

Continuous Glucose Monitoring Frequency and Glycemic Control in People With Type 2 Diabetes



Clinical relevance

- Greater CGM use is associated with greater A1C reduction in adults with type 2 diabetes.
- Sustained CGM use (>75% of days) is linked to more durable A1C improvement over 12 months.
- The first 6 months after CGM initiation represent a critical intervention window for long-term benefit.
- Ongoing CGM use should be actively monitored and reinforced in clinical practice.
- Benefits were observed across treatment regimens, including non-insulin, basal, and prandial insulin therapy.



Study overview

- Type:** Retrospective, propensity-matched analysis
- Population:** 9,258 adults with T2D
- Follow-up:** 12 months
- Data Source:** Claims + EMR (2019–2023)
- Primary Outcome:** A1c Change at 12 Months



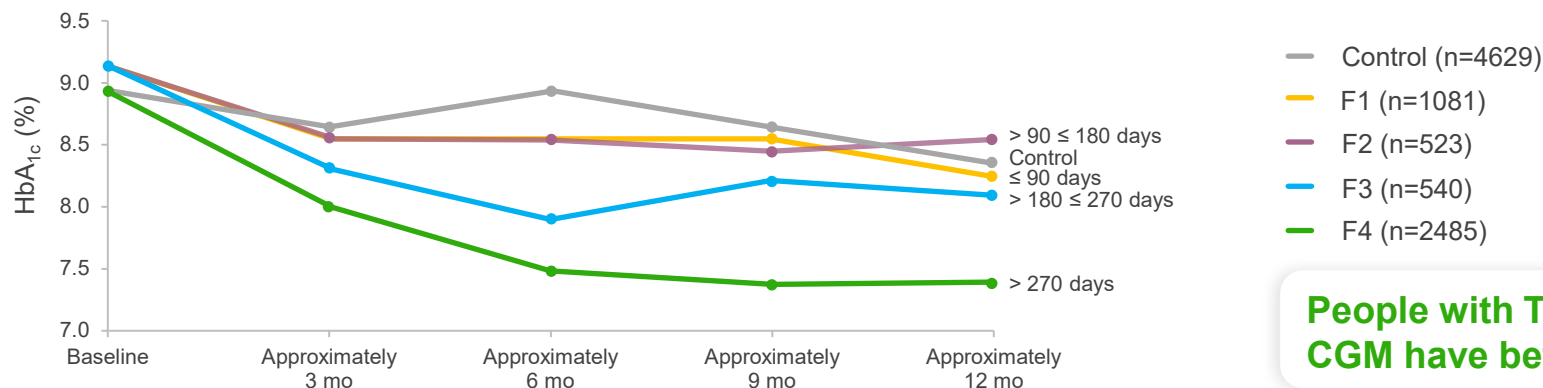
Study groups

Study groups were defined by days on CGM:

- No CGM
- F1 – CGM ≤ 90 days
- F2 – CGM > 90 ≤ 180 days
- F3 – CGM > 180 ≤ 270 days
- F4 – CGM > 270 days



Change in Glycated Hemoglobin (HbA1c) From Baseline to 12 Months

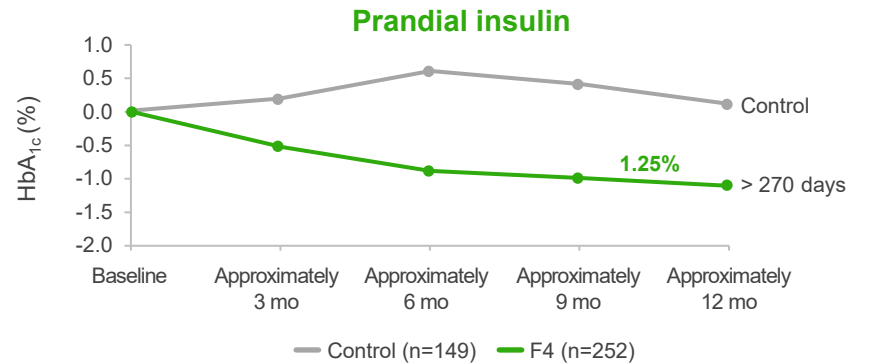
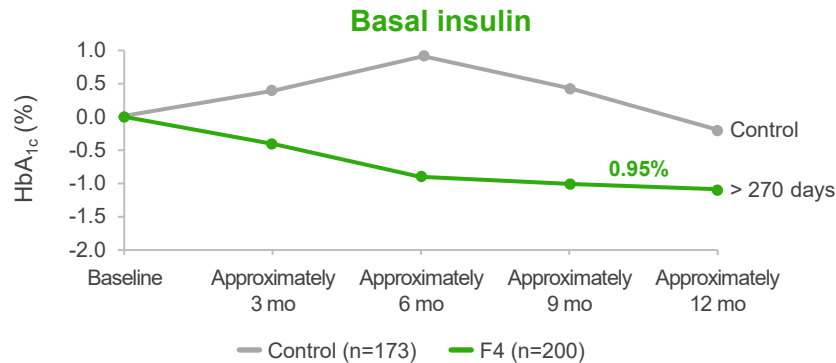
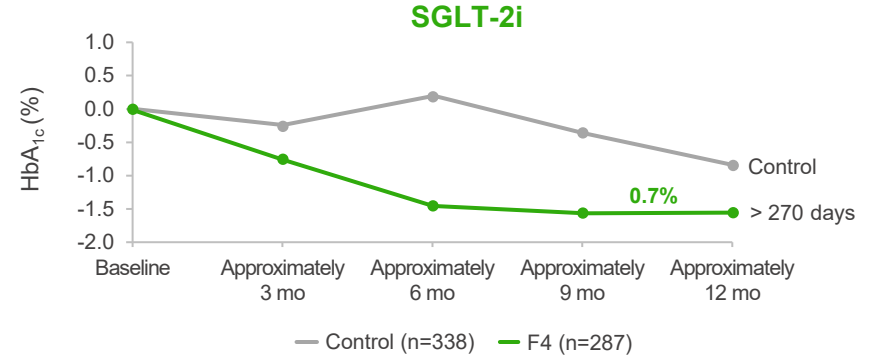
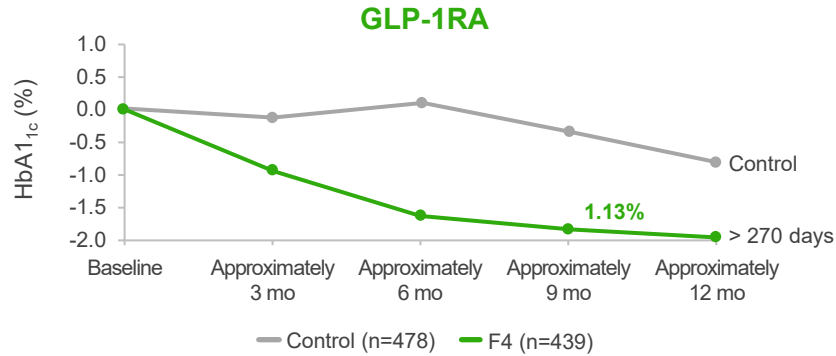


People with T2D who stay on CGM have better outcomes

¹CGM Brand not specified in Study.
 A1C, glycated hemoglobin or HbA1C; CGM, continuous glucose monitoring; EMR, electronic medical record; T2D, type 2 diabetes.
 Hirsch IB, et al. *JAMA Network Open*. 2025;8(10):e2539278

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Impact of Medications on Glycemic improvements



Key takeaways

Frequent CGM use (>75% wear) was associated with greater A1C reduction than infrequent or no CGM use.

Higher CGM use over 12 months was linked to more durable glycemic improvement in adults with T2D.

CGM use with commonly prescribed T2D medications led to greater A1C reduction than medications alone.

Clinical action steps

- Assess CGM use at ~6 months and identify barriers to sustained use
- Consider CGM use with patients using GLP-1, SGLT-2, for greater A1C reduction