✓✓An Advantage ✓ Neutral × ××A Disadvantage

Blog	od Glucose Meters Diabetes C	anada 2021, ADA 2025,	NICE 2022		<ul> <li>✓ ✓ An Ad</li> </ul>	vantage 🖌 Neutral 🔉	× ××AD	isadvantage	A Crav
Meter All meters meet Health Canada, FDA, & International accuracy standards. <sup>80,81</sup>		Accuracy (esp. ability to detect ↓BG)	Blood (me Require	-	e-Apply lood?	Comments / Extra Features		App Available	Cost /100 strip
	Accu-Chek Guide	<ul> <li>✓✓</li> <li>typically</li> <li>± 0.3 mmol/L</li> </ul>	0.6 mcl		ot re-apply blood	<ul> <li>Strip ejector.</li> <li>Option for AST (palm, forearm, upper arm).</li> </ul>		mySugr	\$89
	One Touch Ultra 2	typically ± 0.6 mmol/L			ot re-apply blood	<ul> <li>Requires coding.</li> <li>Option for AST (forearm o requires a special lancing de</li> </ul>	no app	\$97	
	One Touch Verio Flex	<ul> <li>✓✓</li> <li>typically</li> <li>± 0.3 mmol/L</li> </ul>	0.4 mcl		ot re-apply blood	Colour bar classifies gluc	ose level.	OneTouch Reveal	<b>\$97</b>
	One Touch	✓ typically ± 0.6 mmol/L	0.4 mcl		ot re-apply blood	<ul> <li>Colour bar / emoji classif glucose level.</li> </ul>	ïes	OneTouch Reveal	<b>\$97</b>
	Contour Next	✓✓ typically ± 0.3 mmol/L	0.6 mcl		re-apply blood	• Option for AST (palm).		no app	<b>\$91</b>
	Contour Next EZ	✓✓ typically ± 0.3 mmol/L	0.6 mcl		re-apply blood	No coding: fast 5 second countdown.		no app	<b>\$91</b>
	Contour Next One	<ul> <li>✓✓</li> <li>typically</li> <li>± 0.3 mmol/L</li> </ul>	0.6 mcl		re-apply blood	Small size.     Option for AST (palm).     I	uses colour ght to classify	Contour Diabetes	<b>\$91</b>
	Contour Next Gen	<ul> <li>✓✓</li> <li>typically</li> <li>± 0.3 mmol/L</li> </ul>	0.6 mcl		re-apply blood	• Option for AST (palm).		Contour Diabetes	<b>\$91</b>
	Freestyle <b>Lite</b>	✓ typically ± 0.6 mmol/L	<b>0.3</b> mcl		re-apply blood	<ul> <li>Option for AST (upper arm, forearm, hand, fingers, thigh, or calf).</li> </ul>		no app	\$90
	GE200	<ul> <li>✓✓</li> <li>typically</li> <li>± 0.3 mmol/L</li> </ul>	0.75 mc		Cannot re-apply blood • Option for AST (palm or forearm).		orearm).	no app	\$69
	Oracle EZ	✓ typically ± 0.8 mmol/L	0.7 mcl	Cannot re-apply		<ul> <li>Talking audio (French &amp; English).</li> <li>Option for AST (palm, forearm, upper arm, calf, or thigh).</li> <li>Option for AST (palm or forearm).</li> </ul>		no app	<b>\$90</b>
	Spirit	✓ typically ± 0.6 mmol/L	0.5 mcl					no app	\$65
co	Meter M= Continuous glucose monitoring	General Notes Apps available		Sen	isor	Alerts R		eader	Cost /30 days
su	Libre 2 ⊜Ø intermittent isCGM; ≥4yr	Can <b>falsely detect</b> Readings <b>lag</b> ~5-15 <b>behind</b> capillary te continuous measu	↓BG. <sup>84</sup> 5min esting as ires	14 day duration; on back of arm; about toonie-sized.		✓ To interpret alert, must scan sensor; range 20ft.	-	ader, can also bhone. <mark>Should</mark> 1r. <sup>ADA</sup>	\$220
s Syster	Libre 3 real-time CGM; ≥4yr	interstitial fluid glu of clinical outcome beyond surrogate differences in T2D	e evidence glycemic		ration; on of arm; :kel-sized.	<ul> <li>✓✓</li> <li>Sends real-time info to phone; range 20 ft.</li> </ul>	near <mark>cel</mark>	er; <mark>must be</mark> I <b>phone</b> at all transmit.	Not available in Canada Available USA
Continuous Syster	Dexcom G6 real-time CGM; ≥2yr ≘ Ø	DI: Falsely 个readi Vitamin C >500mg Libre or if on hydr	ngs if on g/d with <b>oxyurea</b>	10 day duration; on abdomen (≥2yr) or back of arm (≥18yr).		Sends real-time info to also use		eader, can <b>cellphone</b> & near <b>q3hr</b> .	\$350
Col	Dexcom G7 real-time CGM; ≥2yr ≅ Ø	with Dexcom. <sup>79</sup> Dexcom G6&7 and Libre 2&3 approved in pregnancy. Sensor accuracy: upper arm > abdomen? <sup>expert</sup>		10 day duration; <sup>≥18yr</sup> <sup>15 day FDA'25</sup> on upper arm (2-6yr buttock option).		✓✓ ~\$75 read Sends real-time info to		ader; can also bhone and near <b>q24hr</b> .	\$275
Conjugator coverage: SK Typically free with purchase of 100 strins. Sack Health: 200 strins/yr: 400/yr if at high bypoglycomia risk: 2 550/yr if on insulin (900/100d if NULLER)								od (f NUUD)	

Capillary meter coverage: SK Typically free with purchase of 100 strips. Sask Health: 200 strips/yr; 400/yr if at high hypoglycemia risk; 3,650/yr if on insulin (800/100d if NIHB). Continuous systems coverage: SK: age  $\geq$ 25 years or  $\geq$ 65 years & diabetes managed with insulin.<sup>April 2025</sup>  $\mathcal{O}$  NIHB: any patient on insulin. USA: Medtronic, Eversense. If using continuous, still need access to capillary: check accuracy of continuous system, back-up e.g. device stops working.<sup>NCE,ADA</sup> Discontinue tibre 1, Medisure Empower.

• Continuous sustame are preferred in Time 4 disheter (A sefet - 1.44.)

• Continuous systems are preferred in **Type 1** diabetes ( $\uparrow$ safety,  $\downarrow$ A1c).

Ta	Table 1. Who should test?1-5,7,75-79							
	Diet- controlled	No routine testing if targets met. NICE						
		May recommend testing if:						
		<ul> <li>will result in a change in therapy or behaviour/</li> </ul>						
	On meds other than	adherence to medications, diet, physical activity e.g.						
s		walk after meal $\downarrow$ PPBG) managing, confirming, or						
itu		preventing hypoglycemia (e.g. <u>before driving</u> or						
elli		exercise) / acute illness, see RxFiles: <u>SADMANS</u> ).						
ž	insulin	Test with corticosteroid tx, see RxFiles: Insulin pg 52.						
SS		If testing, capillary meters (finger prick) usually $\downarrow$ cost.						
ete		Periodic continuous may be used for adjustments. <sup>ADA</sup>						
<b>Diabetes Mellitus</b>		May capillary test at least as often as taking insulin						
Ö		(for safety and to help adjust insulin dose).						
Type 2		Evolving continuous systems recommendations/						
pe		evidence. <sup>4</sup> Some recommend if on any insulin <sup>ADA</sup> vs						
Ţ	On insulin	some if unable to capillary test, recurrent/ severe/						
		unaware of hypoglycemia, or if capillary test ≥8x/d. <sup>NICE</sup>						
		<ul> <li>CGM or isCGM vs usual care/SMBG (26 RCTs, 2783 pt, f/u</li> </ul>						
		$\sim$ 8-12wk): $\downarrow$ A1c $\sim$ 0.2-3%, no difference in hypoglycemia but						
		↑AEs ~1.2 (e.g. sensor insertion, skin irritation, etc) & CGM						
		$\downarrow$ user satisfaction while isCGM $\uparrow$ user satisfaction. <sup>86 Seidu'24</sup>						
T1	DM	Continuous systems preferred in T1DM (real-time						
		CGM $\uparrow$ evidence?). <sup>DC</sup> If capillary testing, target $\geq$ QID.						
Dia	abetes in	Usually requires regular or continuous testing to						
Pro	egnancy	guide management. See also page 57. Adjust "time in						
	-0	range" for continuous systems (see online 💻 Table 4).						

# Table 2. Which meter is best for my patient?

For many, any meter will do. Each meter has its pros and cons; see left. Some meters with unique or desirable features include:



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## **Blood Glucose Meters**

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A1c=glycosylated hemoglobin BG=blood glucose CGM=continuous glucose monitoring d=day DI=drug interaction esp=especially FDA=approved Food & Drug Admin hr=hour(s) isCGM=intermittently scanned continuous glucose monitoring system min(s)=minute(s) QID=four times per day T1DM=type 1 diabetes mellitus T2DM=type 2 diabetes mellitus yr(s)=year(s)

## Online Extras:

### **Table 3: Blood Glucose Meter Additional Pearls**

- When cleaning the skin prior to a capillary test, soap and water is adequate.
- If using continuous systems, occasional capillary testing may still be required for example, if results are rapidly changing or do not match how the patient is feeling.
- Continuous systems are useful to detect nighttime hypoglycemia and/or the Somogyi effect (hypoglycemia at night leading to rebound high blood glucose levels in the morning).
- Continuous systems have value in the peri-operative and post-operative environment (e.g. when deciding when to restart held medications).
- Watch for 'alert fatigue' and 'monitoring anxiety' with continuous systems. In patients who have well managed diabetes, a continuous system can sometimes create unnecessary stress and a hyperawareness of blood glucose values. Alert settings may also need to be changed (e.g. in older adults) to reflect new time-in-range goals.
- For patients on an insulin pump, continuous systems allow improved monitoring. Automated insulin delivery systems are also being studied which can communicate with continuous monitoring in order to automatically adjust insulin doses. For a review of these new technologies, see <u>Marks et al</u>.<sup>85</sup> For Sask Health insulin pump criteria (2021), see <u>this link</u>.
- Rarely, the sensor of a continuous system will detach. Typically contacting the company will result in them sending a new sensor to the patient under warranty.
- For patients concerned with privacy, the Dexcom G6 sensor can attach to the abdomen and feel more discreet than attaching to the back of the arm. Teaching video here.

Table 4. Diabetes Monitoring Targets for Continuous Systems. AACE 2021								
	T1DM or T2DM	Older Adults / Frailty	T1DM in Pregnancy					
Time in Range	>70% between 4-10 mmol/L	>50% between 4-10 mmol/L	>70% between 3.5-7.8 mmol/L					
Time Below Range	<4% below 4 mmol/L	<1% below 4 mmol/L	<4% below 3.5 mmol/L					
Time below Kange	<1% below 3 mmol/L	0% below 3 mmol/L	<1% below 3 mmol/L					
Time Above Range	<25% above 10 mmol/L	<10% above 14 mmol/L	<25% above 10 mmol/L					
Time Above Kange	<5% above 14 mmol/L							

## Table 5. How accurate are capillary blood glucose meters?

Below is collected accuracy data for common capillary blood glucose meters. Data collected from manufacturer instruction manuals. All blood glucose meters on the Canadian market meet ISO 15 international standards. Results are for measurements below 5.5 mmol/L;\* in general meters are **more** accurate when measuring **higher** blood glucose readings. For our colour comparison chart, we gave two checks for accuracy if a meter consistently (i.e. >80% of the time) measured results within ± 0.28 mmol/L. (Note: 0.28 mmol/L was rounded to 0.3 mmol/L, and 0.56 mmol/L was rounded to 0.6 mmol/L, for the colour comparison chart).

	Accu-Chek OneTouch		ch	Contour				FreeStyle	<b>General Electric</b>	Oracle	Spirit	MediSure	
	Guide	Ultra 2	Verio Flex	Verio Reflect	Next	Next Gen	Next EZ	Next One	Lite	GE200	Oracle	Spirit	Empower
Within +/- 0.28 mmol/L	94.1%	48.8%	82%	73.7%	92.8%	83.3%	91%	90.3%	70.1%	92.2%	-	55.4%	68.7%
Within +/- 0.56 mmol/L	100%	84.5%	98%	96.8%	99.4%	99%	100%	100%	95.5%	100%	-	88.2%	96.9%
Within +/- 0.83 mmol/L	100%	100%	100%	100%	100%	100%	100%	100%	99.5%	100%	100%	98.9%	100%

\*One Touch Ultra 2 was tested for accuracy below 4.2 mmol/L (rather than 5.5 mmol/L).

#### Discontinued:

Medisure	✓		Cannot re-apply	Illuminated.     Strip ejector.		
Empower	typically ± 0.6 mmol/L	0.5 μL	blood	<ul> <li>Option for AST (forearm, upper arm, hand).</li> </ul>	no app	\$89

Libre 1: a continuous system requiring intermittent scan q8hr; age ≥18yrs; 14 day duration sensor; NOT able to send alerts; same cost as Libre 2; reader available or can use cellphone to scan; finger poke required to make treatment decisions.

#### Search Terms

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