

Model-Based Closed-Loop Glucose Control in Type 1 Diabetes: The DiaCon Experience

Signe Schmidt, M.D., Ph.D.,¹ Dimitri Boiroux, M.S., Ph.D.,² Anne Katrine Duun-Henriksen, M.S.,² Laurits Frøssing, B.S.,¹ Ole Skyggebjerg, M.S., Ph.D.,³ John Bagterp Jørgensen, M.S., Ph.D.,² Niels Kjølstad Poulsen, M.S., Ph.D.,² Henrik Madsen, M.S., Ph.D.,² Sten Madsbad, M.D., D.M.Sc.,¹ and Kirsten Nørgaard, M.D., D.M.Sc.¹

Abstract

Background:

To improve type 1 diabetes mellitus (T1DM) management, we developed a model predictive control (MPC) algorithm for closed-loop (CL) glucose control based on a linear second-order deterministic-stochastic model. The deterministic part of the model is specified by three patient-specific parameters: insulin sensitivity factor, insulin action time, and basal insulin infusion rate. The stochastic part is identical for all patients but identified from data from a single patient. Results of the first clinical feasibility test of the algorithm are presented.

Methods:

We conducted two randomized crossover studies. Study 1 compared CL with open-loop (OL) control. Study 2 compared glucose control after CL initiation in the euglycemic (CL-Eu) and hyperglycemic (CL-Hyper) ranges, respectively. Patients were studied from 22:00–07:00 on two separate nights.

Results:

Each study included six T1DM patients (hemoglobin A1c $7.2\% \pm 0.4\%$). In study 1, hypoglycemic events (plasma glucose < 54 mg/dl) occurred on two OL and one CL nights. Average glucose from 22:00–07:00 was 90 mg/dl [74–146 mg/dl; median (interquartile range)] during OL and 108 mg/dl (101–128 mg/dl) during CL (determined by continuous glucose monitoring). However, median time spent in the range 70–144 mg/dl was 67.9% (3.0–73.3%) during OL and 80.8% (70.5–89.7%) during CL. In study 2, there was one episode of hypoglycemia with plasma glucose < 54 mg/dl in a CL-Eu night. Mean glucose from 22:00–07:00 and time spent in the range 70–144 mg/dl were 121 mg/dl (117–133 mg/dl) and 69.0% (30.7–77.9%) in CL-Eu and 149 mg/dl (140–193 mg/dl) and 48.2% (34.9–72.5%) in CL-Hyper, respectively.

Conclusions:

This study suggests that our novel MPC algorithm can safely and effectively control glucose overnight, also when CL control is initiated during hyperglycemia.

J Diabetes Sci Technol 2013;7(5):1255–1264

Author Affiliations: ¹Department of Endocrinology, Copenhagen University Hospital Hvidovre, Hvidovre, Denmark; ²DTU Compute, Department of Applied Mathematics and Computer Science, Technical University of Denmark, Kongens Lyngby, Denmark; and ³Horus APS, Valby, Denmark

Abbreviations: (CGM) continuous glucose monitor, (CL) closed loop, (HbA1c) hemoglobin A1c, (ISF) insulin sensitivity factor, (MAD) mean absolute difference, (MARD) mean absolute relative difference, (MPC) model predictive control, (OL) open loop, (T1DM) type 1 diabetes mellitus, (YSI) Yellow Springs Instruments

Keywords: clinical study, closed-loop glucose control, model predictive control, type 1 diabetes mellitus

Corresponding Author: Signe Schmidt, M.D., Ph.D., Department of Endocrinology, Copenhagen University Hospital Hvidovre, Kettegård Alle 30, 2650 Hvidovre, Denmark; email address signe.schmidt@regionh.dk