Available related case studies:

1 2 3

4

5

6

7

Please note that with autoISF you are in an early-dev. environment, where the user interface is **not optimized for safety** of users who stray away from intended ways to use. Good safety features exist, but these are only as good as the development-oriented user understands and implements them. This is not a medical product, refer to disclaimer in section 0



8

2.1 SMB Range Extension

10 2.2 Max and Min autoISF Ratio

11 2.3 SMB Delivery Ratio

12 2.4 iobTH

13 2.5 Eating Soon TT?

2.6 Other settings in AAPS for autoISF FCL

14 15

16 When in Hybrid Closed Loop, big boli were given by the user, and the loop had no business to give

big ones on top. But this is fundamentally different now.

1718

19 So, first we must enable our loop to overcome the narrow safety restrictions for SMB sizes

that were appropriate in HCL.

21 Evidently, this could become dangerous. Please set your iobTH (section 2.4), and observe all

22 suggestions made in this FCL-e-book *), and in the github pages of the developers.

See also: https://github.com/ga-zelle/autoISF/blob/A3.2.0.2 ai3.0/How-to-get-larger-SMBs.pdf

/or newer branch/

2425

2627

*) Caution: This entire e-book is about Full Closed Looping. In case you intend to work with

giving boli, many suggestions made - notably in this section 2 (and in section 4) - should not be

followed. You would have to **do extra research**, on your own data, how your bolus changes things.

Mainly use the documentations referred to in section 3, then. See also remarks in section 4.1and section 7

28 29 30

2.1 SMB Range Extention

(preferences/OpenAPS SMB/autoISF settings/smb delivery settings/smb_max_range_extension)

31 32 33

2.1.1 Standard scenario: SMB sizes based on 5 minute loop calculations

34

35 Full Closed Looping requires bigger SMB sizes. Setting **120 minutes** of basal as max. SMB size

36 as enabled in AAPS Master is necessary, but will rarely suffice.

37 In AAPS Preferences/OpenAPS SMB/autoISF settings/smb delivery settings, set SMB/UAM max

38 range extention (smb_max_range_extension) to 2.0. That doubles the allowed max. size, to four

39 hours of your profile basal, for a start.

40	Even better, you could determine an estimate for your initial setting as in the following
41	description, I will use the symbol, , to denote where you would use your numbers. My
42	numbers that I use for the same situation will be in parentheses (U).
43	In full closed loop, once the bg starts rising, you want to get at least half of your required
44	meal bolus within 10 minutes, through 2 SMBs. To do that, you need U (2 U) per SMB
45	on average, and because the bolus sizes tend not to be equal when requested by the Loop,
46	you should have at least U (3 U) as the allowable SMB size. Your hourly basal is
47	around U (0.6 U), i.e. AAPS Master will allow a max. 2 times that hourly basal which
48	= U (1.2 U) per SMB. To reach the intended U (3 U) therefore you should set your
49	$smb_max_range_extention to $ ($2.5 = 3 U / 1.2 U$)
50	
51	The profile helper in section 4.8 might be available for doing this calculation, and for a
52	cross-check.
53	
54	If you have a very low hourly basal rate, extensions bigger than 3.0 can result (maximum you can
55	set is 5).
56	
57	Note: Elevated insulin needs in phases of elevated insulin resistance probably will be managed
58	with >100% profile adjustments. Then, profile basal gets elevated accordingly, and thus will
59	automatically allow increased SMB size.
60	
61	Watch out (in your SMB tab, or using the emulator, <u>section 10</u>) whether you often run into a
62	limitation by your set smb_max_range_extention. For instance, your attempts to increase initial
63	SMB sizes via elevated smb_delivery_ratio (<u>section 2.3</u>) and elevated bgAccel_ISF_weight
64	(section 4.2) might get cut by a too low smb_max_range_extention.
65	
66	The SMBs your loop requests could get reduced in size also by other safety settings, notably by
67	your autoISF_max setting (see <u>section 2.2</u>)
68	
69	2.1.2 Special Libre 3 (1 minute) scenario with up to 5 SMBs per 5 minutes
70	
71	When receiving bg values every minute, and adjusting insulin delivery accordingly in smaller steps, probably
72	120 minutes of basal per SMB suffices.
	220 minutes of buom per office of bunifeed.
73	Watch whether your system actually can process 5 loop calculations (and potentially give 5 SMBs) in 5

minutes. Then judge (similar like shown in <u>section 2.1.1</u>), what maximum SMB size you would like to see.

74

75	Probably you can leave SMB_range_extension at default 1.0 untouched (but select higher if you have an
76	extremely low profile basal in some of your meal hours, or if your loop "misses" many of the opportunities
77	to make an adjustment, every minute).
78	Integration of 1-minute values is new from autoISF 3.0.1 (May 2024). Please watch your SMB tab (difficult
79	in 1 minute segments => make screenshots, or employ Emulator!), and report experiences / stay in touch
80	with other users.
81	
82 83	2.2 Max and Min autoISF Ratio (preferences/OpenAPS SMB/autoISF settings/autoISF_min and autoISF_max)
84	
85	For a start, set autoISF_max = 2.0 . –
86	Your CGM (1 or 5 minute re-calculations) should not matter for this parameter.
87	This allows <i>up to doubling</i> of ISF aggressiveness if "requested by the "ISF_weights" (see
88	section 4). This is just a first step.
89	You may have to elevate autoISF_max further, later, if your attempts to tune theISF_weights
90	(section 4.) often run into a limitation by your set autoISF_max
91	
92	For situations of increased insulin sensitivity (less insulin need), you must specify, in your settings
93	(preferences) also what your <i>lower</i> limit (for weakening of ISF, compared to profile_ISF) may be.
94	
95	autoISF_min should be set to 0.3. Again, see whether you ever run into that limit, that your loop
96	e.g. "would like" to act softer, but bounces against that set limit.
97	
98	Do not keep autoISF_min at 0.5 or even higher, because that would for instance preclude
99	later, that your exercise setting can strongly "soften" your loop.
100	
101 102	2.3 SMB Delivery Ratio (preferences/OpenAPS SMB/autoISF settings/smb delivery settings/smb_delivery_ratio)
103	
104	2.3.1 Standard scenario, using 5 minute loop calculations
105	
106	Use the <i>fixed</i> smb_delivery_ratio and increase the setting (from AAPS default 0.5) to 0.6 or 0.7.
107	
108	In AAPS Preferences, the smb_delivery_ratio can also be set dynamically (changing with
109	glucose level) This seems a feature geared more towards hybrid closed loop applications.
110	(In FCL, we like strong loop aggressiveness at low (but rising) bg, not "wait for" high bg).

111	So, set your ratio to 0.6 or 0.7 before doing any _weights tuning. Your choice will magnify every
112	SMB, also in phases where you actually want less, so do not exaggerate.
113	
114	0.6 gets you 20%, 0.7 gets you 40% more insulin 5 minutes earlier, which is a good thing in FCL
115	where you are late with your first meal insulin. But you do not get 20-40 % more really: You
116	gradually will receive the full insulinReq only in increased % increments, 5 -10 minutes earlier.
117	The delivery ratio is per se not changing the insulinReq, it just defines what portion gets delivered
118	now vs 5 or 10 minutes later if the BG trend keeps up
119	In that way, keeping the number closer to 0.5 protects against a jittery CGM mostly.
120	As in FCL we have an above-avg CGM quality, we can safely go for 0.6 or 0.7 SMB delivery ratio as
121	kind of our tuning baseline.
122	In case you use very strong smoothing (e.g. exponential smoothing of incoming CGM values by
123	AAPS) you probably can afford to go more towards 100%. This would make up for probably only
124	some of the "time lost by smoothing", regarding getting iob up at first signs of bg rising.
125	But, the closer you set towards 100%, the more have an eye on how each single bg value AAPS
126	works with triggers SMBs.
127	The jumpier your CGM, the closer remain near 0.5!
128	
129	Note that it is generally a flawed strategy, to boost "across the board" with things like
130	(always) a 100% delivery rate, and then limit problems from it via reducing the dynamic
131	range of other highly important parameters (for example, of autoISFmax). While, taken
132	together, these two elements of your flawed strategy would keep you safe, they make your FCL
133	less dynamic, which essentially will translate into giving up a couple of %TIR.
134	
135	In case you had tuned with a 100% SMB delivery ratio, and now go lower:
136	I would not expect major re- tuning required, but look into implications for the set iobTH%:
137	A 100% SMB delivery ratio made you often bounce over iobTH in a more "nervous" loop. You
138	now could fine tune that more sensibly, probably elevate the iobTH even (and maybe also , slightly,
139	the accel weightwhich, for safety against your wild 100% setting, had maybe to be lowered
140	before)(Or, If you were unsafe before, leave iobTH where it was, and you are safer now, with a
141	lower SMB delivery ratio)
142	
143	2.3.2 Special Libre 2 or 3 scenario, when using 1 minute values
144	
145	The recommendation there is to set the data flow Libre -> Juggluco -> AAPS -> exponential
146	smoothing, and use a SMB delivery ratio under 50%
147	
148	To understand how the 1-minute values are used

149	• for the (still) 5 minute incremental loop calculations, now done every minute, looking back
150	how the last 5 minutes (evtl. interpolated) went
151	• for the parabola fit based acceleration detection
152	please consult the related section (last chapter) in the developers' Quick Guide:
153	https://github.com/ga-zelle/autoISF/blob/A3.2.0.4_ai3.0.1/autoISF3.0.1_Quick_Guide.pdf
154	
155	Also, in this very new application, it is especially important to share experience with other FSL
156	users in Discord -> https://discord.gg/tamvhh57Xs
157	
158	
159 160	2.4 Safety Against too Aggressive Settings: iobTH% (preferences/OpenAPS SMB/ autoISF settings/smb delivery settings/iob_threshold_percent
161	which gets multiplied with preferences/OpenAPS SMB/Maximum total IOB OpenAPS can't go over (U)
162	
163	A safety net is needed because autoISF shoots big SMBs when glucose levels begin to rise; but
164	you do not want to bounce into your ultimate maximum total iob (iobMAX) safety setting too often.
165	
166	Similarly, this safety net is needed also if using autoISF in Hybrid Closed Loop (HCL), where, after a
167	user bolus already provided some iob, autoISF could add too big SMBs to be safe.
168	
169	Therefore, we install an iob threshold (iobTH) which, when , and as long as, exceeded, shuts
170	SMBs off.
171	
172	Step 1: In Preferences, set the SMB toggle for even /odd targets to "ON"
173	
174	autoISF 3.0.1 demands (as we recommend for FCL also for other reasons, see e.g. later in $\underline{\text{section 5.1.2}}$
175	and $\underline{5.1.3}$) that concurrently, in AAPS / Preferences / Open APS SMB / autoISF settings / SMB delivery
176	settings:
177	
178	Enable alternative activation of SMB depending on current target *) ON
179	
180 181	 *) previous autoISF versions allowed different settings, now it is same setting, for profile target and for TT
	for profile target and for 11
182 183	
184	Step 2: In Preferences, set your default iobTH percent
185	Ctop 2. III. Totororioco, oct your dotault too Tri_porocitt
186	iobTH is a parameter in AAPS preferences, defined there as fraction of your set maxIOB:
-	1

187 188	/OpenAPS_SMB/autoISF_settings/Full_Loop_settings: Percentage of maxIOB above which SMBs are disabled (iob_threshold_percent,)
	r ordentage or matted above when embe are alleasted (tob_alleasteda_percentaj)
189 190	Step 2.1: Solidify your maxIOB
191	Step 2.1. Solidity your maxion
192	First, check whether your maxIOB is set reasonably in AAPS Preferences / OpenAPS SMB /
193	Maximum total IOB OpenAPS can't go over (U).
194 195 196	 Input a figure (units) slightly above the max level of iob <u>you</u> had ever needed <u>in your past</u> looping history (also considering times of elevated insulin resistance you occasionally may have had to deal with); set maxIOB to that value.
197 198 199 200 201 202	• If you do not have "old" data at hand: Max iob would be the sum of hourly profile basal, plus the max meal bolus you might need (g carbs digested in first ~ 2.5 h divided by IC), plus correction bolus for elevated value (max seen BG at meal starts minus target BG divided by ISF). Then take the result times a factor, e.g. times 1.2 in case you see on some days 20% higher insulin sensitivity, and will use 120% profile (switch, or driven by Autosens max, or by other settings, see section 5 and 6, later).
203	
204	
205	Step 2.2: Identify your max iob need in big meals
206	
207	Now look at your meal spectrum, and what bolus size, and iob level (including from SMBs; in HCL
208	or FCL) was useful *) in high carb meals to control your glucose. (For instance, the author needed
209	up to 8U early-on in big meals in HCL; and he has TDD near 40 U, and maxIOB set to 10 U).
210	*) useful level = iob needed for the meal; iob may in time have gotten even higher. However, if, in
211	the end, to prevent a hypoglycemia, you had to consume 15 g carbs, then deduct 15 g / (your IC)
212	from that even higher iob you actually did temp. have . Example: $15 \text{ g} / (10 \text{ g/U}) = 1.5 \text{ U}$
213214	
214	Step 2.3: Set your iob threshold % in AAPS/Preferences
216	
217	Assume you want to approach no more than about 75% of that iob level (that would be useful to
218	have at big high carb meals) via rapid SMB "fire", after a meal related bg rise is seen (then, for
219	instance, reduce from 8 U to 6 U).
220	
221	Then calculate your setting for iob_threshold_percent in AAPS / Preferences:
222	= desired total iob given via SMBs before bg peaks / iobMAX
223	
224	Enter the according percentage in /Preferences

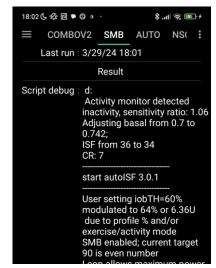
225	(In the example it would be = $6 U / 10 U = 0.6$; which means to enter 60 as percentage in
226	/preferences).
227	
228	In section 4.8 a profile helper might be available for more guidance.
229	
230	The iobTH then is calculated as follows:
231	<pre>iobTH = iobTH_percent x maxIOB</pre>
232	
233	
234	Step 2.4: High-carbers may need to reduce their iob_threshold_percent a bit, to factor in that <i>the</i>
235	last "allowed" SMB can shoot above iobTH:
236	
237	 The last SMB given can exceed that threshold by up to +30% of the effective iobTH.
238	This is desirable because it allows higher iob at big high carb meals (where SMB size, when
239	approaching iobTH, is still big); at lower carb meals either iobTH will not be reached anyways, or
240	SMBs are quite small when reaching iobTH and will not shoot over by much.
241	A big SMB that would shoot over by more than +30% will be cut at 130% iobTH.
242	• Until iob falls below effective iobTH, only %TBRs supply more insulin, if the loop calculates
243	that more iob is still required.
244	 In low carb meals, that iobTH level should not be reached => the autoISF parameters
245	("weights") need to be tuned carefully, so SMB sizes are <i>not always</i> huge, and bounce
246	against the iobTH restriction, but show different behavior for different meals
0.45	Note that the control of the control
247	Note that when operating with an <i>even elevated</i> bg target (>100 mg/dl), iobTH can only be Averaged by 1200 (files a streadily a power). This realises cause a readily an every result of the streadily and
248249	exceeded by +20% ("loop at medium power"). This makes sense, notably in an exercise context (in which <i>the iobTH per se</i> also gets automatically lowered, as later discussed in
2 4 9 250	section 6.1.3.).
	<u> 360tion 0.1.3</u> .).
251	
252	Step 2.5: At some later stage, come back to fine-adjust your percent setting in /Preferences,,
253	factoring in that it can be auto-modulated.
254	. 105 0 0 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1
255	autoISF 3.0 and higher contains a function to auto-adjust iobTH with TT set: Dynamic
256	iobTH (section 6.1.3). In your initial tuning, just set a iobTH_percent that is good-enough on
257	your average day. A low (e.g. EatingSoon) TT can automatically elevate iobTH.

- An *elevated* (e.g. exercise) TT can automatically *lower* iobTH, which is highly desirable *for*exercise. The formula for the resulting effective iobTH is complicated, especially when the

 exercise mode is also activated. See <u>sections 3.3</u> and <u>6.1.3</u>, and example in <u>case study 6.2</u>
 - The resulting **effective iobTH** can be seen in the SMB tab.

- The example on the right shows that iobTH can also get temp. *elevated* . for instance in the case of detected *in-activity*:
- From autoISF 3.0.1 onwards, the SMB tab starts with the Result section, and right below the / start autoISF headline, the resulting modulated iobTH is given:

Green texts describe currently not available features that were suggested for further development. In later software updates, it is desirable to see the modulated number (6.36 U in the example) also next to iob (below the glucose value in the AAPS main screen).



• Likewise, a **%profile** setting < 100% (or > 100%) will proportionally lower (or elevate) the iobTH that will be used.

effective iobTH = % temp.profile x iobTH

After the temporary % profile expired, it will automatically revert to your originally set iob_threshiold_percent.

```
Off-topic note, regarding the effective ISF ("sens"):

In the SMB tab, above the "start autoISF." line, the profile ISF is given ("ISF unchanged"), eventually with adaptation by activity monitor ("adjusting ...ISF from ... to .. "?) or by a TT ("adjusting ...ISF from ... to ..") or by a %temp. profile set ("unfortunately" still called "ISF unchanged" then).

Then follows the autoISF section explaining in detail how the recently encountered bg curve characteristics suggest adaptations, and what overall the conclusion is ("final ISF factor", calculated following the flowcharts as explained in detail in section 03.).

Below the autoISF section, the effective ISF (sens) results from dividing the (unchanged or adapted) ISF prior to "start autoISF", with the determined "final ISF factor" at the end of the autoISF section of the SMB tab.

Example given in section 5.4.5
```

If both, a % profile and a TT are set, both effects multiply.

We shall see later, how this opens nice avenues for exercise management, where we like to strongly limit how high iob shall be allowed to go. Example given in case study 6.3.

293	All above discussed settings must be made in AAPS/preferences
294	- except for the temporary modulations of sensitivity, which can be done from the AAPS
295	home screen via %profile or via TT inputs
296	(This will in detail be presented in $\underline{\text{section 5}}$ or, regarding exercise button, in $\underline{\text{section 6.1.3}}$).
297	Regarding activity monitor see section 6.6).
298	
299	Setting different iobTH via an Automation.
300	If you do have cityotians where you rether use a different inhTLL percent then get in your profile (or
301	If you do have situations where you rather use a different iobTH_percent than set in your profile (or
302	than resulting in an eventual auto-modulation), you can change it also via an Automation.
303	Caution: This will overwrite your iob_threshold_percent until you restore it, manually (in
304	/Preferences), or via another Automation (see e.g. <u>section 5.1.4</u>).
305	For this reason, preferably work with the temporary adaptions via %profile, TT and exercise
306	mode as discussed above.
307	
308	Next steps:
309	
310	Before going first time into into FCL mode, you must first
311	 check proper AAPS settings according to <u>section 2.6</u>
312	• make additional settings in /preferences/Open APS SMB/autoISF, when you get to
313	section 4.
314	
315	Only after you also went through section 4, you can enter/exit FCL (for initial tuning, or for
316	everyday utilization) via
317	 in AAPS/Preferences/OpenAPS SMB/autoISF settings/"Enable ISF adaptation by
318	glucose behavior" ON / OFF
319	In your multi-week FCL set up phase you will quickly notice that changing this setting back
320	and forth "all the time", in your initial project weeks, is not convenient.
321	A much easier way to "switch off" FCL aggressiveness is to set an odd-numbered bg target,
322	and an even target again when you want normal FCL aggressiveness again. With odd bg
323	targets, you run in "AMA" mode, with autoISF boosted %TBRs but much milder acting
324	because you will not receive any SMBs. See discussion in section 5.1
325	• An improved solution might become in the future available via a User Interface upgrade (described in
326	section 5.3.1): Switching between FCL and HCL by just tapping on the violet/ green closed loop
327	icon of your AAPS home screen - after this feature becomes integrated in a future autoISF version
328	update.

329 330 2.5 EatingSoon TT? 331 332 333 FCL works in principle also without setting an EatingSoonTT. Try for yourself whether you 334 miss any performance via the totally hands-off way (and maybe skip this section for now). 335 336 Your FCL works best if you start meals at below-target glucose values, and ideally have a bit of 337 positive iob at meal start. Also, a low temp. glucose target helps making SMBs (that "aim at it") a bit 338 bigger. 339 340 Setting an EatingSoonTT well ahead of meal start therefore is in principle a good idea 341 342 If you have relatively fixed meal time slots in the 24 hours of the day, you could set the 343 target glucose values in your profile accordingly. So e.g. 11-15h target 76 mg/dl if you 344 almost always start a lunch between 11:45 and 14:30h. (If you do exercise or physical work 345 in that time, this would be too aggressive, and probably also un-necessary). 346 If you have rather irregular habits, it might be worthwhile to **manually** set an EatingSoonTT (which is guite time-uncritical) well before the start of a meal, or even 347 348 (latest) when the first SMB is about to be triggered by your loop. — Or, just forget about it: 349 However, if (as to be expected) your loop anyways always regulates you down to near-target, the 350 effect from setting an EatingSoonTT will be limited: 351 If your meals are spaced by a couple of hours your glucose should not be elevated as you 352 approach the next meal ... 353 • If you eat more at a still elevated glucose, your loop should provide you with "a balancing" 354 iob (and hence a prediction to get to target soon) ... 355 ...In both cases (which are the prevalent norm) setting an EatingSoonTT would only have a 356 very minor effect. 357 358 The good news therefore is: Setting an EatingSoonTT has only minor effects, if any, and is 359 not required for autoISF FCL. 360 361 Preferred solution with respect to Eating SoonTT 362 363 My preferred solution is as follows 364

Principal solution: I am <i>not</i> setting an EatingSoonTT ahead of the meal. For getting full loop aggressiveness, an even profile target (or TT) under 100 mg/dl is the only requirement.
Note: To <i>prevent</i> full loop aggressiveness <i>when not needed</i> , e.g. at night time, I set an odd profile target (or TT); details see <u>section 5.1.2</u> .
Setting odd (profile or temp.) target is generally a recommended easy way for you to block out SMBs, as an "emergency brake" for your FCL. This should be particularly useful in your initial tuning work.
Refinement: Just "to orient the calculated insulinRequired towards a more aggressive target", I have my loop automatically set a low TT just around the time when it gives first SMBs
For this you can define an Automation like: CONDITIONS: likely meal time of day $+$ 1st sign of a beginning meal $+$ iob under (?) U (to kick in only in initial phase) $+$ no TT running $=>$ ACTION: set TT=74 mg/dl for \sim 30 minutes
 This will not immediately influence the first one or two SMBs, which come at acceleration detection before a + 10 is seen. Actually this can help "de-couple" treatment of low vs high carb meals: All meals have an acceleration stage in the very beginning, when we already do want SMBs. We should tune bgAccel_ISF_weight (in my suggested mode, without setting a TT) so that all, also low carb meals, get a proper iob boost asap.
 Only hi carb meals will quickly progress into a +10 mg/dl per 5 minutes rise. The TT kicking automatically in, then, produces two highly relevant benefits:
1) the next SMBs (driven still by bgAccel_ISF, or already by pp_ISF) get extra boost, because insulinReq will be oriented towards a much lower target , and
2) the "dynamic iobTH" is automatically elevated, exactly in the time window where it counts. This means, SMBs are shut off later, and on average you get a bit more iob for high carb meals. ((Sorry, this is a bit pre-mature to discuss here. More see $\underline{\text{section } 6.1.3}$)).
This Automation can bring a gradual improvement, but will not be essential to have. You could just not worry about EatingSoonTTs and related Automations, and leave eventual implementation of this "refinement" to a later round of fine-tuning things.
 Also, note that this automatic setting of an even TT will mean No other Automations that you might have on bord, and which require "no TT set" as a condition, will be able to run ("is shut out")

402 Any random bg jump will, for the duration of this Automation, get you aggressive SMBs. To prevent 403 that you could "tune" the jump size, or set a time window (condition = likely meal time of day) for 404 the Automation. See also the compression low example in Case study 5.3 405 2.6 Other settings in AAPS/Preferences for autoISF FCL 406 407 408 Make sure you start your migration to FCL with a solid profile that worked fairly OK also without a 409 bunch of tricky Automations, and without dynamicISF (which, both, unfortunately, too often are 410 employed to counter-act principle problems with profiles) (or even with technical loop functions, like 411 leaking pods, see section 1). 412 Indicators for a solid profile in your HCL: 413 Not too short DIA for your fast insulin 414 Basal keeps your bg steady in open loop testing 415 Meal Management in Hybrid Closed Loop is satisfyingly established, and can serve as a 416 blueprint for your FCL set-up. 417 Most important: **ISFs** experimentally proven in relevant times of day, and "working fine" also 418 in Hybrid Closed Loop, and allowed SMB sizes opened up to 120 min basal. 419 Note that by generally going without any carb inputs, we "give up" the **opportunity** we may have 420 utilized in Hybrid Closed Loop to differentiate allowed SMB sizes "after meals" (i.e. with, then, cob>0) 421 vs. maybe a milder reaction in other times using a smaller selected setting for UAM minutes of 422 basal/SMB. 423 With autoISF, we just pro forma use the max setting, and tune further using the toolbox of 424 SMB range extention and the various ...ISF weights, while observing our glucose curves (section 425 <u>4.1.2</u>). 426 Section 5 will elaborate on how, in FCL, you can differentiate "aggressiveness" even further, if needed 427 in special situations. 428 One frequently observed "burden" loopers bring with them is that they could not operate with 120 minute 429 SMB settings in AAPS Master HCL because they did their ISF tuning wrong. Their lower settings on allowed 430 SMB sizes covered up their principal problem, which now is bound to come up and hurt. See also 431 beginning of section 4. 432 The following is *not* a list of *all* settings in AAPS / Preferences. We just like to bring up some 433 settings that may not be fully understood, or might interfere "behind your back" with what you try to 434 do.

435 436 437 438	1.	In AAPS Preferences, enable: SMB, SMB with high TT, and SMB always. Also enable UAM, of course. Then go all the way down in all sub-pages of: Open APS SMB / autoISF settings/SMB delivery settings: Enable alternative activation of SMB depending on active target: ON
439 440		This option, to switch SMB off at any odd-numbered glucose target, makes the restriction, to shut out SMBs at elevated target, unnecessary. It is the reason why "Enable SMB with high TT" is set to ON .
441 442 443		We point to this first, because setting an odd glucose target in the top right TT field of your AAPS home screen will be a super convenient "emergency brake" for you, in your tuning process, to shield yourself against a FCL "going wild" with more SMBs.
444 445		If you implemented your iobTH (<u>section 2.4</u>) well, that iobTH feature serves as a principle, automated, first line of defense against hyper-aggressive SMB fire from your FCL.
446 447		The usefulness of the additional, odd target "emergency brake" will, in the long run, lie more in preventing FCL over-reaction to bg bumps that are unrelated to a major meal ($\underline{\text{section } 5.1}$).
448 449	2.	Use Autosens: Should be OFF , see the pop-up warning that the feature does not make good sense when entering no carbs. See also remark at point 5.
450 451 452 453		If for curiosity you want Autosens ON, do so only temporarily and with very narrow Autosens min and max settings, like $0.9-1.1$. The AAPS main screen shows you the different "opinions" about how ISF now should be modulated by Autosens or by autoISF, and the SMB tab would show you how both would interact if both active.
454 455 456		Also, do not use Autotune. Enable SMB always. (I think for iAPS users we need add: and switch off dynamic ISF, dynamic CR, and sigmoid). You may need a look into your CGM whether or how it allows to do SMB always.
457	3.	How frequently SMBs: 3 min, or for Libre 3 (1 minute): 1 min
458	4.	High TT raises sens: ON
459	5.	Low TT lowers sensitivity: ON
460 461 462 463 464 465 466		However, leave on OFF the other two, that automatically raise or lower the bg target to detected sensitivity. For instance, if you set "resistance lowers target", there is very limited experience with how it interferes with autoISF. (It might result in an unintentional switch to a calculated odd bg target, and disable SMBs). Pre-autoISF, that setting probably was useful to you when also using Autosens (point 2.).
467 468 469	6.	Half basal exercise target: Put in 180 as a placeholder; you will set this later in your initial tuning when you get to tune for your favorite kinds of exercise (<u>section 6.</u> 1.3). Lower numbers have stronger effects of reducing basal and weakening ISF for exercise.
		5

470 7. Activity modifies sensitivity: **OFF** until you get to section 6.6 471 After giving up Autosens, you might like this feature on board asap. So, you could actually start on 472 section 6.6, and have this setting on **ON**, already before going into section 4. 473 Be aware, though, that any set temporary glucose target will interrupt your Activity Monitor. It is 474 generally a good idea to operate with as few Automations as possible when you enter your autoISF 475 tuning phase. 476 8. Advanced settings/Always short avg delta: **OFF** (- unless you need it ON because of 477 jittery CGM. Yes, smoothing can reduce problems, but at the cost of losing time for 478 recognizing true bg movements, as well). Same related to your smoothing selection in 479 AAPS Configuration builder / Smoothing: No smoothing is the preferred solution there 480 if/when/as long as you have an excellent CGM. Next preferred would be Average 481 smoothing. If single values tend to hop around and cause too big SMBs in your case, you 482 may need to try Exponential smoothing, which gives the nicest bg curves but "iron out" the 483 early indication of a rise, which is so important in a no-user-bolus FCL. 484 Note re. G7: In contrast to G6, the G7 transmitters do not give smooth(ened) values. Hence 485 you probably should use exponential smoothing in AAPS. (Stay connected with other G7 486 users in FCL to find out more). 487 Note re. Libre3 (1 minute): 1 minute CGMs require sophisticated smoothing; as of Dec.2024, 488 autoISF dev is still optimizing the math so smoothing yields results while minimizing the 489 general "time lost" penalty (as is noticeably hurtful when smoothing a 5-minute system). 490 The author has no experience at all with this sensor. Please stay connected e.g. via 491 https://discord.gg/tamvhh57Xs 492 9. Back to /Preferences / Open APS SMB / Advanced setting: For both safety multipliers go 493 higher, probably double, the setting as in the dialogue box recommended (for AAPS HCL), 494 so your FCL loop will be able to do up to 500% TBR in the future. 495 10. autoISF settings: **Do not activate or change settings until you start** section 4. 496 11. Percentage of maxIOB above which SMBs disabled: Put in the number determined in 497 section 2.4 for your iobTH%. or **50** as a placeholder before you get to that section. 498 12. Protect settings in AAPS/Preferences with a (short) password, just to secure that scrolling 499 through the many settings will never make un-intended changes. 500 13. Eliminate the buttons at the bottom of the AAPS home screen as soon as you can (in AAPS 501 Preferences/Overview/Buttons: all OFF). 502 This can strongly enhance personal safety. (Adult: if temp. losing control of phone; kid: if "playing 503 around" on the phone screen).

504 505 506 507	Note: The insulin button would allow to start a dangerous insulin shot. PS: Pressing on one of the top three buttons would be much less critical: It might require more inputs (like also a duration) to do anything at all. And it would only tweak insulin sensitivity in whatever the loop will do (if anything) in upcoming 5-minute segments.
508	14. Analyze, in your data, problems you sometimes encounter, or nearly encountered. Then
509	define alarms that make your system safer and better. Sophisticated options for alarms are
510	offered by xDrip, and notably when thinking of Automations (with an alarm as Action) in
511	AAPS.
512	
513	Next steps
514	
515	To define a reasonable figure for iobTH% and to make a couple of settings for the SMB delivery
516	settings were your preparatory tuning tasks in this <u>section 2</u> .
517	
518	We suggest to review the basic description of autoISF by ga-zelle
519	• https://github.com/ga-zelle/autoISF/blob/A3.2.0.4 ai3.0.1/autoISF3.0.1 Quick Guide.pdf
520 521	• and get oriented, directly there in Github, or via section 3, regarding other support materials available from developers

before activating your autoISF for FCL meal management (section 4).

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