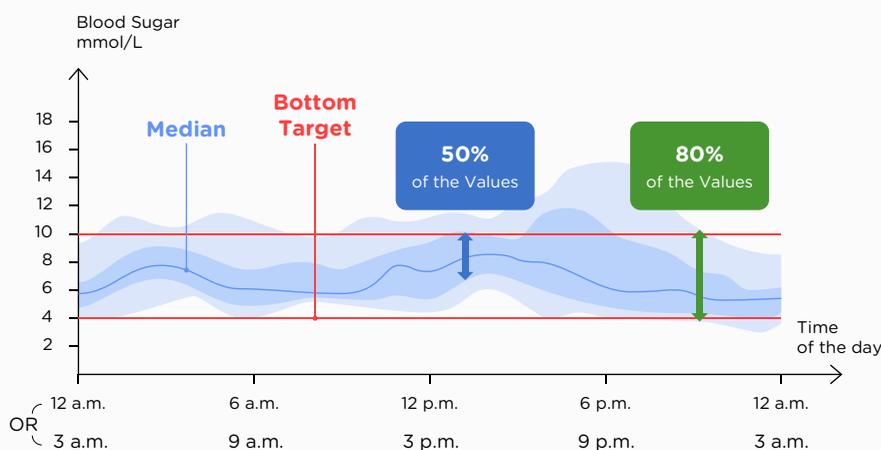


How to Analyze the Ambulatory Glucose Profile (AGP)

To do the analysis, I make sure that:

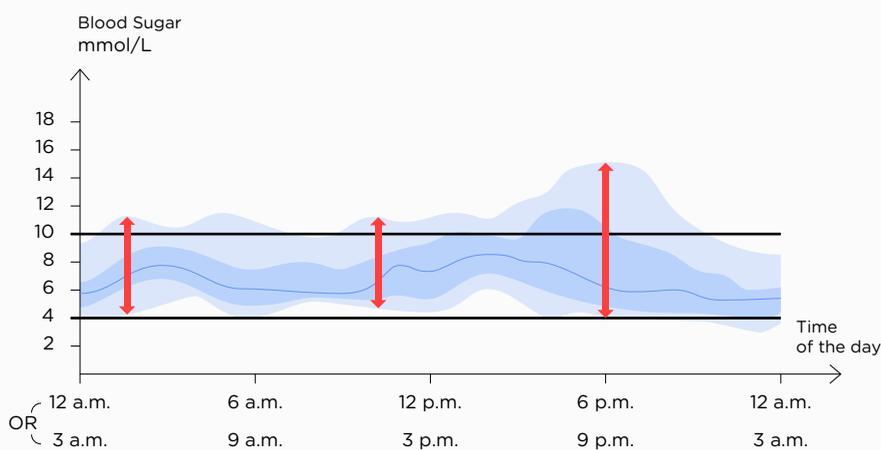
- my **device is properly calibrated** (if applicable);
- the **period is representative**; I will redo the AGP if it's not representative (e.g., illness, travel);
- **my meal, physical activity, etc. schedules are recorded**;
- the period selected for my report contains **at least 14 days of data**;
- there is sufficient data for the report to be **representative**;
- the **target** blood sugar levels indicated on the report are correct.



STEP 1

DID YOU HAVE ANY HYPOGLYCEMIC EPISODES?

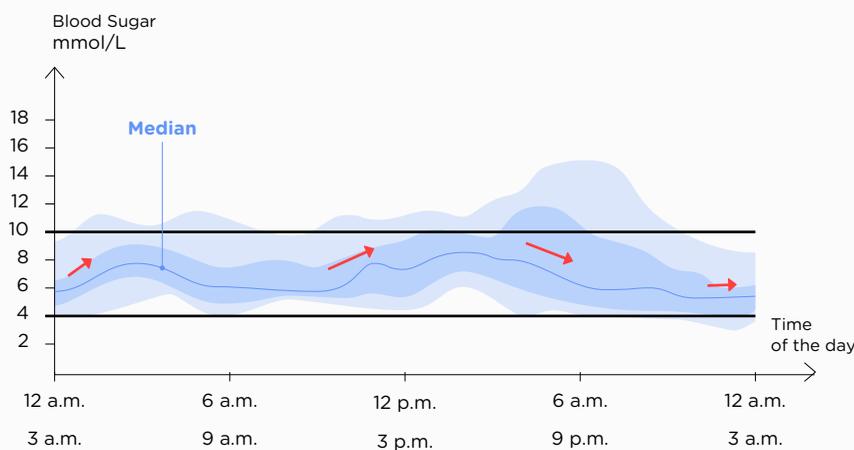
- The **dark-blue** and **light-blue** areas represent 50% and 80% of the values. Are they touching or below the 4.0 mmol/L line (**bottom target**)?
- At what time(s) of the day?
- Are there circumstances that can explain these hypoglycemic episodes?



STEP 2

DOES MY BLOOD SUGAR VARY SIGNIFICANTLY?

- At what time(s) of the day does my curve have the widest range?
- What might explain the variability of my blood sugar at those times?



STEP 3

ARE THERE TRENDS?

- Is the median line stable throughout the day?
- Is the median within range?
- At what time(s) of the day do I observe trends (upward or downward)?

After analyzing my AGP and using the table below, I make sure that:

- **I identify, before anything else, the circumstances that may be causing hypoglycemia;**
- I identify situations that cause my blood sugar variability and hyperglycemic episodes;
- I identify the times when my blood sugar tends to be within target levels and note what works for me;
- **I adjust my treatment** based on my AGP analysis and the recommendations of my healthcare team;
- **I ask my healthcare team for help, if needed.**

WHAT AFFECTS BLOOD SUGAR LEVELS?	
HYPOGLYCEMIA (blood sugar lower than 4 mmol/L)	HYPERGLYCEMIA (blood sugar higher than 10 mmol/L)
DIET	
<ul style="list-style-type: none"> ■ Misjudging the amount of carbs that I eat (too many carbs estimated, therefore too much insulin taken in relation to amount of carbs consumed). ■ Skipping or delaying my meal or snack. ■ Consuming alcohol without eating or while taking insulin (can cause hypoglycemia up to 24 hours after ingestion). ■ Eating unbalanced meals* (e.g., rich in fat, rich in protein, low in fibre). ■ Not taking enough sugar or taking something other than fast sugars to correct hypoglycemia. 	<ul style="list-style-type: none"> ■ Misjudging the amount of carbs that I eat (too many carbs in relation to the insulin dose taken). ■ Consuming alcohol that contains carbs (raises blood sugar immediately). ■ Eating snacks with too many carbs without taking insulin. ■ Eating unbalanced meals* (e.g., rich in fat, rich in protein, low in fibre). ■ Taking too much sugar to treat hypoglycemia.
MEDICATION	
<ul style="list-style-type: none"> ■ Making mistakes in administering my insulin (e.g., error in the dose or type of insulin, or insulin injected too soon before a meal). ■ Taking an insulin dose that is too big to correct hyperglycemia (e.g., using incorrect blood sugar measurement to calculate dose, meter that is miscalibrated, inaccurate or used incorrectly) when I have high blood sugar. ■ Taking insulin doses too close together (two injections taken in less than four hours without taking active insulin into account). ■ Not adjusting the insulin dose responsible for blood sugar levels often falling below 4.0 mmol/L at the same time of the day. ■ Having bumps or dents on usual injection/insertion sites (lipodystrophies).* ■ Problems with the equipment I use to administer my insulin (e.g., injection in the muscle with a needle that is too long). 	<ul style="list-style-type: none"> ■ Making mistakes in administering my insulin (e.g., error in dosage or type of insulin or insulin injected too late: for instance, after the meal). ■ Forgetting or neglecting to take my insulin. ■ Not adjusting the insulin dose that is leading to frequent high blood sugar levels at the same time of the day. ■ Having bumps or dents on usual injection/insertion sites (lipodystrophies).* ■ Problems with the equipment I use to administer my insulin (e.g., blocked needle or catheter, forgetting to prime the cannula with a pump).

HYPOGLYCEMIA (blood sugar lower than 4 mmol/L)	HYPERGLYCEMIA (blood sugar higher than 10 mmol/L)
PHYSICAL ACTIVITY	
<ul style="list-style-type: none"> ■ Not adjusting my insulin and/or my diet for physical activity that lowers blood sugar (physical activity can lower blood sugar for 48 h) 	<ul style="list-style-type: none"> ■ Doing less physical activity than usual. ■ Doing very intense physical activity or resistance training.* ■ Ingesting too many carbs in trying to prevent hypoglycemia brought on by physical activity.
HEALTH	
<ul style="list-style-type: none"> ■ Being sick (e.g., vomiting or diarrhea). ■ Experiencing stress or emotions.* ■ Having a digestive illness (e.g., gastroparesis, celiac disease)*. ■ Experiencing hormonal variations (e.g., certain periods of the menstrual cycle, menopause, pregnancy)*. 	<ul style="list-style-type: none"> ■ Being sick (e.g., infection). ■ Experiencing stress or emotions.* ■ Taking medication that raises my blood sugar (e.g., cortisone). ■ Experiencing hormonal variations (e.g., certain periods of the menstrual cycle, menopause, pregnancy)*. ■ Having a rebound hyperglycemic episode following a hypoglycemic episode (e.g., hyperglycemia in the morning after an uncorrected hypoglycemic episode at night).

*Responses may vary from person to person.