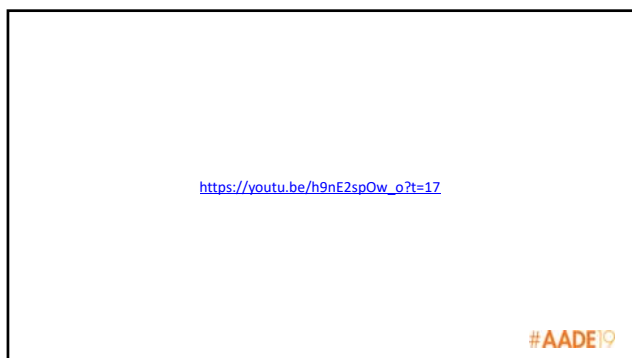


1



2



3

Phantom Carbs

- What are they?
- Why do individuals enter phantom carbs?
- Is it Good or Bad?

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4

Disclosure to Participants

- Notice of Requirements For Successful Completion
 - Please refer to learning goals and objectives
 - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
 - No Conflicts of interest
- Non-Endorsement of Products:
 - Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity
- Off-Label Use:
 - Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.

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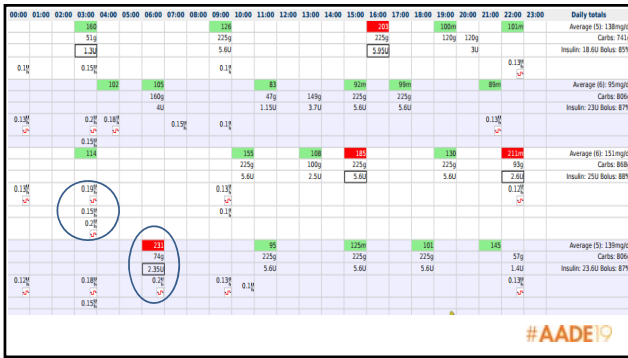
5

Meet Alexandra

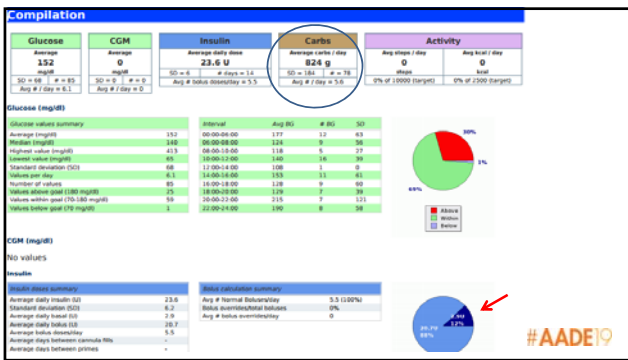
- Alexandra was diagnosed with type 1 diabetes at age 9 in 1/2015.
- She went on an Omnipod 9/2015
- Discovery of “Phantom Carbs” 1/2017; A1c=6.7%

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6



7



8

So, what's happening?

- Using temp basal overnight
- Checking and bolusing overnight
- Adding more carbs so that child gets more bolus
- Adding more insulin with correction

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9

12/2017

- Review of her Omnipod download shows average glucose of 143 mg/dL. Average daily dose of insulin of 29.2 U (0.77 U/kg/day), average of grams 426 carbohydrates/day. 90% of her glucose is within range, 10% is above range, and 0% is below range. Bolus 58-63% and basal 37-42%. ; BMI=66; A1c=8.1%

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10

DKA admission note 6/2018

- Patient admitted to CCMC PICU from 6/20- 6/21 in DKA with initial VBG showing pH 7.05, CO₂ 37, HCO₃ 9.
- Patient noted to have a HbA1c of 11.1% on this admission, however on review of patient's Omnipod blood sugars were mostly in the low 100s.
- We asked mother to supervise patient in the next week and send us her blood sugars as the blood sugars reported did not correlate with her HbA1c.

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**Note from Pediatric Endocrinologist
7/2018 after DKA admission 6/2018**

- On review of her pump download her blood glucose levels are mostly in target range or above and her mother has been entering a higher amount of carbohydrates again in order to lower her blood glucose levels.

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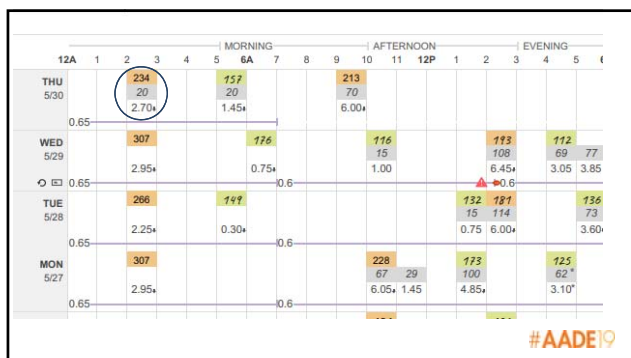
12

Alexandra age 13; A1c=11.2% (4/2019)

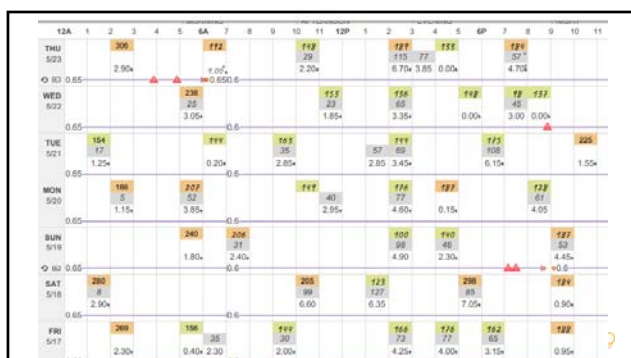
- Child not wearing CGM (training 1/2019)
- Child manually in-putting glucoses
- Parents still getting up in the middle of the night to check glucose and bolus; sometimes for correction and sometimes adding “phantom carbs” plus correction bolus

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13



14



15

May 17, 2019 - May 30, 2019 (14 days)

AVG. NIGHT (9PM - 5AM)				14 DAY AVERAGE (MAY 17 - 30)			
BG(20)	240 mg/dL	SD:	60	BG(83)	183 mg/dL	SD:	55
Bolus:	3.2 U (39%)	Overrides:	0%	Bolus:	19 U (57%)	Overrides:	0%
Basal Rate	5 U (61%)	Carbs:	20 g	Basal Rate	14.1 U (43%)	Carbs:	261 g
TDD:	8.2 U			TDD:	33.1 U		

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July 2019 visit
AC-no longer fabricating glucoses;
A1c=8.7%
Mom sleeping during the night

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17



18

Phantom Carbs

- What are they?
- Why do individuals enter phantom carbs?
- Is it Good or Bad?

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