
A cumulative population view of hypoglycemia-related burdens in people with T1D using AID

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Background

- Automated Insulin Delivery (AID) has become the standard of care in Type 1 Diabetes (T1D), and real-world data show clinically meaningful reduction of HbA1c, increased TIR, lower rates of time <70 mg/dL and clinically relevant time <54mg/dL compared to non-automated insulin delivery^{1,2}
- However, the T1D Exchange registry reported that approximately 17% of AID users still experienced at least one Level 3 (L3) hypoglycemic event per year, while 30% met the criteria for hypoglycemia unawareness (IAH), a key risk factor for L3 events, a number similar to those using Multiple Daily Injections (MDI)³.
- Recurrent L3 events have been linked to increased risk for falls, hospitalization, CV events, depression, cognitive decline, and all-cause mortality. These events also have significant economic impact through hospital or emergency department-related costs, and reduced productivity^{4, 5}
- Additionally, hypoglycemia was associated with important indirect burdens: fear of hypoglycemia (FoH), which was associated with higher HbA1c, greater anxiety, indicators of low mood, and reduced quality of life^{6,7,8}
- Frequent L2 hypoglycemia (L2), history of L3 , IAH, and FoH are all clinically relevant hypoglycemia-related burdens, which are usually examined separately. No study to our knowledge has examined their cumulative prevalence within a mutually exclusive framework

1. Boughton, Hovorka: The role of automated insulin delivery technologies in diabetes. *Diabetologia* 2024; 2. Sherr et al. Severe hypoglycemia and impaired awareness of hypoglycemia persist in people with type 1 diabetes despite use of diabetes technology: results from a cross-sectional survey. *Diab Care* 2026; 3. Laffel et al. Limitations in achieving glycemic targets from CGM data and persistence of severe hypoglycemia in adults with type 1 diabetes regardless of insulin delivery mode. *Diabetes Care* 2025; 4. Bronstone, Graham. The potential cost implications of averting severe hypoglycemic events requiring hospitalization in high-risk adults with type 1 diabetes using real-time continuous glucose monitoring. *J Diab Sci Technol* 2026; 5. Boateng-Kuffour et al. Hospital-treated severe hypoglycemia in type 1 diabetes in the US: a retrospective claims-based study of diabetes-related complications and direct medical costs. *Adv Ther* 2026; 6. Chatwin et al. The impact of hypoglycemia on quality of life among adults with type 1 diabetes: results from "YourSAY:Hypoglycemia". *J Diab Complications* 2023. 7. Polonsky et al. The hypoglycemic fear syndrome: understanding the addressing this common clinical problem in adults with diabetes. *Clinical Diabetes* 2023. 8. Liu J, Poon JL, Bispham J, Perez-Nieves M, Hughes A, Chapman K, Mitchell B, Hood K, Snoek F, Fisher L. Development and validation of fear of hypoglycemia screener: results from the T1D exchange registry. *J Patient Rep Outcomes*. 2023 May 9;7(1):43.

Objective and Methods

- The objective of this analysis was to quantify the population with clinically meaningful hypoglycemia-related burdens amongst surveyed T1D adults using AID by evaluating their cumulative prevalence within a mutually exclusive framework
- Data Source: Online survey with 674 adults with T1D, of whom 429 were using AID systems and provided self-reported HbA1c data, were recruited from the dQ&A US Diabetes Patient Panel
- Data Collection Period: July 17 – August 1, 2025
- Treatment Distribution: AID 100%
- Analysis: Mutually exclusive segmentation using 4 risk dimensions created from self-reported metrics, weighted based on HbA1c using registry data¹

Reference: 1. Wu Z, Alexandre-Heymann L, Lebbar M, Talbo MK, Bandini A, Chahal T, Grou C, Messier V, Boudreau V, Brazeau AS, Rabasa-Lhoret R. Despite lower haemoglobin A1c with second-generation automated insulin delivery systems, mental burden remains high for all adults with type 1 diabetes: A BETTER registry analysis. *Diabetes Obes Metab*. 2026 Feb;28(2):1150-1159. doi: 10.1111/dom.70299. Epub 2025 Nov 18. PMID: 41250885; PMCID: PMC12803586.

Segmentation – Hypoglycemia-Related Burdens

Frequent Level 2 Hypoglycemia

Daily, almost daily, or a few moderate hypoglycemic (Level 2) events (<54 mg/dL) in a typical week

Severe Hypoglycemic/Level 3 Event(s) in Past Year

At least one severe hypoglycemic event (SHE/L3) in past 12 months needing the assistance of someone else to treat the event

Impaired Awareness of Hypoglycemia (IAH)

Never or rarely feeling the symptoms of hypoglycemia

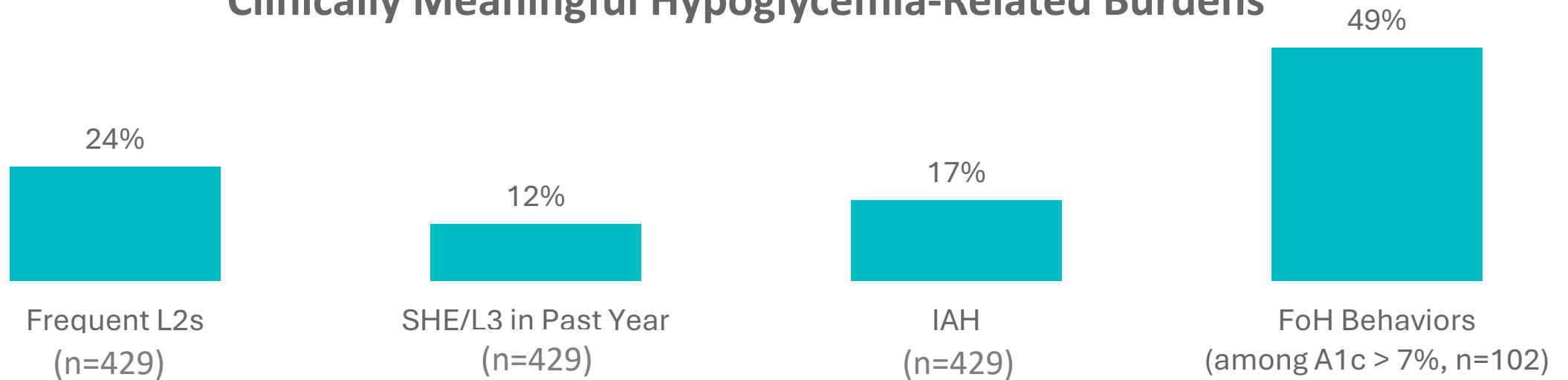
Strong Hypoglycemia Avoidance Attitude and Behaviors

An HbA1c of > 7.0% coupled with a STRONG AGREEMENT (Likert Scale 1-5) with either OFTEN keeping blood glucose higher to avoid hypoglycemia OR that the risk of hypoglycemia is preventing them to aim for lower blood glucose

Results – Overlapping Segments T1D A1D

A quarter of all adult A1D users surveyed reported frequent L2 events. Among those with self-reported HbA1c > 7%, nearly half strongly agree with having FoH.

Adults with T1D on A1D: Clinically Meaningful Hypoglycemia-Related Burdens

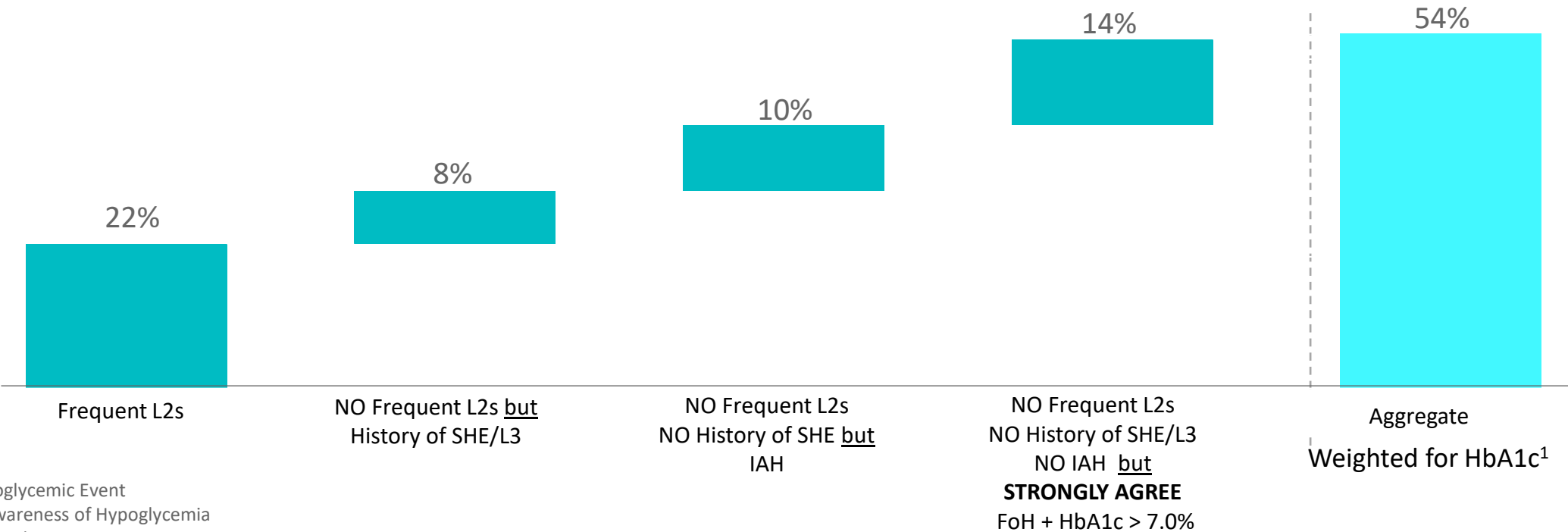


SHE- Severe Hypoglycemic Event
IAH - Impaired Awareness of Hypoglycemia
FOH - Fear of Hypoglycemia

Results – Non-overlapping Segments T1D AID

After removing overlap and weighting for HbA1c distribution¹, up to 54% of adults T1D AID users have at least one hypoglycemia-related burden.

Adults with T1D on AID
Clinically Meaningful Hypoglycemia-Related Burdens
(Non-overlapping + weighted for HbA1c)



SHE- Severe Hypoglycemic Event
IAH - Impaired Awareness of Hypoglycemia
FoH - Fear of Hypoglycemia

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Clinical Implications

- Over half of adults with T1D using AID still experience clinically meaningful hypoglycemia-related burdens.
- New interventions that aim to address this important limiting factor in the glycemic management of T1D are needed to optimize care for individuals with T1D.