|  |  |  |  |
| --- | --- | --- | --- |
| **Insulin regimen** | **Fasting glucose ≥7.0mmol/l (x3/week or more)** | **Postprandial glucose >10.0mmol/l (x3/week or more)** | **Hypoglycaemia <3.9mmol/l (x2/week or more)** |
| **Basal only** | ↑ basal 5-10% | Introduce short acting prandial insulin with meals | ↓ insulin 10-20%\*\* |
| **Mixed** | ↑ insulin 5-10%\* | ↑ pre-meal insulin 5-10%\* | ↓ insulin doses by 10-20%\*\* |
| **Basal bolus** | ↑ basal 5-10% | ↑ bolus 5-10% | Fasting or O/N: ↓ basal 10-20%\*\* Postprandial: ↓ bolus 10-20%\*\* |

**Supplementary Table 1. Change in insulin doses according to glucose readings.** O/N: overnight, \* consideration can be given to a different mixture of insulin, \*\* more aggressive reduction in insulin is permitted in cases of severe hypoglycaemia.

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| --- | --- | --- | --- |
| **Domain** | **Estimate** | **SE** | **95% CI** |
| **Leisure Activities** | 0.361 | 0.302 | -0.233, 0.995 |
| **Working Life** | **1.212** | **0.441** | **0.344, 2.080** |
| **Journeys** | -0.199 | 0.448 | -1.078, 0.680 |
| **Holidays** | -0.000 | 0.310 | -0.609, 0.609 |
| **Physical Activities** | 0.219 | 0.198 | -0.170, 0.608 |
| **Family Life** | -0.110 | 0.132 | -0.369, 0.149 |
| **Social Life** | -0.051 | 0.177 | -0.398, 0.297 |
| **Personal Relationship** | 0.199 | 0.185 | -0.165, 0.563 |
| **Sex Life** | -0.429 | 0.273 | -0.965, 0.107 |
| **Self Confidence** | -0.051 | 0.149 | -0.343, 0.241 |
| **Worries and Hopes** | -0.172 | 0.207 | -0.579, 0.234 |
| **Financial Situation** | -0.016 | 0.135 | -0.281, 0.248 |
| **Freedom to Eat** | -0.147 | 0.365 | -0.865, 0.571 |
| **Freedom to Drink** | 0.001 | 0.329 | -0.645, 0.648 |

**Supplementary Table 2. Mixed modelling results for individuals ADDQoL Domains.** Data were adjusted for the fixed effects of baseline score. isCGM: intermittently scanned continuous glucose monitoring, SMBG: self-monitoring of blood glucose, SE: standard error, CI: confidence interval.

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| --- | --- | --- | --- | --- |
| **Treatment** | **SMBG (baseline)** | **isCGM (baseline)** | **SMBG (3 months)** | **isCGM (3 months)** |
| **Insulin (units/day)** | 74.9±48.6 | 54.7±37.9 | 69.9±45.2 | 56.7±36.1 |
| **Metformin Users/total (%)** | 51/71 (79%) | 50/69 (73%) | 52/58 (90%) | 44/53 (83%) |
| **SU\* Users/total (%)** | 42/72 (58%) | 39/69 (57%) | 31/63 (49%) | 25/61 (41%) |
| **DPP4i Users/total (%)** | 11/71 (16%) | 15/67 (22%) | 12/57 (21%) | 14/53 (26%) |
| **TZD Users/total (%)** | 1/70 (1%) | 2/67 (3%) | 0/57 (0%) | 2/53 (4%) |
| **SGLT2i Users/total (%)** | 15/71 (21%) | 7/67 (11%) | 15/58 (26%) | 10/53 (19%) |
| **GLP-1RA Users/total (%)** | 5/70 (7%) | 5/67 (8%) | 8/57 (14%) | 7/53 (13%) |

**Supplementary Table 3. Hypoglycemic therapies at baseline and three months.** Total numbers analysed vary according to participants completing the study or due to missing data. SU: Sulphonylurea, DPP-4i: Dipeptidyl peptidase-4 inhibitors, TZD: Thiazolidinediones, SGLT-2i: Sodium glucose cotransporter-2 inhibitors, GLP-1RA: Glucagon like peptide-1 receptor agonist. \* With or without insulin therapy.

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| --- | --- | --- |
| **Number of Adverse Events (participants)** | | |
|  | **SMBG** | **isCGM** |
| **Mild/moderate erythema or itching** | **6 (3)** | **8 (5)** |
| **Mild/moderate oedema, induration, bruising or pain** | **1 (1)** | **9 (8)** |

**Supplementary Table 4. Adverse events in both study arms.** Self-monitoring of blood glucose (SMBG) had to wear a blinded sensor in the first month and days 76-90, while intermittently scanned continuous glucose monitoring group (isCGM) were asked to wear the sensor continuously for 90 days.

|  |  |
| --- | --- |
|  | **Individuals with type 2 diabetes and recent myocardial infarction, treated with insulin and/or sulphonylurea therapies (with or without other hypoglycaemic agents)** |
| **SMBG vs isCGM** | * Use of isCGM is associated with at least 17 mins/day increase in time in range at three months following the coronary event with an early increase of 82 mins/day in TIR observed between weeks two and four. |
| * Reduction in HbA1c at 3 months following cardiac ischaemia is similar in SMBG and isCGM groups (7 mmol/mol reduction) but with significantly lower hypoglycaemic exposure in the isCGM group (81 mins/day less hypoglycaemia at <3.9 mmol/l). |
| * Use of isCGM in insulin- and/or sulphonylurea-treated individuals with type 2 diabetes and recent myocardial infarction is cost effective. |

**Supplementary Table 5. A summary of main study findings.** SMBG: self-monitoring of blood glucose, isCGM: intermittently scanned continuous glucose monitoring.