

8. Performance Monitoring and Tuning: Tips for Long-Term Use V14

8.1 „Everyday life“ with your FCL

For good performance, how your glucose curve and iob develop **before** a meal is important.

Bad: Rising glucose and negative or very low iob

Good: Slightly decreasing glucose, and building up some positive iob.

Both decreasing glucose and pos.iob could be supported by setting an EatingSoonTT, which can also be automated.

Sometimes you might get into a rhythm, a bit like surfing. Having a small appetizer can be surprisingly good. Also, a late little dessert, such as dark chocolate or a cracker with fatty cheese, can work wonderfully, utilizing the insulin tail that is "lurking" to still take effect.

If you can develop a certain mindfulness, while remaining relaxed and positive-looking ahead, that may be the best recipe for good success ... not every time, but more and more often.

After the first tuning you have "earned" an opportunity to **let the loop run really easily**. That's what Full Closed Loop is all about.

It should be enough to **keep an eye on the weekly %TIR** on a rolling basis. Only if the danger of falling out of your desired range appears, it is time to consider what the reason could be.

8.2 Monitoring Performance

Just looking at the xDrip (*the author finds the 7 day 24hr scatter diagram particularly helpful for a quick orientation*) or the more extensive info from e.g. Nightscout Reporter, often helps:

- What time of day/night are the outliers happening?
- Are certain meals or snack habits to blame?

If so, maybe just a behavioral correction might be indicated to avoid making things unnecessarily difficult for the loop, or maybe employing some measures as discussed in [sections 5. and 6.](#)

- Do exercise or hormonal/disease-related sensitivity fluctuations interfere?

36 If so, as already known from the Hybrid Closed Loop, the profile, which also underlies the Full
37 Closed Loop and autoISF, would have to be temporarily adjusted on a percentage basis. And
38 regarding exercise, the options discussed in section 6. might be utilized better.

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- 40 • Do the changes correlate with age of insulin delivery, CGM dropouts, etc.?

41 "Outliers" to very high TDD and high % in the hyper range are often a sign that there was a partial
42 occlusion, and that has then zero to do with your Full Loop settings.

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44 You have to pay attention to the loop to ensure it always works **technically** well, and it has reliable
45 iob and glucose data.

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47 A time-consuming re-adjustment of the numerous autoISF parameters should only be necessary in
48 exceptional cases, if radical changes occur in the lifestyle and habits and adjusting the key profile
49 parameters in Open Loop might not be sufficient.

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51 8.3 To Tune or not to Tune ...

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53 Note that an attempt to „fine-tune“ based on data from just one kind of meal (or, worse, an attempt
54 to cover also an extreme event very well), easy can lead to a deterioration of your FCL
55 performance. (See [case study 8.2](#)). Settings do not have to be great for any *one* event you may be
56 looking at. They must suit „well-enough“ *most* of what you encounter in your personal life.

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58 Note: If you differentiate your autoISF settings between meals (e.g. tied to time slots during
59 the 24 hrs), this can significantly ease your job to find suitable settings for your autoISF
60 parameters that can cover the expected meal spectrum.

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62 Over time, you learn which events (meals, snacks, activities) likely contribute to being out-of-
63 desired range. Efforts then could be targeted for instance at improved temporary settings, as
64 discussed in [sections 5. and 6.](#)

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66 See also [section 9.](#) (Trouble shooting).

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