

## 4. Meals: Setting ISF\_weights in /Preferences

V.18

### Warning regarding importance of proper profile ISFs.

Starters on autoISF FCL who are coming from using HCL with **dynamicISF** must be aware of the following: It is absolutely essential to build your FCL on properly set **profile** ISFs (likely a circadian pattern over 24 hrs). It may not apply to you, but many dynamicISF users did never bother to determine their ISFs that would maximize their HCL performance, but employ dynISF so to speak for going „dynamically“ through a wide range of possible ISFs, until eventually hitting a sweet spot, and the whole thing works better than before with their profile ISF (often only one, e.g. coming from Autotune).

The following is important to understand, as it also leads straight into the core idea behind FCL with autoISF, too: It is a good idea to establish a well-running hybrid closed loop with set (non-dynamic) **ISF (as in profile each hour of the day)**. That ISF must be **aggressive enough** that it gets you down from a high around 200 mg/dl to target. That is roughly also the way you experimentally determined it (I hope).

Using that value also at lower bg, on the way up (after meal start), is very positive, as it is probably **stronger** than you would use, if you had just that (lower) bg to correct. autoISF will also do just that, but in a much more pronounced and elegant way.

On the way down from peak to glucose target, a somewhat too strong ISF will not hurt because much of the time your loop (well supplied with insulin before, „on the way up“) is zero temping or at least has only a small gap to correct from predicted bg to target bg.

You have no business to be much above 200 mg/dl where an even stronger ISF may or may not help. It sure does not help at an occlusion which is about the only reason to see super high values as a looper.

Pegging ISF strength to bg level therefore does not make much sense for loopers. You will use the autoISF toolbox to get strongest ISF **at low** but beginning-to-rise bg,

Disclaimer: There are very much refined versions of dynamicISF that can have beneficial applications. But going to autoISF FCL, you absolutely must anchor on the proper profile\_ISF (which in times of illness etc. you can temp. change via profile switch, also when using autoISF).

### Warning not to simply copy settings from others

When setting **your** parameters, **don't use any given numerical example**, but data from **your successful** Hybrid Closed Loop!

Most *examples in this paper* are from an adult diabetic (Lyumjev, G6) whose insulin sensitivity can be characterized as follows: approximately 37 U TDD, thereof 13 U profile basal, at about 200g daily carbs from mainly lunch and dinner; no couch snacks or sweet drinks. The user also participates in multiple instances of daily moderate activity such as dog walking, biking and gardening. In Hybrid Closed Loop, a typical meal bolus was 8 U that was sometimes reduced such as when activity followed the meal.

*We are still working on a [section 4.6](#)* in which you find a profile helper for some rough orientation and plausibility cross-checking.

### Warning. Importance to starting from a well-performing Hybrid Closed Loop

A **satisfying performance in Hybrid Closed Loop** mode. is a pre-requisite. Expect to reproduce about the same %TIR also in your FCL, but with less daily interaction, once established.

Note that this refers to prior use of „vanilla“ software, without fancy „dynamic add-ons“ (such as: Autotune determined factors, dynamicISF etc). that probably will not be compatible with autoISF use, and may have introduced bias into the profile settings you bring with you into FCL now.

Part of satisfying HCL performance will have to be, that you currently **master your meal management**. This is a pre-requisite **to be able to forget it** ... - because the initial tuning we now turn to demands that you analyze your prior best practice, in an attempt to „teach“ your FCL , find appropriate settings etc.

This is the main subject of this [section 4](#) (finding settings for automatic meal management) and [sections 5-6](#) (finding settings for highly automatic management also of other potential disturbances).

## 4.1 Getting started

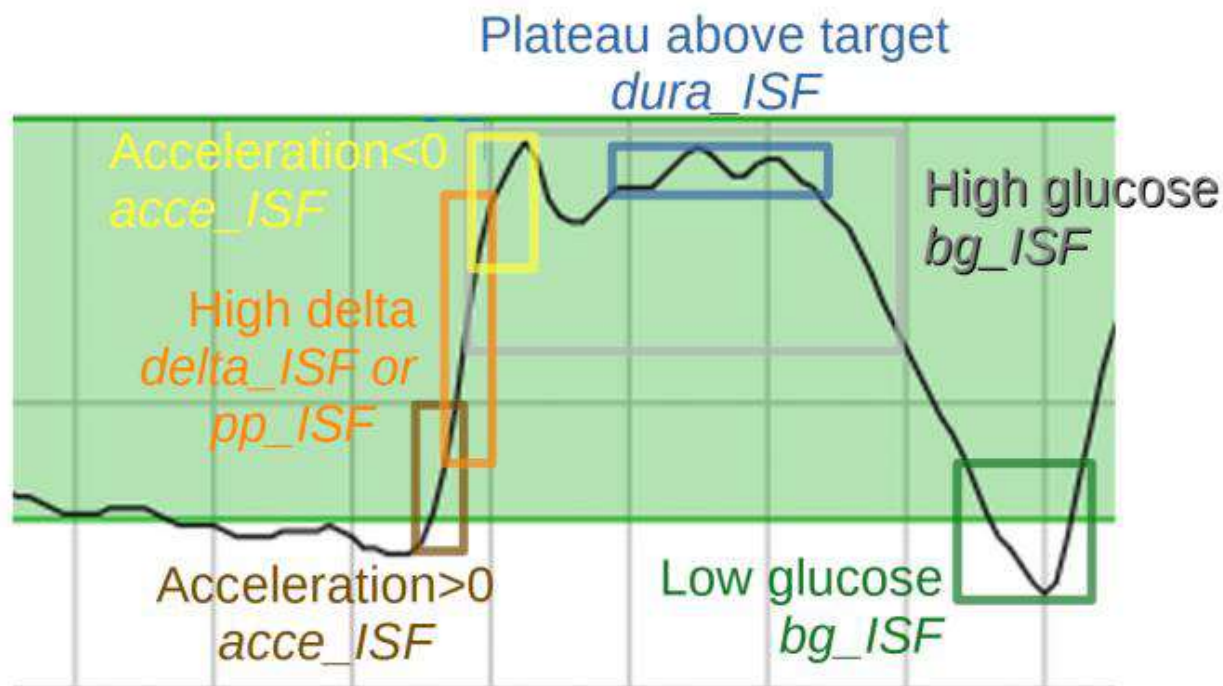
Make sure you have studied the preceding [sections 1-3](#) on the general pre-requisites for FCL and on the workings of autoISF. Notably make sure you have set your iobTH ([section 2.4](#) and *(if already launched [4.6](#))* )

In the early test phase, it is recommended to:

- switch FCL and autoISF ON only during daytime hours of a meal, e.g. 11-18h, for fully automatic "full closed loop" management of lunches
- take typical but not extreme lunches. Omit sweet drinks, or drink only slowly

It is then essentially a matter of your UAM Full Closed Loop recognizing a meal start from the glucose trend, and ramping up iob.

75 When setting up your autoISF Full Closed Loop, you must set several ISF\_weight parameters in  
 76 AAPS Preferences/OpenAPS SMB/autoISF settings. They relate to different stages of the typical  
 77 glucose curve after starting a meal:



78  
 79 Make sure you studied the related flowcharts in [section 3](#), before you proceed.

80  
 81 **Warning:** Any bolus you „sneak in“ will severely distort the glucose curve and can render  
 82 your tuning of weights (see below) useless, if not dangerous.

83 Your FCL should run without an insulin button at the bottom of the AAPS home screen. Issuing a  
 84 bolus should kick you out of the FCL mode, back into Hybrid Closed Loop. *We are working on*  
 85 *improving the User Interface (see e.g. [section 5.2](#)) that would facilitate and secure the bi-directional*  
 86 *transitions.*

87 **Please note that with autoISF 3.0 you are in an early-dev environment, where the user**  
 88 **interface is not optimized for safety of users who stray away from intended ways to use.**

## 90 4.2 bgAccel\_ISF\_weight

91  
 92 When looping without carb inputs and without giving a bolus ourselves, the first crucial setting is to  
 93 set the **bgAccel\_ISF\_weight** so that large SMBs are requested immediately when the loop detects  
 94 an acceleration in your BG starting to rise.

95  
 96 Ideally within 15-20 minutes, after acceleration detection, as much iob is automatically supplied as  
 97 we would have given with our bolus.

98 If you double the **bgAccel\_ISF\_weight**, the ISF strengthening is doubled.

99

100 Rule of thumb: Two of the first three SMBs each should be about  $\frac{1}{4}$  (max  $\frac{1}{3}$ ) the size of a  
101 previous meal bolus in your HCL „career“.

102       Going over  $\frac{1}{3}$  can be problematic if your diet contains occasional low carb (or only  
103 snacking), and generally of course if your **CGM quality** is sometimes unreliable, and might  
104 produce an artefact that could be mistaken for a meal start. Be vigilant about this topic!

105

106 For hands-off FCL, your settings have to fit the whole **range of your meals**. In extreme cases you  
107 will have to balance too high running job with additional carbs, and in the opposite case, you will  
108 have to reckon with temporarily exceeding the glucose target range and losses of the  
109 achieved %TIR for this day.

110

111 If your meals vary strongly, there are two avenues to ease your initial tuning job, or to optimize loop  
112 performance:

- 113       • Automations allow you to differentiate. For instance it is possible to apply different  
114       bgAccel\_ISF\_weights for meals in different time windows or geo locations (details see  
115       [sections 3.4](#) and [5.1](#)).
- 116       • *(if already included)* autoISF 3.0 provides the option to pre-program settings for **4 different**  
117       **meal type clusters** (details see in [section 5.2.3.1 \(4\)](#) and [6.3](#)).

118

119 In search of appropriate settings for your (one or up to 4) meal cluster(s), you must keep (real-time)  
120 track of the SMB tab when tuning. This can be impractical. You probably will end up making a lot of  
121 screenshots (quickly in the crucial minutes where the SMBs were given, or when you thought they  
122 should be given), for later analysis.

123

124 The superior method is to just copy logfiles every couple of hours from your phone/internal  
125 memory/AAPS/logs (all zip files there), and analyze them at your convenience later, using the  
126 emulator (see [section 10](#)). Some emulator-based analysis is also possible within AAPS on your  
127 phone ([section-11](#)).

128

129 Already when tuning the **bgAccel\_ISF\_weight** it can become evident that safety restrictions must  
130 be widened further (as discussed in [section 2](#)).

131

132 Especially if your profile basal rate is very small, the **smb\_delivery\_ratio** and/or the  
133 **smb\_max\_range\_extention** "must" often be increased further.

134 Furthermore, the **smb\_delivery\_ratio** provides more leeway to increase the aggressiveness (e.g.  
135 0.6 -> 0.72 results in another +20%).

136

137 In any case, it is worth the effort to tune the **bgAccel\_ISF\_weight** in such a way that high glucose  
138 increases are already nipped in the bud, so to speak.

139

140 This also facilitates the tuning task for the subsequent phases of the meal, because there is  
141 then largely zero-tempering, as well known from HCL-times after YOUR administered bolus.  
142 Also, the lower and shorter lasting the glucose peak, the lesser the hypo danger from the  
143 activity tail of SMBs given when glucose was „stuck“ high.

144

145 Default bgAccel\_ISF\_weight is set to zero in autoISF. **To start**, I would try 0.05 or **max 0.1**,  
146 and keep trying in max 0.05 steps. Soon move to 0.02 steps (which still means 10-20%  
147 change). From my (very limited) overview, many use around 0.2, but possibly higher if their  
148 hourly basal rate is 0.1U or lower. (*Consult [section 4.6 when available](#)*). Do not be tempted  
149 to rush this setting by using large jumps in adjustments.

150

151 Ideally, one should set the bgAccel\_ISF\_weight so that for meals that are in the **lower** range of the  
152 "fast **carb load**" of your cluster, the necessary insulin supply is already approximately provided  
153 with 3 SMBs. The glucose curve, at such meals, begins to flatten early in this SMB phase, so a  
154 deceleration follows very soon.

155

### 156 4.3 pp\_ISF\_weight

157

158 With **high Carb** meals, or meals that come with a sweet drink, the acceleration phase will last  
159 longer, and BG will rise further, which will require a higher insulin supply.

160 Between acceleration and deceleration there is also a more or less linear further increase of insulin  
161 need.

162 Our autoISF should now "fight" this with the help of the post-prandial ISF, set via **pp\_ISF\_weight**,  
163 after we have set a halfway suitable bgAccel\_ISF\_weight.

164

165 Select **pp\_ISF\_postprandial all day = ON**

166

167 In full closed loop mode, this parameter is preferred over deltaISF ((.. and highly beneficial  
168 for managing meals with gastroparesis)).

169

170 Tune your **pp\_ISF\_weight** after you have set a halfway suitable bgAccel\_ISF\_weight. You should  
171 check meals in the upper spectrum of your g carb, carefully starting with a weight of 0.01.

172

173 Normally the SMBs triggered by bgAccel\_ISF\_weight and pp\_ISF\_weight should be sufficient to  
174 reach and slightly exceed the iobTH (see [section 2.4](#)) so all the other autoISF parameters are  
175 relatively unimportant for now.

176

177 A reason why this can work at all, also for quite a variety of meals, lies in the fact that there  
178 is an hourly carb absorption limit of about 30g/h (reference: Dana Lewis:  
179 [https://github.com/danamlewis/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-](https://github.com/danamlewis/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-life-with-an-aps.md#heres-the-detailed-explanation-of-what-we-learned)  
180 [life-with-an-aps.md#heres-the-detailed-explanation-of-what-we-learned](https://github.com/danamlewis/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-life-with-an-aps.md#heres-the-detailed-explanation-of-what-we-learned) ). So while meals  
181 might wildly vary in composition and size, what is digested and needs insulin in the first <90  
182 minutes (when FCL tries to catch up with insulin need and differs strongly from HCL, and  
183 bgAccel\_ISF and pp\_ISF play the leading role) will be relatively close (...for meals with  
184 similar initial glucose acceleration and rises, anyways, and *that* is information the loop does  
185 have).

186

187 Depending on the type of meal and "aggressiveness" of your bgAccel\_ISF\_weight and  
188 pp\_ISF\_weight tuning, the iob will already be so high that in the phase of decelerated glucose rise  
189 towards the peak (the "last part of the rise") that no insulinReq is seen by the loop.  
190 Therefore the **bgBrake\_ISF\_weight** is often unimportant.

191

192 **Warning: Occasionally consult the SMB tab to see how your settings really work.**

193

194 A setting that is actually too aggressive might be masked. **Tuning only works if** the effects of the  
195 settings being tuned are **not unintentionally limited by other** (e.g. „safety“) **settings**.

196

197 Also, always look at two or three different meals before deciding whether a tuning "fits" („good  
198 enough“ for each of them)

199

200 [Case Study 4.1](#) (Pizza Meal) contains, towards the end, an example how you can go about tuning  
201 the \_weights for various \_ISF factors of autoISF.

202

## 203 4.4 bgBrake\_ISF\_weight

204

205 At a low carb meal, or an attempt at doing a weight reduction diet, the glucose goes up only  
206 sluggishly and iobTH should not be reached at all.

207

208 Acceleration and the phase of strong glucose rise are quickly over in these cases, and there is  
209 mainly a decelerating bulge of insulin action that projects over the next few hours.

210

211 Now the importance of the **bgBrake\_ISF\_weight** comes in. In full loop, the bgBrake\_ISF\_weight is  
212 often only about half as large as the bgAccel\_ISF\_weight (but that would also depend on your  
213 personal diet pattern and eating/digestion speed). Also here, one should approach the tuning  
214 gradually, increasing the weight from small values.

215

216 Case Study 4.2 shows a user example of a low carb meal managed in FCL by autoISF.

217

218 What is very helpful for us in any case is that the loop calculates the situation every 5  
219 minutes, and corrects it.

220 However, if there is too much insulin in the system, the loop can only correct to a very  
221 limited extent, namely only to the extent that it can set basal to zero.

222 Therefore, the core problem is that the Full Closed Loop must build up iob very quickly, but  
223 not too much, in the initial phase of a meal.

224

225 But high BG values (out of range, >180 mg/dl) can not always be avoided..

226

227 **Note regarding acceleration happening in late part of dropping glucose:**

In version 2.2.8.2 there was a potential deficiency in situations where glucose was falling and the glucose acceleration was already positive. That meant a minimum glucose level can be extrapolated. If that happens to be less than target and expected in less than 15 minutes then there should be no strengthening of ISF as it would lower glucose even more. Therefore bgBrake\_ISF\_weight is used now instead of bgAccel\_ISF\_weight. But those situations were rare and less critical than might be expected at first sight. The reason is that in most cases the predictions ended up even below their threshold meaning SMB were disabled.

228

229

## 230 4.5 High Glucose Values and dura\_ISF\_weight

231

232 With large or high fat/protein meals, a 2nd hill of glucose will form, or a long high plateau.

233 For such situations there is in autoISF the modulation of ISF depending on BG level or duration of  
234 plateau formation.

235

236 High BG values and a plateaus in BG values are tuned using the **dura\_ISF\_weight** and  
237 associated parameters. This feature is also very useful in Hybrid Closed Loop. It elegantly  
238 manages, fully automatically, temporary fatty acid resistance. Please refer to other papers for  
239 details (for instance, section „Late stage of meals“ of:

240 [https://www.facebook.com/download/649096606100188/MealMgt.Basics\\_09Dec21.pdf](https://www.facebook.com/download/649096606100188/MealMgt.Basics_09Dec21.pdf) ).

241

242 Since in Full Loop we "turn up" our loop to give the maximum SMB size we can at the beginning of  
243 a rise, it is crucial to resist the temptation to continue with a particularly strong ISF in the meal  
244 phase with the highest glucose values .



245 This is a reason why in Full Loop we do not make much use of the **bg\_ISF** component of autoISF.  
246 Near glucose peak, zero-tempering usually prevails anyway, so the settings we try may not be used  
247 by the loop.

248 This also means that too aggressive settings might not come into play most of the time. However,  
249 some other time they might come into play, and produce a hypo 1-2 hours later.

250

251 Therefore, **study carefully the SMB tab to see what the selected weights would do, if there**  
252 **were no zero-tempering at the time.** Also, try a completely different meal to see how your settings  
253 work there.

254

255 The UAM Full Closed Loop doesn't have any clues as to how many grams of carbs will be  
256 absorbed late. Not knowing when your steady-state max carb absorption phase (the earlier  
257 mentioned 30g/h), and even sometimes a brief episode of insulin resistance to fats, end,  
258 the FCL will struggle to provide desired amounts of insulin, facing potential hypo danger  
259 later because of the DIA of the insulin in use.

260

261 Actually, the UAM Full Closed Loop is not completely clueless regarding how carb  
262 absorption will go on. It will work with a prediction of further carb absorption building on the  
263 carb deviation (=hypothesis of how much got absorbed in the past 5 minute segments), and  
264 phase out more carb decay in the course of the next 1 to max 3 hours. For more detail see  
265 <https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html#understanding-the-basic-logic-written-version> (or study your  
266 SMB tab info).

267

268  
269 This UAM prediction about further carb absorption can be worse, but can also be better  
270 than a prediction based on the user's „e-Carb“ input in Hybrid Closed Loop.

271

272 In any case, and even when having perfect knowledge about how exactly the carbs fade  
273 out in the next hours, there would still be a principal problem for the loop: Heavy insulin  
274 „fire“ against highs will not work immediately (depending on the insulin's time-to-peak), and  
275 notably it comes with a significant hypo danger (from the „tail“ of insulin activity.)

276 A big bolus, or also a series of boli, will rarely work exactly for several hours matching the  
277 absorption of carbs (from what, how much and and how fast the user ate).

278

279 Once your BG sits high, neither you, nor a hybrid closed loop with all the carb info, nor your FCL  
280 can work wonders. Resist the temptation to elevate the **dura\_ISF\_weight** very high.

281 Also, the author is sceptical about using the **bg\_ISF** (at least be careful, use small weight, or shut-  
282 off).



283 Highs will take time to resolve. Interestingly, an after-dinner walk can work wonders sometimes.

284

285 *As often, the best solution is to be pro-active:*

286

287 **The earlier large SMBs come** (driven by bgAccel\_ISF and pp\_ISF), the less high the  
288 overall increase in BG will be, and (provided you set a proper iobTH) **the lesser the risk**  
289 **will be for a hypo after the meal.**

290 Therefore, put most of your tuning effort into determining suitable weights for bgAccel\_ and  
291 for pp\_ISF and iobTH.

292

293 Your FCL cockpit (*when fully developed and launched*) will give you easy access to tweak  
294 2 of these 3 essential parameters (see [section 5.2.3.1](#) /TT dialogue field), providing you an  
295 opportunity for more research on the fly, so to speak.

296

297 The experience of the author is that it is possible to tune the above mentioned weights for very  
298 different meals in such a way that the glucose almost always remains acceptably in range.

299

300 However, if you need **differentiated settings** for different meals or meal time clusters, you can

- 301
- either use Automations to address this (see [section 5.1.3](#))
  - or pre-program 4 different clusters in /preferences, and call them up within a second from  
303 the AAPS home screen (*when cockpit functions made fully available*, see [section 6.4.3](#))

304

305

## 306 4.6 Profile helper

307

308 *xls based tool is still under development / chapter will follow later*