## Stop Pump During Exercise to Avoid Glucose Drop

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KEYSTONE, COLO. — Stopping basal insulin during exercise sharply reduces the risk of hypoglycemia in children and adolescents with type 1 diabetes on insulin pump therapy, Dr. Rosanna Fiallo-Scharer reported at a conference on the management of diabetes in youth.

This is an important new observation from the Diabetes Research in Children Network Study Group (DirecNet), according to Dr. Fiallo-Scharer of the department of pediatrics at the University of Colorado, Denver.

Although exercise has long been one of the three cornerstones of type 1 diabetes management, recommendations for preventing exercise-related hypoglycemia are nonspecific, and some families are skittish about allowing their diabetic children to participate in organized sports or other strenuous activities.

For this reason, the multicenter Direc-Net group conducted a randomized, crossover clinical trial involving 49 youths

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aged 8-17 years with type 1 diabetes that was managed with pump therapy. On two afternoons, subjects completed a 60-minute treadmill workout to a target heart rate of 140 beats per minute. The session

broken into four 15-minute treadmill segments interspersed with 5-minute rest breaks, said DirecNet coinvestigator Dr. Fiallo-Scharer at the conference, which was sponsored by the University of Colorado and the Children's Diabetes Foundation at Denver.

When patients stopped their pump basal insulin during exercise, eight (16%) developed hypoglycemia as defined by a blood glucose level of 70 mg/dL or less in frequent sampling during the session. In contrast, 22 patients (45%) became hypoglycemic when their basal insulin continued during exercise.

Blood glucose levels dropped by a mean 28% from a baseline of about 160 mg/dL when basal insulin was stopped, and by 41% when it continued during exercise.

There was a price—albeit an acceptable one—for halting basal insulin to achieve a marked reduction in risk of exercise-induced hypoglycemia: Blood glucose exceeded 200 mg/dL in six patients (12%) when basal insulin was stopped during exercise; hyperglycemia occurred in one patient (2%) when basal insulin was continued during exercise, the physician noted in discussing these as-yet-unpublished results from DirecNet.

This study was a follow-up to a previous DirecNet study in which investigators demonstrated that when food intake and insulin regimens weren't adjusted, an hour

of moderate aerobic exercise on a treadmill in the afternoon boosted the rate of nocturnal hypoglycemia that night to 48%. In contrast, the nocturnal hypoglycemia rate was 28% during the night of a nonexercise day.

In the five-center study, bedtime self-monitored blood glucose measurement proved to be the most important measure of the day. The study involved 50 patients, aged 11-17 years, with type 1 diabetes. Insulin pump therapy was used by 27 of

them; the remainder used multiple daily injections.

Going to bed with a blood glucose level greater than 130 mg/dL after a day without afternoon exercise protected patients against nocturnal hypoglycemia. The incidence under such circumstances was a mere 7%.

In contrast, the nocturnal hypoglycemia rate was 36% in patients with a bedtime blood glucose level greater than 130 mg/dL after afternoon exercise. In exer-

cisers with a bedtime blood glucose of 130 mg/dL or less, the nocturnal hypoglycemia rate climbed to 57% (J. Pediatr. 2005; 147:528-34).

Patients who don't stop their pump basal insulin during afternoon exercise need to modify their treatment regimen that night, either by reducing the basal insulin dose by 10%-20% or by eating a bigger-than-normal bedtime snack to lower their nocturnal hypoglycemia risk, she said.



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