



ECHO Idaho: Diabetes and Metabolic Conditions CASE RECOMMENDATION FORM

ECHO Session Date: 7-02-26

Thank you for presenting your patient at ECHO Idaho.

Summary: A 70-year-old woman with longstanding type 1 diabetes (diagnosed in 1969) uses a Tandem t:slim X2 insulin pump and CGM and has maintained an A1c below 6.5% over the past year (most recently 5.9% on 4/2/26). Despite excellent glycemic control, she spends approximately 10–12% of time below range, with hypoglycemia occurring primarily overnight and in the early morning. She is highly focused on preventing hyperglycemia and is hesitant to adjust pump settings for fear of higher glucose levels, creating a challenge in reducing hypoglycemia risk while maintaining acceptable control. Her history includes diabetic neuropathy and prior severe hypoglycemia, and she receives diabetes education and nutrition counseling. Current medications include Novolog via pump, losartan, pravastatin, levothyroxine, cetirizine, vitamin D, lubiprostone, polyethylene glycol, and a multivitamin, with Basaglar available as backup basal insulin.

Question: The care team is seeking strategies to help the patient better understand the risks of frequent hypoglycemia and identify pump-setting adjustments that can reduce time below range without causing significant glucose excursions.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Recommendations:

BEHAVIORAL HEALTH

Explore diabetes-related distress, anxiety, and fear of hyperglycemia

- Validate that anxiety is a normal response to managing a complex chronic condition.
- Acknowledge her past experiences with hyperglycemia and complications that may be driving fear of high blood sugars.
- Emphasize that the goal is not to eliminate vigilance, but to reduce anxiety-driven decision-making.

Refer to integrated behavioral health

- Connect her with behavioral health services to address health-related anxiety and fear of hyperglycemia.
- Consider collaborative visits involving both diabetes care and behavioral health providers.

Use motivational interviewing

- Explore the personal cost of frequent hypo- and hyperglycemia:
 - Time and energy spent managing glucose levels
 - Impact of recurrent hypoglycemia on daily functioning, concentration, and confidence in self-management
 - Effects on quality of life
- Elicit her own motivations for reducing glucose variability.



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Address anticipatory fears about hyperglycemia and complications

- Help her recognize anxiety spirals and refocus on current data and evidence.
- Encourage decision-making based on observed glucose trends rather than anticipated worst-case scenarios.

Increase social support

- Consider referral to diabetes support groups.
- Normalize her experiences by connecting with others managing similar challenges.

DIABETES SELF-MANAGEMENT BEHAVIORS

Reduce overcorrection patterns

- Discuss how aggressive treatment of highs and lows may perpetuate the glucose "roller coaster."
- Reinforce that lows often lead to highs, which then trigger further corrections.

Assess whether carbohydrate entries are sometimes being used to obtain additional insulin delivery beyond food coverage

- Explore whether carbohydrates are being entered into the pump to obtain additional insulin rather than to cover actual food intake.
- Educate on the risks of excess insulin delivery and subsequent hypoglycemia.

Improve hypoglycemia treatment

- Encourage use of rapid-acting carbohydrate sources for treating lows.
- Address barriers related to food preferences, allergies, or concerns about carrying glucose products.
- Continue working toward a reliable, standardized hypoglycemia treatment plan.

Reinforce successful management behaviors

- Acknowledge:
 - A1C in target range
 - Approximately 70% time in range
 - Strong engagement in diabetes self-management

INSULIN AND PUMP MANAGEMENT

Review insulin dosing parameters

- Reevaluate the carbohydrate ratio, which appears overly aggressive relative to her total daily insulin dose.
- Review correction settings and overall insulin delivery strategy to reduce hypoglycemia risk.

Evaluate manual insulin dosing

- Assess the frequency and rationale for manual boluses and their impact on insulin delivery patterns.
- Encourage greater reliance on automated insulin delivery features when appropriate.

Consider an alternative pump profile

- Collaboratively develop a less aggressive profile that can be trialed temporarily, with clear metrics for evaluating effectiveness and the option to return to prior settings if needed.
- Provide reassurance that previous settings can be restored if concerns arise.

Adjust overnight glucose management



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- Consider use of exercise mode, sleep mode, or other pump features that may reduce nocturnal hypoglycemia.
- Prioritize prevention of nighttime lows, given their safety implications.

Focus on hypoglycemia reduction as the primary treatment goal

- Given the severity and frequency of low blood glucose episodes, reducing hypoglycemia should take precedence over tighter glucose targets.