

Personalised Clinical Decision Support For Diabetes Management Using Real-time Data

C.Martin¹, A. Aldea¹, D. Brown¹, D. Duce¹, J.M. Fernández-Real⁴, P. Gay³, P. Georgiou², R. Harrison¹, P. Herrero², B. Innocenti³, B. López³, Y.Leal⁴, L. Nita⁶, P. Pesl², R. Petite³, M. Reddy², J. Shapley^{5,} F. Torrent-Fontbona³, M. Waite¹, M. Wos⁴ and N. Oliver²

Introduction

PEPPER (Patient Empowerment through Predictive PERsonalised decision support) is an EU-funded research project to develop a support personalised clinical decision for diabetes self-1 system Type management. The tool provides insulin advice and carbohydrate bolus dose recommendations, tailored to the needs of individuals. The former is determined by Case-Based Reasoning (CBR, Fig. 1), an artificial intelligence technique that adapts situations according past to new to experience. The latter uses a predictive computer model (Fig. 2) that also promotes safety by providing glucose alarms, lowglucose insulin suspension and fault detection.



Fig.3 The PEPPER system architecture

Method

The user-centred design methodology aims to ensure that the tool meets patient needs and improves clinical outcomes. A dual architecture (Fig.3) accommodates insulin dosing either by insulin pen or via the Cellnovo patch-pump (Fig. 4). Data are gathered wirelessly in real-time from multiple sources including a continuous glucose monitor, capillary glucose monitor and physical activity monitor. The design ethos is to offer maximum benefit for minimum effort, so additional manual data entry is strictly limited.



Fig. 1 CBR cycle, adapted to the problem of calculating an insulin dose

Results

The first prototype system has been designed, using feedback from patients and clinicians, and tested using the UVA/Padova Type 1 diabetes simulator. Three subsequent phases of clinical tests are planned. The first two will study safety, feasibility and usability in situ; the last is a randomised control trial, in 2018.



Fig.2 Example of the dynamic constraints using retrospective clinical data. Upper graph: glucose levels represented by an interval envelope. Lower graph: Vertical black bars represent the actual boluses; the envelope represents the constraint.

Conclusions

The first milestones have been reached towards the integration of multiple types of real-time data into a mobile decision support system that uses artificial intelligence and predictive modelling to adapt its advice according to the needs of the individual.



Fig.4 The Cellnovo system

