

**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](#)



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[Available related case studies:](#)

[Case study 7.1: MA\\_Adv.HCL\\_5 year old](#)

See also [Case study 13.3](#) from a user of Boost

Originally it was planned to provide an extra section on FCL **for kids** here.

To establish and maintain *any loop* for kids brings about some extra challenges if:

- Going through marked changes of insulin sensitivity or of circadian pattern makes it difficult to keep the FCL appropriately tuned.

This problem is about the same in all loops. However, Autotune, dynamicISF, and some commercial systems with elementary “self-learning” might provide rough (and time.delayed) solutions to this that could prove good-enough.

When facing such challenges, you should try to set appropriate (temp.?) changed profiles, that serve also as a basis for your autoISF loop.

- Between kid and supervising parent it must be guaranteed, especially in the initial weeks, that an eye is kept on whether the “Meal Announcement” (MA) advanced hybrid closed loop” is working about as to be expected.
- Extra caution is needed re. the SMB delivery ratio. The fixed 0.5 value in AAPS was installed also with a consideration on user/follower (parent) set up and limiting potential problems from a bolus being initiated from both phones in parallel. Recommendation is to stay with 0.5.

36 However, we came to realize that the approach is no different for kids than already laid out. It just seems  
 37 some implementation hurdles are significantly higher for implementing a safe FCL for minors.  
 38 Also adults may face special challenges, or just lack the time to do a sophisticated FCL set-up project.  
 39 For that reason, we like to focus this section 7. on how a **hybrid closed loop without carb inputs, using**  
 40 **autoISF**, might get you to a **solution that removes most of the everyday burden** associated with having to  
 41 co-manage meals.  
 42 This "Meal Announcement" could - not only for kids - also be an **intermediary step, from which to**  
 43 **progress into FCL as soon as a currently missing pre-requisite resolves** for you in the future.

## 45 7.1 Hurdles for FCL

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Deficit making FCL difficult or unsafe	Bridging solution with Meal Announcement (MA) via pre-bolussing for meals
Lyumjev or Fiasp (also in 50% mix w.slower insulin) not tolerated/too many occlusions; poor discipline re. scheduled <b>infusion site changes</b>	Different insertion (site, depth, angle, cannula material), injection speed, site exchange frequency might help, but difficult w/ pod pumps. Low carb diet would help, but not consistently used by many. => Pre-bolussing (possible also with pen + AAPS data entry)
Poor discipline regarding keeping 100% <b>BlueTooth</b> connectivity (keeping phone 24/7 at body, and well charged)	Giving meal boli (+ pump providing profile basal in case of problems) will reduce potential problems significantly. Install alarm on (parent) phone. Libre3 (1 minute) might aggravate problems
<b>Leaking</b> pods	(still a "no go; pre-bolussing w/pen would help)
<b>Jumpy CGM</b>	Use strong smoothing, and weak bgAccel_ISF (MA and HCL do not rely on early aggressive action, upon first signs of rising bg)
CGM does not allow <b>SMBs always</b> (also at cob=0, which we always have in FCL)	Use Dexcom or Libre3. For others you probably will find work-arounds described
Very <b>low hourly basal</b>	No problem as MA (HCL) does not require super boosted SMBs
Erratic patterns of <b>sweet drinks and snacks</b>	Much less of a problem when a bolus is given with it, and bgAccel_ISF is dialed-in much softer, SMBs come smaller and delayed (compared to FCL)

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## 50 7.2 Getting ready to advance from your Hybrid Closed Loop

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### 52 7.2.1 Optimize your Hybrid Closed Loop

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54 Switch off dynamicISF, forget what Autotune tries to tell you, and make sure your profile parameters are set  
55 right. Refer to guidance given in the HCL repo ([https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-](https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings)  
56 [settings](https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings) ).

57

58 Optimize meal management, notably watch that your ISFs are set right to deal with rising bg once your given  
59 meal bolus loses power.

60

61 With properly set ISFs, you should be able to expand allowed SMB sizes to 120 minutes worth of basal.

62

63 Next, introduce a method that allows your loop take care of temp. insulin resistance from fats. (In the past,  
64 dynamicISF might have helped you for that.)

65 For this, you have two options:

- 66 • Temporary increase of %profile via an Automation at signs of post-meal fatty acid resistance. See:  
67 <https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#stagnation-at-high-bg-values>
- 68 • Or: Step into using the AAPS dev variant with autoISF, but make exclusively use of the dura\_ISF  
69 component there.

70

71 Make sure your HCL now works at satisfying performance.

72

### 73 7.2.2 Develop your Advanced HCL: Meal Announcement (MA) w/o carb counting

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75 In the next steps, you try to get same performance, but with only a very rough idea, what you will eat (and  
76 **no** carb inputs)

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78 Go through [section 2 – 4](#) for setting up your autoISF,

79 Caution: If you do not fully establish a FCL, make sure to use significantly less aggressive (**lower** than  
80 suggested there for FCL) **settings** for SMB\_range\_extention ([section 2.1](#)), for autoISF\_max ([section 2.2](#)) and  
81 for bgAccel\_ISF\_weight ([section 4.2](#)).

82 If you and your child operate with remote bolusses via a NSClient caregiver set-up, it is important to **not**  
83 extend the SMB delivery ratio above 0.5 in the MA mode (This is for safety, in case issuing a bolus by the  
84 remote parent overlaps with autoISF driven SMB)([section 2.3](#))

85 Do not forget to install your iob threshold above which your autoISF loop will no longer issue any SMBs  
86 ([section 2.4](#)).

## 87 7.3 Pre-bolussing

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89 Operating in the SMB+UAM mode, you do no longer need to count any carbs. (If you wonder why, [section](#)  
90 [4.5.9](#) attempts to explain why this can work just fine) .

91

92 However, going for a Full Closed Loop comes with difficult issues, how to automatically get iob up to  
93 control carb absorption and bg level after meal start.

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95 “Meal Announcement” via giving a bolus

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97 A “Meal Announcement” mode based on autoISF must deal with the fact that giving a **user bolus** severely  
98 distorts the glucose curve.

99 You need a different look (than we did in section 4.1-4.7 for FCL) on the contributions we expect from

100 bgAccel\_, pp\_, bgBrake, bg\_ and dura\_ISF.

101 The proper settings will vary between

- 102 • no-bolus (FCL),
- 103 • substantial bolus
- 104 • or very small pre-bolus..

105 This topic is currently not well investigated. Inconsistent daily patterns of bolus size, time, and ratio  
106 of %coverage for the carbs consumed could complicate the matter further.

107

108 Maybe we are too cautious here, and in fact the autoISF adaptation to glucose behavior is  
109 tolerant enough of disturbances by **user boli**. Please report your findings in case you collect  
110 data of “mixed use” (FCL / Meal Announcement / HCL use with meal bolus).

111 A n=1 finding, and guide how to evaluate, is reported here: [https://github.com/ga-](https://github.com/ga-zelle/autolSF/blob/A3.2.0.2_ai3.0/To%20prebolus%20or%20not%20to%20prebolus.pdf)  
112 [zelle/autolSF/blob/A3.2.0.2\\_ai3.0/To%20prebolus%20or%20not%20to%20prebolus.pdf](https://github.com/ga-zelle/autolSF/blob/A3.2.0.2_ai3.0/To%20prebolus%20or%20not%20to%20prebolus.pdf) ).

113 Once we have a body of data, including from those who moved from *HCL with autoISF* to FCL,  
114 we may need to re-define what the bi-directional transitions FCL < - > HCL in detail shall mean,  
115 and whether or not this has implications for needing different autoISF settings in /preferences for  
116 FCL and for HCL. .

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118 To “help” your advanced hybrid closed loop not bear the full burden of quickly getting iob up (like in FCL)  
119 you have two options: Giving a substantial meal bolus, or just giving a little pre-bolus:

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### 7.3.1 Meal bolus in Meal Announcement (advanced HCL)

Based on a very rough idea on how *in HCL* a bolus *in the past* looked for the meal you are about to start, issue nearly that bolus size.

Note that timing is very critical: You should **bolus** (and AAPS must have the related iob info to work with) **before any** meal-related **acceleration** and first pos. delta bg **happen**.

This is important, because - even with Lyumjev given at meal start -, carb absorption and bg rise happen earlier than the insulin activity kicks in “against it”. So, autoISF would issue SMBs if it had no info about the big bolus you already gave, or you are about to give. (The latter case can get really dangerous, especially if you operate with FCL-suitable autoISF\_weights and SMB sizes!, You must look at your screen and **deduct** the **iob that the FCL already issued** from your intended bolus in that case!)

Most eaters will have **over 60 g carbs** in each of their meals. This means that the amount that gets digested while their fast insulin is active in a major way (without many extra SMBs already complementing), is always the same, and hence just define your personal meal bolus for your advanced HCL ( ~ 60 g / IC. At an IC = 8 g/U this would for instance mean to **always** bolus  $60/8 = 7.5$  U, or maybe 1 unit less to play it safer) . This should immediately put you above iobTH, and from there, your loop will not differ from FCL, and should work with the same settings.

- In Meal Announcement mode, you need not pay so much attention to setting an aggressive bgAccel\_weight ([section 4.2](#)). Also, you generally operate with higher safety because you require no super big SMB sizes as you would in FCL ([section 2](#)). This also helps keeping your autoISF loop from over-reacting to small snacks, or any “bumps” in your maybe sub-optimal CGM.
- FCL users should be able to occasionally just give a meal bolus, too, without worrying how that works out with their FCL settings. (The author does not know of much experience with this, but used it a few times as a quick fix when, in a critical time period around meal start, the FCL was without BT connectivity).

**Low carb** eaters should of course bolus for an estimated lower amount of carbs (as they estimate gets digested in the first 2 hours). In this case iob remains under iobTH. autoISF tuning should focus on bgBrake\_ISF ([section 4.4](#)) and dura\_ISF ([section 4.5](#)). Consistent low carb eaters in MA mode might set their bgAccel\_ISF\_weight ([section 4.2](#)) to zero, or very low.

Users coming from (positive experience with) dynamicISF might look deeper into tuning bg\_ISF, as well.

### 157 158 7.3.2 Small pre bolus in Meal Announcement (advanced HCL) 159

160 Giving a **small bolus before or at meal start** can be helpful in several respects:

- 161 • It provides some iob to cover for the first grams of carbs that will be absorbed faster than a subcutaneous  
162 insulin could become active
- 163 • It relieves the FCL algorithm from the job (difficulty depends on your CGM performance) to recognize  
164 a meal start
- 165 • Allows to keep max. possible SMB size within safer limits, and probably does not require quite the  
166 strong amplification of ISF via high bgAccel\_ or pp\_ISF\_weights (as for FCL, see [sections 4.2](#) and [4.3](#)):

167 The challenge then is, how the loop can take over, notably, as your bolus severely distorts the bg curve upon  
168 which you must “train” your autoISF loop to reasonably respond (via tuning your ...\_ISF\_weights):  
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- 170 • Fortunately, the loop always has the iob and insulin activity data (stemming also from your bolus),  
171 and can factor this in when determining the insulinRequired. Also, your set iobTH ([section 2.4](#))  
172 remains valid.
- 173 • But, **problem** is, that size of the pre-bolus, relative timing (minutes) vs. meal start, and kind of  
174 meal, all strongly would impact the bg curve, and tuning the four ...\_ISF\_weights might become a  
175 mission impossible on such shaky grounds. The key author of this e-book did not even experiment  
176 with this, and just looks forward to eventual case studies that can give insights into the workings of  
177 autoISF in Meal Announcement mode, with **small** pre-boli.

### 178 179 7.3.3 Conclusions

- 180 • Setting Meal Announcement with small or large pre-boli might be easier or better than going all the  
181 way for a FCL, in case:
  - 182 ○ key pre-requisites for a FCL are missing (extremely reliable bg data, and leak-/occlusion-  
183 free insulin supply)
  - 184 ○ time is missing for a sophisticated FCL set-up project
  - 185 ○ user appreciates to gradually move from HCL towards FCL.
- 186 • The Meal Announcement mode (**MA**) **can be the best solution** for many kids. Especially for small  
187 kids (but probably also for teenagers in a negligent phase), the much **more reactive FCL** mode  
188 **could too often backfire** (and in effect ruin the principally possible high %TIR) because it:
  - 189 ○ strongly elevates the need to have a technically super working system, to carry phone 24/7  
190 on the body etc

- may be less forgiving of spontaneous bursts of activity, a small sweet snack etc (anything that distorts the bg curve, and could be misinterpreted by the FCL, which is (always?<- that can be restricted) looking out for meal starts...).
- comes with extra challenges if the real user of the FCL is not aware of, and “mindful” about, what limitations of the system to watch out for, to avoid, or to actually very easy deal with (See next [section 7.4](#). Available methods are the same in FCL and in MA).

- Overall, giving a bolus in MA mode is no guarantee for improved meal management, compared to Full Closed Loop:

Overall comparable performance in MA and in FCL mode was for instance demonstrated in this study: <https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#what-to-expect>

True, MA gives you a handle at limiting the first bg rise. However, earlier delivered insulin is also earlier gone, while additionally creating a gap in insulin supply by induced zero-temping after the user bolus. So what is gained by giving an early bolus is eventually lost by the difficulties associated with the “hand-over phase” towards having the loop handle your meal. These difficulties increase to the extent your meals vary, and depend also on consistency of your pre-bolussing.

Further investigations (by “MA loopers”) might lead to insights how the performance loss in the “hand-over phase” can be minimized.

See also “To pre-bolus or not to pre-bolus” here: [https://github.com/gazelle/autoISF/blob/A3.2.0.2\\_ai3.0/To%20prebolus%20or%20not%20to%20prebolus.pdf](https://github.com/gazelle/autoISF/blob/A3.2.0.2_ai3.0/To%20prebolus%20or%20not%20to%20prebolus.pdf)

## 7.4 Dealing with special situations / insulin sensitivity / disturbances in MA mode

### 7.4.1 Manual nudging of loop aggressiveness

Whenever you see a need, you can temporarily “micromanage” your loops aggressiveness by:

- temp, switching between **even / odd bg target**, to allow / block SMBs
- setting a **temp. profile%**
- significantly elevating or lowering the (even) **bg target** temporarily

More see in [sections 5.1.3](#) and [5.2.2.1](#)

## 7.4.2 Automations to adjust loop aggressiveness

To set up suitable Automations, you first must **analyze patterns** you find **in your data**, at times (or geo-locationa, or bg and iob patterns that point to a problem ...) **where you want your loop act differently**, to carve out Conditions that describe the respective situations (and either for how long it typically lasts, or at which *other* Conditions you want your loop get back to default FCL operation).

Under Actions, make use of any (combination of) measures that adapt aggressiveness (see above, under [7.4.1](#)). Also, setting a different iobTH%, or temporarily shutting off ISF modulation by autoISF are selectable Actions.

More see in [section 5.1.4](#)

## 7.4.3 Automations triggered via custom buttons

Via defining “User action” Automations, you can install customized buttons for your “DIY cockpit” on your AAPS main screen ([section 5.2.2.3](#)).

**Recurring special situations** can be addressed via a DIY cockpit button, and **receive automatically** (whenever the conditions that describe the special situation are indeed given) **treatment with adjusted aggressiveness** (up to a suitable iobTH level).

This should be very helpful to custom program buttons, e.g. for kids in kindergarten, and you can even custom-define the hours of day when they show up, and disappear again from, the AAPS main screen!!

Over time you can have a big number of User action Automations, and keep them “shelved” rather invisibly (clicked inactive via top left box in the Automation description) in your long list of potential Automations. Even when active, they only show in your cockpit (bottom grey field of your AAPS home screen) in the time slot you assigned as potentially relevant

## 7.5 Exercise management and Activity Monitor

In MA mode:

- you are giving a meal bolus that you can simply reduce in an exercise context (just as customary in hybrid Closed Looping)
- your bolus choice is completely independent from any exercise settings that reduce further insulin supply With small pre-bolus ([7.3.2](#)), focus should be on setting a TT and exercise



260 mode, right after giving that bolus, that would limit iob from rising more than desirable  
261 during exercise.

262 More see [section 6.](#)

263 (But in MA you need not worry about the extra challenge in FCL as discussed in section 6.5)

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## 265 7.6 Remote control: Implications of looping in MA or FCL mode for small 266 children

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268 (The main author is unfamiliar with that area, and happy to include contribution from a co-author)

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## 270 7.7 Other methods w/ Meal Announcement (MA)

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272 See [section 13.3](#)

273 Off-topic remark, to complete the picture about looping options:

274 There are also advocates of doing “the opposite”, precise carb inputs, but no (or reduced) boli.

275 See [section 13.4.](#)

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## 277 7.8 Closing remarks

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279 The author is sceptical about effort / benefit of setting up your MA loop vs just working with very  
280 sloppy carb inputs in a well-tuned “vanilla AAPS” SMB+UAM HCL.

281 The author is also not sure about effort / benefit of setting up your MA loop vs going for FCL.

282 I guess there is a higher safety level in MA, especially when the pre-requisites ([section 1](#), and [7.1](#))  
283 are **not** permanently given. Not having to watch out for this so much, may also relief of some extra  
284 vigilance (and frustration?). See [Case study 7.1](#)

285

286 Regarding a journey towards FCL for/with your kid, there are a couple of parents and kids pioneer-  
287 ing this area,

288 Unfortunately, many need to work on eliminating any deficits (as listed in [section 7.1](#)) that stand in  
289 the way of establishing a FCL.

290 This may not be possible within their next year or so. Advancing your HCL into one or another form  
291 of Meal Announcement (MA) mode involving pre-boli then might be an intermediary step that is  
292 worth developing.

293 [Section 13.3](#) points to a couple of other options, besides autoISF, that do well with Meal An-  
294 nouncement. See also [Case study 13.3](#) .

295

296 We highlighted areas that would require some minimum compliance.

297 In the end it comes down to compare the achieved ease in daily use and achieved %TIR to how it  
298 was in prior hybrid closed looping.

299 Generalizations of conclusions will always be difficult in this area.

300 Note that while you may be able to conclude an improvement in *your* looping, this does not necessarily say  
301 anything about superiority or inferiority of the involved methods...

302     ○ ...not even for you, as you probably did not put the same effort, at same knowledge level, into  
303     “getting the best out of” both methods...

304     ○ ...plus there is always that “YDMV” (your diabetes may vary) ...