

Addressing Patient Barriers to Continuous Glucose Monitor Use

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Patients using continuous glucose monitors (CGMs) may face challenges that lead to distrust, frustration, and eventual device discontinuation.¹⁻³ Prescribers can help by explaining the benefits of CGM, setting clear expectations, and providing detailed instructions about features like alarm thresholds and trend arrows.¹ Initial CGM training for all patients, especially those with low health literacy or from under-resourced populations, should be provided by a diabetes self-management education and support (DSMES) specialist or a trained health care team member.⁴ The tables below outline practical strategies to address common barriers and improve patient confidence with CGM technology.

Table 1. Strategies to Overcome Barriers to CGM Use: Placement, Adhesion and Skin Irritation¹⁻³

| Barriers | Strategies | Other Considerations |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Poor Device Adhesion (negatively impacts comfort and accuracy and increases risk for detachment) | Avoid sites where the skin can crease (e.g., joints or at the waistline), rotate sites | Follow manufacturer guidelines |
| | Wear comfortable, loose clothes, avoid tight bands | Be mindful during activities, wear breathable fabrics |
| | Cleanse skin with oil-free soaps, dry thoroughly, shave excess hair, use alcohol to remove excess oils | Avoid lotions, make sure skin is dry before applying sensor |
| | Use liquid adhesive (e.g., Mastisol) on edges of adhesive, dry | May require adhesive remover after use |
| | Use an overlay (device-specific products or cut to fit) or additional tape to provide extra security and extend wear | Use the “picture frame” method by applying tape along all four edges of the sensor adhesive |
| Skin Irritation | Use a barrier wipe/spray (e.g., Skin Tac, IV PREP, Cavilon), dry | Test sites first, avoid use over CGM insertion point |
| | Avoid rubbing alcohol if irritation occurs, let skin dry before applying sensor, use barrier wipes or hydrocolloid bandages under the sensor, apply nasal steroid spray (off label) | For severe or persistent allergy, switch to another manufacturer |

Refer patients to resources at Panther Skin Solutions pantherprogram.org/skin-solutions

Table 2. Strategies to Overcome Barriers to CGM Use: Patients With Disabilities⁵

| Disability | Strategies | Other Considerations |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Visual Impairment | Consider device with large displays, TalkBack or VoiceOver technology, or vibration alerts; converts visual data to audio, uses voice commands to interact | CGMs lack audio technology; smart devices facilitate use |
| Physical Impairment (manual dexterity) | Consider device with extended wear-time and all-in-one sensor/transmitter; connect to smartphone or home device; enable voice commands for hands-free use | Sensor needs to be inserted by caregiver or health care provider |
| Cognitive Impairment | Use “Share” function to share data via app; use alerts to prompt treatment of high/low glucose | Caregiver training is required |

For more information, access Cardi-OH’s expanded resource on [glucose monitoring](#).

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