in the world, but it was more than good enough to surf the net and maybe even help them keep their checkbook balanced.

What we found when we arrived at their condo was not to be believed. They were using the computer, but not as we originally intended. The clock at the bottom right corner of the screen served as their bedroom clock. And they kept the screen on all the time, with a plain white background, to serve as a nightlight. Said my mom, "You think I want your father breaking a toe on his way to the bathroom in the middle of the night? The man has a prostate!"

Speaking of Mom, she also found that the edges of the display were the perfect place to leave sticky note messages for my dad. Important stuff, like "Buy eggs" and "Pick up my medication." Mom did figure out how to play solitaire on the computer, but that's the extent of their use of any actual programs. My dad found a creative use for the hardware . . . specifically, the cooling fan. They don't like running the air conditioner until the temperature reaches a thousand

degrees, but that fan on the CPU, when positioned just right, could keep his legs cool while he watched TV.

I'm sharing all this unsettling information about my parents and their computer to prove a point: There is a big difference between having technology and using it to one's advantage. Continuous glucose monitoring systems (hereafter referred to as CGMs) are a perfect example. Tens of thousands of people with diabetes use CGMs, but how many are really benefiting from them? For those who are benefiting in some way, how many are taking full advantage of everything CGM has to offer? And how much are their health-care providers really able to glean from the dizzying array of data that CGMs and their accompanying software produce?

Having lived with type 1 diabetes for 30-plus years and having treated and managed clients with diabetes for more than 20 years, I've never been one to take a "woe is me" approach. We've got this disease; we'd might as well manage it right.

The purpose of this book is not to sell you on the merits of CGM. Whether you treat patients who use CGM or have diabetes (type 1 or type 2) and wear a monitor yourself, this book is all about making diabetes easier to manage. We're past the point of being in awe of CGM's cool-looking graphics. It's time to start reaping the benefits of this innovative technology. Technology to benefit us all.

To communicate effectively with CGM users and clinicians worldwide, glucose data throughout this book will be expressed in both mg/dL and mmol/L. The mmol/L values will be placed in square brackets. For example, 180 [10] means 180 mg/dL or 10 mmol/L.