

# Glossary

V. 4.7

For an introduction into the topic of **Artificial Pancreas Systems** (“Looping”), see:

- <https://github.com/danamlewis/artificialpancreasbook/>
- and <https://androidaps.readthedocs.io/en/latest/Resources/clinician-guide-to-AndroidAPS.html#for-clinicians-a-general-introduction-and-guide-to-aaps>.
- Overview over all DIY loops <https://www.diabettech.com/user-resources/hcp-loop-guide/>
- For a resource on key topics like ISF, meal management etc. see the pdf collection in the HCL branch of: <https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings>

The parallel default branch with a “**FCL-e-book**” <https://github.com/bernie4375/FCL-potential-autoISF-research> is for advanced users of systems with SMB+UAM (oref) algorithm.



Term	Description	related	more details @
<b>AAPS</b>	AAPS is the name of an <b>Open Source</b> (aka “DIY”) looping app: On Android phones, Bluetooth connected with an insulin pump and a <b>CGM</b> , it provides an <b>Artificial Pancreas System</b> Broadest choice of pumps and CGMs of any looping option	Android Studio:  iAPS, Trio  iOS Loop	<a href="https://androidaps.readthedocs.io/en/latest/introduction.html#what-is-android-aps-aaps">https://androidaps.readthedocs.io/en/latest/introduction.html#what-is-android-aps-aaps</a>
<b>AAPS Client</b>	AAPS <u>can be monitored and controlled remotely</u> via the AAPSClient app and optionally via the associated Wear app running on Android Wear watches		<a href="https://androidaps.readthedocs.io/en/latest/GettingStarted/FAQ.html#configuring-and-using-the-aapsclient-remote-app">https://androidaps.readthedocs.io/en/latest/GettingStarted/FAQ.html#configuring-and-using-the-aapsclient-remote-app</a>
<b>acceleration</b>	mathematical analysis of the <b>bg</b> development can reveal earliest signs of a bg rise; this is highly relevant in -> <b>FCL w/autoISF</b> ; -> <b>parabola fit</b> . Growing bg <b>deltas</b> are a simpler way of detecting acceleration, but with a ~ 10-20 minutes relative delay. A de-celerating rise indicates a bg peak will soon be reached.		<a href="https://github.com/gazelle/APS-what-if/blob/A3.2.0.4_ai3.0.1/Quick_Guide.pdf">https://github.com/gazelle/APS-what-if/blob/A3.2.0.4_ai3.0.1/Quick_Guide.pdf</a>  <b>FCL-e-book</b> , section 4.2
<b>Activity Monitor</b>	feature of some loop systems that allow adaptation of loop <b>aggressiveness</b> with ~ past hour data from the phone’s (or watch’) motion monitor (evtl also heart rate).	aggressiveness	<b>FCL-e-book</b> , section 5.1.5
<b>aggressiveness of the loop</b>	more aggressive loop settings will deliver more insulin, often via a lowered temporary <b>ISF</b> being applied to a needed correction, or also via a temp. lowered <b>bg target</b> . A more aggressive loop helps fight temp. insulin <b>resistance</b> (e.g. after fatty meals).	resistance sensitivity	<b>FCL-e-book</b> , section 5

	Conversely, e.g. in an exercise context, higher ISF and higher temp.glucose target help deal with increased insulin <b>sensitivity</b> , and deliver less insulin.		
<b>AIMI</b>	dev variant of AAPS involving simple <b>Meal Announcement (MA)</b> that might be stretched into a FCL		<b>FCL-e-book</b> 13.3.2; <a href="https://discord.gg/tPDQzS3Bq3">https://discord.gg/tPDQzS3Bq3</a>
<b>algorithm</b>	the algorithm is a set of calculations and plausibility/safety checks the loop goes through every 5 minutes (upon receipt of a new <b>CGM</b> value), to define what to do, notably in terms of more insulin delivery for <b>control of bg</b> (to bring it to target)	control; oref; insulin kinetics	<a href="https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html#understanding-the-basic-logic-written-version">https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html#understanding-the-basic-logic-written-version</a>
<b>AMA</b>	advanced meal assist - algorithm to handle carbs via % <b>TBR</b> (without SMBs)	SMB	<a href="#">Wiki - AMA</a>
<b>Android Studio</b>	(free) developer software needed to complete and maintain your personal copy of <b>AAPS</b>  (All loops on i-Phone: see <b>Xcode</b> )	Github	<a href="https://androidaps.readthedocs.io/en/latest/Installing-AndroidAPS/troubleshooting_androidstudio.html#troubleshooting-android-studio">https://androidaps.readthedocs.io/en/latest/Installing-AndroidAPS/troubleshooting_androidstudio.html#troubleshooting-android-studio</a>
<b>Anubis</b>	DIY re-engineered transmitter for Dexcom <b>G6 CGM</b> ; lasts unlimited (evtl. battery change); will not shut down sensor at 10.0 days (as factory transmitters do). For more info: „Followers of Anubis“ Facebook group	G6 G6 x 2	<a href="https://docs.google.com/forms/d/e/1FAIpQLSdGtAmwqkBUaMVbBPENF_eRBSz7ZMcCz-3CjLxwc4TC6_RH5w/viewform">https://docs.google.com/forms/d/e/1FAIpQLSdGtAmwqkBUaMVbBPENF_eRBSz7ZMcCz-3CjLxwc4TC6_RH5w/viewform</a>
<b>apk</b>	software installation file (Android application package)	Github	<a href="#">Wiki - Building APK</a>
<b>APS</b>	<b>Artificial Pancreas System</b> . Semi-automatic insulin delivery system that, coupled with a <b>CGM</b> , can regulate bg to target. Besides DIY systems (OpenAPS, iOS Loop, AAPS, iAPS and Trio) that pioneered this area, there is an increasing number of commercial systems now available	AAPS; iAPS; iOS Loop  CGM	<a href="https://iaps.readthedocs.io/en/latest/resources/alternative.html#comparison-table-of-automated-insulin-delivery-systems">https://iaps.readthedocs.io/en/latest/resources/alternative.html#comparison-table-of-automated-insulin-delivery-systems</a> ;  <a href="https://github.com/danamlewis/artificialpancreasbook/">https://github.com/danamlewis/artificialpancreasbook/</a>
<b>Artificial Pancreas System (APS)</b>	a system which works to automatically keep blood sugar levels within healthy limits: by detecting <b>glucose levels</b> , using these values to do <b>calculations</b> , and then delivering the (predicted) right amount of <b>insulin</b> to the body. It repeats the calculation, every few minutes, 24/7.		<a href="https://androidaps.readthedocs.io/en/latest/introduction.html#what-is-an-artificial-pancreas-system">https://androidaps.readthedocs.io/en/latest/introduction.html#what-is-an-artificial-pancreas-system</a>
<b>autoISF</b>	<b>oref</b> SMB+UAM, with very sharp adaptation of <b>ISF</b> to glucose “behavior” ( <b>acceleration, delta, level, stuck-at-high</b> ).	FCL	<a href="https://github.com/gazelle/autoISF/blob/A3.2.0.4">https://github.com/gazelle/autoISF/blob/A3.2.0.4</a>

	<p>Ideal for <b>FCL</b> but difficult to set up (initial “tuning”).</p> <p>Useful also in HCL (tuning then different)</p> <p>autoISF is available only in <b>dev</b> variants of</p> <ol style="list-style-type: none"> <li>1. <b>AAPS</b></li> <li>2. <b>iAPS</b></li> <li>3. <b>Trio</b></li> </ol>		<p><a href="#">ai3.0.1/autoISF3.0.1 Quick Guide.pdf</a></p> <ol style="list-style-type: none"> <li>1. <a href="https://github.com/T-ob-i-a-s/AndroidAPS/">https://github.com/T-ob-i-a-s/AndroidAPS/</a></li> <li>2. <a href="https://github.com/mountntrcg/iAPS">https://github.com/mountntrcg/iAPS</a></li> <li>3. <a href="https://github.com/mountntrcg/Trio">https://github.com/mountntrcg/Trio</a></li> </ol> <p><b>FCL-e-book</b></p>
<p><b>Automation</b></p> <p>(Feature integrated in AAPS; other loops may need 3<sup>rd</sup> party software; or “middleware”)</p>	<ol style="list-style-type: none"> <li>1. analyze patterns in YOUR data, (at times, geo-locations, or bg and iob patterns that point to a problem ...) where you want your loop act differently: carve out Conditions that describe the situations</li> <li>2. Define Actions (loop settings for different aggressiveness) for x minutes</li> </ol> <p>Specifically in <b>AAPS: User Action Automations</b> enable -&gt; <b>DIY cockpit</b></p>	<p>Automated aggressiveness modulation</p> <p>DIY cockpit</p> <p>middleware (iOS)</p>	<p><a href="https://androidaps.readthedocs.io/en/latest/Usage/Automation.html#automation">https://androidaps.readthedocs.io/en/latest/Usage/Automation.html#automation</a></p> <p><a href="https://androidaps.readthedocs.io/en/latest/Usage/automationwithapp.html#automation-with-third-party-android-automate-app">https://androidaps.readthedocs.io/en/latest/Usage/automationwithapp.html#automation-with-third-party-android-automate-app</a></p>
<p><b>Autosens</b></p>	<p>calculation of <b>sensitivity</b> to insulin as a result of exercise, hormones etc. in the past 8 – 24 hrs, and automatic % adjustment (within selected min and max borders) of basal, ISF and (if selected) bg targets. ((Note, if <b>Autotune</b> is also selected, the result from Autosens will be used to adjust the profile, rather than temp. moderating key profile parameters))</p>	<p>iob delta</p> <p>Autotune</p>	<p><a href="#">DIABETTECH - Autosens</a></p> <p><a href="https://openaps.readthedocs.io/en/latest/docs/Customize-Iterate/autosens.html?highlight=Open-APS%20Autosens#notes-about-autosensitivity">https://openaps.readthedocs.io/en/latest/docs/Customize-Iterate/autosens.html?highlight=Open-APS%20Autosens#notes-about-autosensitivity</a></p>
<p><b>Autotune</b></p>	<p>Autotune can be used to get suggestions how to tune <b>profile basal</b>; it gives also one 24h average <b>IC</b> and <b>ISF</b> suggestion.</p> <p>Controversial (see 3<sup>rd</sup> link given)! Not for use with <b>dynamicISF</b>, <b>autoISF</b>.</p>	<p>Autosens</p>	<p><a href="https://androidaps.readthedocs.io/en/latest/Usage/autotune.html#how-to-use-autotune-plugin-dev-only">https://androidaps.readthedocs.io/en/latest/Usage/autotune.html#how-to-use-autotune-plugin-dev-only</a></p> <p><a href="https://iaps.readthedocs.io/en/main/settings/configuration/autotune.html#autotune">https://iaps.readthedocs.io/en/main/settings/configuration/autotune.html#autotune</a></p> <p><a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings/blob/HCL--settings-main-repo-(pdf)/Using%20Autotune_V.1.pdf">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings/blob/HCL--settings-main-repo-(pdf)/Using%20Autotune_V.1.pdf</a></p>
<p><b>average delta</b></p>	<p>see <b>delta</b> (long or short avg. delta bg)</p>	.	
<p><b>basal rate</b></p>	<p>the basal rate defined in the <b>profile*</b> (that you give to your loop to work with) is the amount of hourly insulin to maintain <b>bg</b> at a stable level, in absence of -&gt; <b>disturbances</b></p> <p>*note that basal might get auto-adjusted (e.g. by Autosens, or in an exercise mode).</p>	<p>IC / ISF profile</p> <p>disturbance</p>	

<b>bg</b>	blood glucose: the tissue glucose that all CGMs measure reflects the blood glucose, with a couple of minutes of delay. (This, plus the minutes of spacing between <b>CGM</b> values, adds to the “sluggishness” of getting our bg regulated by the loop).	control (sluggishness)  Libre 3	
<b>bg_delta</b>	see <b>delta</b>		
<b>bg source</b>	the blood glucose source is the source where your bg values come from. They come from a <b>CGM</b> system which you wear through some kind of integration software like <b>BYODA</b> , <b>xDrip+</b>	CGM / FGM	<a href="#">Wiki - BG source</a>
<b>BMI</b>	body mass index		
<b>Bolus wizard</b>	See <b>Calculator</b>		
<b>Boost</b>	dev variant of AAPS involving simple <b>Meal Announcement (MA)</b> that can be stretched into a FCL		Fcl-e-book 13.3.1; <a href="https://discord.gg/nYC4T9PgCR">https://discord.gg/nYC4T9PgCR</a>
<b>BYODA</b>	Build Your Own Dexcom App - a special way to generate your own Dexcom App for reading out the transmitters and pass <b>smoothened bg</b> values on for looping (- e.g. direct into AAPS, or via <b>xDrip+</b> , while retaining the option to use Clarity® as your doc office may want you to use)	xDrip+	<a href="#">Dexcom G6</a>  <a href="https://docs.google.com/forms/d/e/1FAIpQLScD76G0Y-BIL4tZlJaFkjlwuqhT83QlFM5v6ZEfO7gCU98iJQ/viewform">https://docs.google.com/forms/d/e/1FAIpQLScD76G0Y-BIL4tZlJaFkjlwuqhT83QlFM5v6ZEfO7gCU98iJQ/viewform</a>
<b>Calculator</b>	<b>HCL</b> systems (and pump therapy in general) come with bolus calculators for suggesting bolus size for meals based on: to-be-digested g of carbs (while bolus is very active; later carbs -> <b>eCarbs!</b> ); IC; ISF (if bg not near target); iob.	IC  pre-bolus	<a href="https://androidaps.readthedocs.io/en/latest/Getting-Started/Screenshots.html#bolus-wizard">https://androidaps.readthedocs.io/en/latest/Getting-Started/Screenshots.html#bolus-wizard</a>
<b>calibration</b> (of CGM)	if your symptoms disagree with what the CGM shows: test with your blood glucose meter; calibration is one (but not always the best) option then	CGM	<a href="https://navid200.github.io/xDrip/docs/Calibration.html">https://navid200.github.io/xDrip/docs/Calibration.html</a>
<b>carb absorption</b>	1) foods with slower absorption are easier to manage with insulin  2) 30 g/h seems a max (heavy eaters: do not bolus for more g than digested while your bolus goes strong!)  3) for <b>oref</b> systems, the lower border of plausibility is defined by the <b>min5mCarbImpact</b>  4) oref loops calculate delta <b>cob</b> from bg <b>delta</b> and <b>iob</b> delta (using ISF and IC); more see at: <b>dynamic carb absorption</b>	cob; iob  iob delta;  dynamic carb abs.  eCarbs;  FPU;  insulin kinetics	<a href="https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#meal-related-limitations">https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#meal-related-limitations</a>  <a href="https://github.com/danamlaw/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-life-with-an-aps.md#heres-the-detailed-explanation-of-what-we-learned">https://github.com/danamlaw/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-life-with-an-aps.md#heres-the-detailed-explanation-of-what-we-learned</a>

	5) note that drugs, e.g. Ozempic® or comorbidities, e.g. gastroparesis have profound effects (inform yourself about implications re. carb abs. corridor).		
<b>carb ratio</b>	we use the term <b>IC</b> factor for this	IC	
<b>CGM</b>	continuous glucose monitor (Dexcom, Libre, and other systems)	bg source G7, 6...; Libre 3	<a href="https://www.diabettech.com/cgm/six-of-the-best-digging-further-into-the-statistics/">https://www.diabettech.com/cgm/six-of-the-best-digging-further-into-the-statistics/</a>
<b>circadian</b> (sensitivity, basal rate, ISF...)	basal need, <b>IC</b> and <b>ISF</b> vary over 24 hours according to a „circadian“ pattern of varying sensitivity to insulin. Improper profile settings will “use up and waste” some of the loop system’s capability to correct for disturbances.	disturbance	Section 5. in “ISF determ...pdf” : <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>Closed Loop</b>	closed-loop systems make automatic adjustments to basal delivery ( <b>TBR</b> ), without needing user-approval, based on an <b>algorithm</b> ; some also can automatically bolus ( <b>SMB</b> )	Open Loop	<a href="https://androidaps.readthedocs.io/en/latest/Resources/clinician-guide-to-AndroidAPS.html#for-clinicians-a-general-introduction-and-guide-to-aaps">https://androidaps.readthedocs.io/en/latest/Resources/clinician-guide-to-AndroidAPS.html#for-clinicians-a-general-introduction-and-guide-to-aaps</a> ;  <a href="#">Wiki closed loop</a>
<b>clinician support of DIY systems</b>	the references given demonstrate increasing consensus to support DIY solutions as suitable for their patients		<a href="https://androidaps.readthedocs.io/en/latest/introduction.html#support-for-diy-looping-by-other-clinicians">https://androidaps.readthedocs.io/en/latest/introduction.html#support-for-diy-looping-by-other-clinicians</a>
<b>cob (g)</b>	carbs on board is the amount of carbohydrates currently available for digestion (“that still needs <b>iob</b> ”).	carb absorption;  iob	<a href="https://androidaps.readthedocs.io/en/latest/Usage/COB-calculation.html#how-does-aaps-calculate-the-cob-value">https://androidaps.readthedocs.io/en/latest/Usage/COB-calculation.html#how-does-aaps-calculate-the-cob-value</a>
<b>connectivity</b>	numerous options for Bluetooth or WLAN connected devices. Additional open-source software and platforms (which are not shown in reference, e.g. Automate!, or Android Auto) can also be integrated.		<a href="https://androidaps.readthedocs.io/en/latest/introduction.html#what-is-the-connectivity-of-the-aaps-system">https://androidaps.readthedocs.io/en/latest/introduction.html#what-is-the-connectivity-of-the-aaps-system</a>
<b>control of bg</b> (sluggishness)	balancing <b>carb absorption</b> with <b>insulin activity</b> is a very difficult „sluggish“ control problem - very much like boating. See slides 11-19 in “Meal Mgt....pdf”.	carb absorption;  insulin kinetics;  bg	“Meal Mgt. 1 -4....pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>delivery ratio</b>	portion of <b>insulin required</b> that gets delivered by the loop via SMB or TBR; fixed at 50% in AAPS Master. Note that going towards 100% would be very unsafe at CGM jumps! It is better to wait another 5 minutes to confirm the bg trend,	insulin required	<a href="https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#enabling-boosted-smbs-safety">https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#enabling-boosted-smbs-safety</a>

	for getting again 50% of what <i>then</i> is required (=of what <i>was</i> held back, plus of “ <i>newly developed</i> need”)		<b>FCL-e-book</b> _section 2.3
<b>delta</b>  All 3 delta categories show in the top section of the AAPS main screen	<p><u>delta</u> bg =d5=in past 5 minutes: important anchor point for loop calculations (see e.g.. in SMB tab of AAPS) = bg(0m)-bg(-5m)</p> <p><u>short avg delta</u>= d15=avg. of <i>last 3</i> deltas = (bg(0m)- bg(-15m))/3</p> <p><u>long avg.delta</u>=d45 is the average delta <i>between 15 and 45</i> minutes back = (bg(-15m)- bg(-45m))/6</p>	iob delta	
<b>dev</b>	<p>dev version of <b>Master</b> =software in pre-Master-release testing,</p> <p>dev <b>variants</b> have different, often extra, features to Master = still in development, insufficiently tested for broader release</p>	<p>autoISF;</p> <p>Boost;</p> <p>and many others</p>	
<b>Dexcom</b>	<b>CGM</b> , see <b>G7</b> , <b>G6</b>		
<b>DIA</b> (hours)	duration of insulin action	insulin kinetics	<p><a href="#">Wiki insulin types</a> <a href="#">DIABETTECH - DIA</a></p> <p>Insulin_DIA...pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a></p>
<b>disturbance</b>	Factors like meals and exercise (and ~40 others) disturb the smooth operation that would be possible with a well set basal profile. The set <b>ISF</b> , or a temp. activated <b>exercise mode</b> may enable the loop to automatically manage the disturbance. In other cases, a <b>%profile switch</b> or other measures may be needed.	<p>ISF;</p> <p>exercise mode;</p> <p>%profile switch</p>	<p><a href="https://diatribe.org/poster-now-available-42-factors-affect-blood-glucose">https://diatribe.org/poster-now-available-42-factors-affect-blood-glucose</a></p> <p><b>FCL-e-book</b>, section 5.2</p>
<b>DIY cockpit</b>	<p>term used for * having all buttons to “tweak” loop <b>aggressiveness</b> on the main screen of the closed loop phone * using tools like “<b>user action Automations</b>” in <b>AAPS</b> to construct extra buttons for this purpose</p> <p>These can be programmed to show only in pre-defined times, or geo-locations ...</p>		<b>FCL-e-book</b> , section 5.2.2
<b>Dual Hormone Loop</b>	“Double closed loop” featuring insulin AND glucagon (in development): the glucagon component not only helps stay out of hypos. It enables a more aggressive treatment for preventing, or reducing, high glucose values, as well		<b>FCL-e-book</b> 13.6
<b>dynamic carb absorption</b>	every 5 minutes, <b>AAPS</b> , <b>Trio</b> , and <b>iAPS</b> figure out carb absorption from <b>bg delta</b> ,	UAM	Section 1.2 in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-</a>



	<b>insulin activity</b> consumed, and other data =>oref loops can work entirely without carb inputs at meals (“UAM”, “FCL”)	FCL	<a href="https://github.com/HCL-/settings-main-repo-(pdf)/IC%20(carb%20ratio)_V3.1.pdf">settings/blob/HCL-.-settings-main-repo-(pdf)/IC%20(carb%20ratio)_V3.1.pdf</a>
<b>dynamic carb ratio</b>	automatic adaptation of <b>IC</b> to bg level and to past day(s) TDD (not useful in advancedoref looping/FCL)	iAPS	<a href="https://discord.gg/gGKXW5uX3m">https://discord.gg/gGKXW5uX3m</a>
<b>dynamicISF</b>	automatic adaptation of <b>ISF</b> to bg level and to past day(s) TDD; tuneable. Note: Autosens min/max defines how far from profileISF dynISF is allowed to go (Caution: Can make life easier but can be inferior to using a well tuned <b>profile ISF</b> + being proactive with manual <b>%profile switches</b> )	sigmoid	<a href="https://androidaps.readthedocs.io/en/latest/Usage/DynamicISF.html#dynamicisf-dynisf">https://androidaps.readthedocs.io/en/latest/Usage/DynamicISF.html#dynamicisf-dynisf</a>
<b>dynamic iobTH</b>	<b>iob threshold</b> above which no more SMBs are given varies with the set exercise target (feature of <b>exercise mode</b> in <b>autoISF</b> )	iobTH exercise	<b>FCL-e-book</b> section 6.1.3
<b>dynamic bg target</b>	your loop probably allows you to generally select “ <b>sensitivity</b> raises bg target” and “ <b>resistance</b> lowers bg target”. (Caution: Can lead to <b>rollercoasters</b> , especially if your carb settings and daily inputs are not spot-on (=> skewed <b>Autosens</b> !))		
<b>EatingSoon TT</b> (mg/dl) or (mmol/L)	Concept going back to looping pioneer Dana Lewis: to set a very low temp. bg target ~ 1 h before meals, so the loop gets a low bg starting point, and also some pos. iob at meal start	pre-bolus	<a href="https://github.com/danamlewis/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-life-with-an-aps.md#how-to-do-eating-soon-mode">https://github.com/danamlewis/artificialpancreasbook/blob/master/8.-tips-and-tricks-for-real-life-with-an-aps.md#how-to-do-eating-soon-mode</a>
<b>EatingNow</b>	dev variant of AAPS involving simple <b>Meal Announcement (MA)</b> that might be stretched into a FCL		<b>FCL-e-book</b> 13.3.3; <a href="https://discord.gg/XqhnPRChEP">https://discord.gg/XqhnPRChEP</a>
<b>eCarbs</b>	"extended carbs" – Carb inputs split up over several hours; consider also effects from fat/protein ( <b>FPU</b> ) here.  <b>extended boluses</b> you might know from regular pump therapy do not make much sense when looping; when your given bolus fades out, the loop takes increasingly over w/ <b>SMBs</b> or high <b>%TBR</b>	FPU  SMB  Calculator	<a href="https://androidaps.readthedocs.io/en/latest/Usage/Extended-Carbs.html#what-are-ecarbs-and-when-are-they-useful">https://androidaps.readthedocs.io/en/latest/Usage/Extended-Carbs.html#what-are-ecarbs-and-when-are-they-useful</a>  <a href="#">eCarbs use case</a>
<b>Emulator</b>	program to analyze <b>AAPS logfiles</b> , including what-if analysis Note: iAPS has some on-bord analytic capabilities	log files	<a href="https://github.com/autoisf/what-if">https://github.com/autoisf/what-if</a>
<b>exercise mode</b>	a loop mode which limits how high iob will/can go, via any combination of: raising glucose <b>target</b> , lowering <b>profile basal</b> , elevating <b>ISF</b> , limiting <b>iob</b> .	TT  %profile switch;	<a href="https://androidaps.readthedocs.io/en/latest/Usage/making-sport-with-AAPS.html#cycling">https://androidaps.readthedocs.io/en/latest/Usage/making-sport-with-AAPS.html#cycling</a>

		dynamic iobTH	<a href="https://diyyps.org/.../how-to-exercise-when-exercise-is...">https://diyyps.org/.../how-to-exercise-when-exercise-is...</a> <b>FCL-e-book</b> , section 6
<b>extended bolus</b>	frequently desired by looping beginners “to fight high bg”, this contradicts the very idea of looping: the algo must receive the inputs to manage bg (tuning). Boli (also the initial meal bolus in <b>HCL</b> ) disturb the workings of the loop (that shuts off for a while via <b>zero-temping</b> )	eCarbs	<a href="https://androidaps.readthedocs.io/en/latest/Usage/Extended-Carbs.html#extended-bolus-and-why-they-won-t-work-in-closed-loop-environment">https://androidaps.readthedocs.io/en/latest/Usage/Extended-Carbs.html#extended-bolus-and-why-they-won-t-work-in-closed-loop-environment</a>
<b>FCL-e-book</b>	Series of pdfs about <b>FCL</b> , with case studies ( <b>autoISF</b> focused, but all other methods are presented and referenced)	FCL	<a href="https://github.com/bernie4375/FCL-potential-autoISF-research-">https://github.com/bernie4375/FCL-potential-autoISF-research-</a>
<b>FPU (g)</b>	Fat-Protein-Units, converted into g carb equivalent  Rather than worrying too much about conversion factors for FPU's (controversy see slide 30 in 2nd link ->) ...  ... oreof loopers should rather see to it that their loop can deal well with temporary (!) insulin resistance from fatty acid receptor blockages (3rd link) Note that autoISF has the “dura_ISF” component to deal with plateaus of high bg.	eCarbs	<a href="https://iaps.readthedocs.io/en/latest/settings/services/fat-protein.html#fat-and-protein-conversion">https://iaps.readthedocs.io/en/latest/settings/services/fat-protein.html#fat-and-protein-conversion</a> ;  p. 3 in: “Meal Mgt. 3 .pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>  <a href="https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#stagnation-at-high-bg-values">https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html#stagnation-at-high-bg-values</a>
<b>FCL: Full Closed Loop</b>	Mode of closed looping <u>without</u> the user giving any boli, and without carb inputs. Depending on lifestyle and <b>%TIR</b> expectation, can run fully hands-off, or require a few button pushes at special <b>disturbances</b> , like heavier exercise. Setting up (personalized tuning) is difficult!	Hybrid Closed Loop (HCL)  UAM	<a href="https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html">https://androidaps.readthedocs.io/en/latest/Usage/FullClosedLoop.html</a> ;  <b>FCL-e-book</b> see: <a href="https://github.com/bernie4375/FCL-potential-autoISF-research-">https://github.com/bernie4375/FCL-potential-autoISF-research-</a>
<b>G7, G6, ONE, G5</b>	abbreviation for Dexcom sensor/transmitter <b>CGM</b> systems	BYODA	<a href="#">Wiki - BG source</a>
<b>G6 x 2 (overlapping)</b>	method to get un-interrupted <b>CGM</b> values	Anubis; xDrip Variant	<b>FCL-e-book</b> : Case study 1.5
<b>git</b>	git in our context here is the tool to mainly download the <b>AAPS</b> sources from <b>Github</b> for the build process. It's version-control system for tracking changes in computer files and coordinating work on those files especially for teams. -> necessary for <b>apk</b> updates		<a href="#">Wiki - update APK</a>
<b>GitHub</b>	web-based hosting service for version control using git -> storage of <b>source code</b> to build <b>apk</b> , and of related documentation	1.Android Studio;  2/3.Xcode	1. <a href="#">GitHub AndroidAPS</a> ;  2a. <a href="https://github.com/nightscout/Trio">https://github.com/nightscout/Trio</a>



	<p>for: 1) AAPS 2a) Trio 2b) iAPS 3) iOS Loop</p> <p>Note: Special <b>dev</b> variants are on other Github pages, see e.g. @ <b>autoISF</b></p>		<p>2b. <a href="#">Github_build_iAPS.yml</a></p> <p>3. <a href="https://loopkit.github.io/loopdocs/gh-actions/gh-first-time/">https://loopkit.github.io/loopdocs/gh-actions/gh-first-time/</a></p>
<b>glucose target</b>	<p>corrections by the loop aim at the bg target value (set in the <b>profile*</b> for each hour of the day); depending on nature of disturbances, and properly set ISF, that value should be gradually reached over the course of 2-4 hours;</p> <p>*note that targets might get auto-adjusted (e.g. by Autosens, or in an exercise mode).</p>	TT	
<b>half-basal exercise target</b>	<p>at <i>elevated</i> temp. glucose targets (as for exercise), loop aggressiveness (profile basal, ISF used) gets reduced. Effect is the stronger the lower this parameter is set (in AAPS/Preferences default is 160 mg/dl*), and the higher the TT;</p> <p>in case you switch “low_TT_reduces_sensitivity” ON in /Preferences, the parameter can *) also be used for <i>increasing</i> the loop aggressiveness!</p>	<p>* AAPS x autoISF; might differ or be non-existent in other loops</p>	<p>Details see on Exercise Mode page of the autoISF Quick guide: <a href="https://github.com/gazelle/autoISF/blob/A3.2.0.4_ai3.0.1/autoISF3.0.1_Quick_Guide.pdf">https://github.com/gazelle/autoISF/blob/A3.2.0.4_ai3.0.1/autoISF3.0.1_Quick_Guide.pdf</a></p>
<b>HCL: Hybrid Closed Loop</b>	<p>the usual mode of looping, with the user initiating a meal bolus (and making other frequent inputs, notably re. carbs). This is really a compromise owed to slow insulins in-capable of dealing with rapid carb absorption</p>	<p>calculator;</p> <p>extended bolus;</p> <p>FCL</p>	<p><a href="https://androidaps.readthedocs.io/en/latest/introduction.html#what-does-hybrid-closed-loop-mean">https://androidaps.readthedocs.io/en/latest/introduction.html#what-does-hybrid-closed-loop-mean</a></p>
<b>iAPS</b>	<p>oref loop (like AAPS, but) for i-phone</p> <p><b>Caution:</b> iAPS is a “alpha” early dev variant with little testing and incomplete docu (and not fully Open Source). Weekly stream of new features and bugfixes, but not safe unless you constantly stay informed in Discord</p> <p>Source code (apk): see <b>Github</b></p> <p>A safer route is to use <b>Trio</b> (Master expected to launch in Q3/2024)</p> <p>Requires Apple developer licence (\$ 100/year), and Xcode.</p>	<p>Github</p> <p>Trio</p> <p>AAPS</p> <p>Xcode</p>	<p><a href="https://discord.gg/JVXwG7gS">https://discord.gg/JVXwG7gS</a></p> <p><a href="https://www.facebook.com/groups/1351938092206709">https://www.facebook.com/groups/1351938092206709</a></p> <p><a href="https://iaps.readthedocs.io/en/latest/">https://iaps.readthedocs.io/en/latest/;</a></p>
<b>IC (carb ratio) (g/U)</b>	<p>factor (g/U) describing how many grams of carb are covered by one unit of insulin</p>	ISF	<p>IC determ.....pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a></p>
<b>individualized tuning</b>	<p>DIY loops are not self-learning but require “tuning” to find proper <u>individual settings</u>, 1) for Meal Management</p> <p><b>HCL: AAPS Objectives; meal management</b></p>	Object-ives;	<p>HCL guidance in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a></p>

	<p><b>FCL:</b> dial in your settings (incl. Automations) so the loop is enabled to mimick your successful HCL Meal Management (notably, similar insulin activity curve, going up a bit later, but very steep....)</p> <p>2) finding individual temporary settings to adapt loop <b>aggressiveness</b> for other <b>disturbances</b> e.g. exercise</p> <p>Note 1: Tuning must follow a certain sequence (to avoid instability from counter-balanced multiple errors). Resist the temptation to just play around on the many “buttons” offered!</p> <p>Note 2: Learn not to interfere, make your loop – over time – fit to manage automatically</p>	<p>Meal management;</p> <p>FCL tuning</p>	<p><b>FCL-e-book</b> in: <a href="https://github.com/bernie4375/FCL-potential-autoISF-research-">https://github.com/bernie4375/FCL-potential-autoISF-research-</a></p> <p>other disturbances (than meals, see “42 factors..pdf” @HCL guidance), see e.g. sections 5 and 6 in <b>FCL-e-book</b>: <a href="https://github.com/bernie4375/FCL-potential-autoISF-research-">https://github.com/bernie4375/FCL-potential-autoISF-research-</a></p>
<b>insulin activity</b> (U/5 min)	part of <b>iob</b> that will become active in the upcoming 5 minutes (above profile basal supply => figure can be negative also)	insulin kinetics: blue curve	
<b>insulin kinetics</b>	<p><b>AAPS</b> insulin tab shows two curves: The <u>pink curve</u> starts at 1.0 (100%) and goes down to 0 (0%) when the <b>DIA</b> is over. It shows iob left, at any time. The <u>blue curve</u> shows how the activity goes: Practically nothing (!) for a bunch of minutes, then rapidly going high, and then slowly fading out over the DIA period (with a maximum at time-to-peak). For its calculations, AAPS adds these blue curves up for all boli, <b>SMBs</b> and <b>TBRs</b> <b>profile basal</b> -&gt; <u>thin yellow “activity” curve</u> you can see in your AAPS glucose screen!</p>	control of bg (sluggishness)	<p>“Insulin_DIA...pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a></p> <p>“The artificial pancreas...pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings/blob/FCL-w/autoISF/The%20Artificial%20Pancreas%20and%20Meal%20Control.pdf">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings/blob/FCL-w/autoISF/The%20Artificial%20Pancreas%20and%20Meal%20Control.pdf</a></p>
<b>insulin required</b> (U)	<p><b>Key parameter in theoref loop algo:</b> From how <b>bg</b>, <b>iob</b> and <b>cob</b> resp. <b>carb deviations</b> develop (-&gt; <b>predictions</b>), need for more insulin is calculated.</p>	<p>predictions</p> <p>delivery rate</p>	<a href="https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html?highlight=insulin%20required#blending-relevant-predictions">https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html?highlight=insulin%20required#blending-relevant-predictions</a>
<b>iob</b> (U)	insulin on board; units of insulin (above basal need) <u>currently available to become (within the remainder of its DIA) active</u> in your body (to deal with un-absorbed carbs, or with other disturbances)	insulin activity	<a href="https://androidaps.readthedocs.io/en/latest/Getting-Started/Screenshots.html#section-d-iob-cob-br-and-as">https://androidaps.readthedocs.io/en/latest/Getting-Started/Screenshots.html#section-d-iob-cob-br-and-as</a>
<b>iob delta</b> (U)	insulin consumed = (1) delta bg / ISF = used for bg correction (2) the rest of the delta iob, multiplied with IC, is the grams of carbs absorbed. (3) if (2) results in <u>implausible <b>carb absorption</b></u> , then IC and ISF	<p>carb abs. 2), 3)</p> <p>min5m_carb.impact</p>	

	are adapted “to force a plausible fit”; and the adapted insulin sensitivity is then reflected in <b>Autosens</b> $\neq$ 100%		
<b>iobTH</b> (U) <i>or</i> iobTH% (% of maxIOB)	iob threshold (set below <b>maxIOB</b> ); at <b>iob</b> > iobTH, the loop will give no more boli ( <b>SMB</b> ) but only <b>TBR</b>	iob; maxIOB; SMB	<a href="https://androidaps.readthedocs.io/de/latest/Usage/FullClosedLoop.html#iob-threshold">https://androidaps.readthedocs.io/de/latest/Usage/FullClosedLoop.html#iob-threshold</a>
<b>iOS Loop</b>	easy DIY loop to set up on i-phone;  algorithm requires precise carb inputs at all meals ( <u>no</u> <b>UAM</b> or <b>FCL</b> );  very limited choices of pumps	i-phone loops with the algorithm as in AAPS: Trio; or iAPS	<a href="https://loopkit.github.io/loopdocs/">https://loopkit.github.io/loopdocs/</a>  <a href="https://www.loopandlearn.org/starting-loop/">https://www.loopandlearn.org/starting-loop/</a>  <a href="https://loopkit.github.io/loopdocs/faqs/algorithm-faqs/#more-algorithm-information">https://loopkit.github.io/loopdocs/faqs/algorithm-faqs/#more-algorithm-information</a>
<b>ISF</b> (mg/dl)/U or (mmol/L)/U	insulin sensitivity factor = the expected decrease in <b>bg</b> as a result of one unit of insulin; most important parameter in <b>oref</b> loops	IC	ISF determ...pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>LGS</b>	Low Glucose Suspend <b>AAPS</b> will reduce basal if <b>bg</b> is dropping. But if bg is rising then it will only increase basal if the <b>iob</b> is negative (from a previous LGS), otherwise basal rates will remain the same as your selected profile. You may temporarily experience spikes following treated hypos without the ability to increase basal on the rebound.	<a href="#">objective 6</a>	<a href="https://wiki.aaps.app/en/latest/Usage/completing-the-objectives.html#objective-6-starting-to-close-the-loop-with-low-glucose-suspend">https://wiki.aaps.app/en/latest/Usage/completing-the-objectives.html#objective-6-starting-to-close-the-loop-with-low-glucose-suspend</a>
<b>Libre 3</b>	<b>CGM</b> ; also Libre2 (alternatives to <b>Dexcom</b> CGMs)	CGM  bg	<a href="https://www.diabettech.com/cgm/battle-royale-freestyle-libre-3-and-dexcom-g7-face-off-the-results/">https://www.diabettech.com/cgm/battle-royale-freestyle-libre-3-and-dexcom-g7-face-off-the-results/</a> ;
<b>Libre 3 1 minute</b>	First option to run a 1-minute <b>CGM</b> - which could bridge a few minutes of “sluggish” delay in looping. This is particularly of interest in no-bolussing <b>FCL</b> (see 2 <sup>nd</sup> reference ->).	bg;  control (sluggishness)	<a href="https://github.com/Nightscout/xDrip/releases/tag/2023.02.15">https://github.com/Nightscout/xDrip/releases/tag/2023.02.15</a>  <a href="https://github.com/gazelle/autoISF">https://github.com/gazelle/autoISF</a>
<b>log files</b>	record of all <b>AAPS</b> actions (useful for troubleshooting and debugging)		<a href="#">Wiki - log files</a>
<b>low glucose suspend</b>	see LGS	LGS	
<b>MA</b>	see: Meal Announcement		
<b>Master</b>	Master is the latest official release, the software that should be used. Note that it is advisable to tune profile in Master <b>before</b> adding more features.	dev;  vanilla	

<b>maxIOB</b>	safety feature: maximum total <b>iob</b> the loop can't go over. (can be limited by set patient type!)		<a href="https://androidaps.readthedocs.io/en/latest/Usage/Open-APS-features.html#maximum-total-iob-openaps-cant-go-over-openaps-max-iob">https://androidaps.readthedocs.io/en/latest/Usage/Open-APS-features.html#maximum-total-iob-openaps-cant-go-over-openaps-max-iob</a>
<b>MDI</b>	multiple daily injections: option to manage your t1d with an insulin pen (and <b>bg</b> measurements or <b>CGM</b> ). An option you should resort to in case components of your loop system are unreliable (pump, <b>occlusion</b> , erratic CGM, instable Bluetooth)		<a href="https://androidaps.readthedocs.io/en/latest/introduction.html#how-does-aaps-compare-to-mdi-and-open-looping">https://androidaps.readthedocs.io/en/latest/introduction.html#how-does-aaps-compare-to-mdi-and-open-looping</a>
<b>Meal Announcement (MA)</b>	MA is a closed looping mode between <b>HCL</b> and <b>FCL</b> : In contrast to HCL, no carbs are counted with an attempt to give a suitable meal bolus. But in contrast to FCL, some form of meal announcement must be made, usually by giving a small <b>pre-bolus</b> .		
<b>Meal Management</b>	Juggling (for every meal!) the differing carb and insulin absorption characteristics, so bg stays in range, is a tough, if at all possible, mission. Big effort should go into <b>individualized tuning</b> of the loop system, and into defining bolus strategies	EatingSoonTT;  pre-bolus	„Meal Mgt.1-4.pdf“ and „IC determ..pdf“ in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>middleware</b>	custom algorithm add-ons (notably in <b>iAPS</b> that does <u>not</u> have the <b>Automation</b> feature of <b>AAPS</b> )	Automations	<a href="https://github.com/macconnellk/RoboSurfer/tree/main">https://github.com/macconnellk/RoboSurfer/tree/main</a>  <a href="#">Middleware code for iAPS</a>  <a href="https://discord.gg/3JWQRzfyB2">https://discord.gg/3JWQRzfyB2</a>
<b>min_5m_carb impact</b>	safety feature (oref): default carb decay at times when <b>dynamic carb absorption</b> does not reasonably work out based on your bg reactions	iob delta;  carb absorption	„min5m_CI ...xls“ in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>  <a href="#">Wiki - config builder</a>
<b>negative iob</b>	<b>iob</b> is defined as insulin on board above ( <b>profile</b> ) <b>basal</b> need. <b>Negative iob</b> can occur (and can self-resolve, too). Too high set <i>profile</i> basal can be behind neg.iob. Likewise, if you forget to keep <i>temp.%profile</i> reduced after a day of exercise, your profile basal will be <i>temporarily</i> too high, and neg.iob would be reported.  Tipp: For easy spotting of neg.iob phases you can use an extra graph on the bottom of your AAPS main screen; define IOB (not ABS!) as the first parameter		
<b>Nightscout (NS)</b>	<b>open source</b> project to access and report <b>CGM</b> and related data. Convenient	Nightscout Reporter	<a href="#">Nightscout</a>

	options (10be, NS pro) that host your large amount of data come with monthly cost. - Except for a brief initial period, it is not required that AAPS loopers are using NS.		Hosted services: <a href="https://nightscout.github.io/#nightscout-as-a-service">https://nightscout.github.io/#nightscout-as-a-service</a>
<b>Nightscout Reporter</b>	free tool provided by a fellow looper to generate great PDF reports from your Nightscout data, e.g. for meetings with your diabetes team.	Nightscout	<a href="#">Nightscout Reporter</a> <a href="#">NS Reporter @ Facebook</a>
<b>NS Client</b>	part of <b>AAPS</b> to connect to your Nightscout site; important also for remote monitoring and control (parent/kid)	remote control	<a href="#">Wiki - NS Client</a>
<b>Objectives</b>	learning program within <b>AAPS</b> guiding you step by step from open to closed loop		<a href="#">Wiki - objectives</a>
<b>occlusion</b>	insulin the pump releases is not fully delivered in the body => persistent very high <b>bg</b> despite (fake) high <b>iob</b> – dangerous, must be avoided! ((Often occlusions are only partial, and then dynamicISF might help a bit. But try to avoid!))		„Occlusion..pdf“ in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>OpenAPS</b>	open artificial pancreas system: runs on small computers (i.e. Raspberry Pi) AAPS and iAPS use many of the OpenAPS features		<a href="#">OpenAPS docs</a>
<b>Open Loop</b>	system will only <u>suggest</u> adjustments which have to be confirmed manually in the application	Closed Loop	<a href="#">Wiki - config builder</a>
<b>Open Source</b>	philosophy to openly share product (especially, software) development without profit orientation, and not operating in narrow frameworks like mandated by e.g. regulations on medical products, (Alternatively, the prefix “DIY” is often used)	Github  clinician support	
<b>oref</b>	the key algorithm behind OpenAPS, AAPS and iAPS. In SMB+UAM setting it enables looping without any carb inputs	dynamic carb absorption ;	<a href="#">Wiki - sensitivity detection</a>
<b>parabola fit</b>	mathematical method used in autoISF for 1) improved smoothing and predicting of bg 2) early detection of -> <b>acceleration</b>	acceleration  smoothing	See last page before attachments in <a href="https://github.com/gazelle/APS-what-if/blob/A3.2.0.4_ai3.0.1/Documentation%20in%20English/DRAFT%20-%20Guide%20to%20VDF%20Files%20for%20the%20AAPS%20Emulator.pdf">https://github.com/gazelle/APS-what-if/blob/A3.2.0.4_ai3.0.1/Documentation%20in%20English/DRAFT%20-%20Guide%20to%20VDF%20Files%20for%20the%20AAPS%20Emulator.pdf</a>

<b>peak time</b> or <b>time-to-peak</b> (minutes)	time to maximum effect of insulin given: shorter is better for looping, but also exposes bad tuning and can be unsafe (hypos!) for looping beginners	insulin kinetics	<a href="#">Wiki - config builder</a>  Insulin_DIA...pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>pre-bolus</b>	any meal containing rapid carbs will push <b>bg</b> high faster than insulin could become strongly active (nearing peak-time) to control this. Hence giving your meal bolus a number of minutes <i>before</i> meal start can be a good idea.	Meal Mgt.  Calculator  Eating SoonTT	„Meal Management 2 .pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>predictions</b>	<p>predictions for bg in the future, based on several different calculations;</p> <p><a href="#">eventualBG</a> uses traditional bolus calculator math.</p> <p><a href="#">IOBpredBGs</a> predicts only an eventual BG value, once all insulin activity takes effect.</p> <p><a href="#">ZTpredBGs</a> what will happen in the “worst likely case,” if observed carb absorption suddenly ceases, and a zero-temp is applied until BG begins rising at/above target.</p> <p><a href="#">COBpredBGs</a> is calculated based on observed deviations since carb entry, assuming that carbs would continue to be digested/absorbed at a configurable minimum rate.</p> <p><a href="#">UAMPredBGs</a> Once deviations have peaked, UAM calculations assume that the deviations will continue decreasing at that same rate until they reach zero. If they’re decreasing, but too slowly, it assumes they’ll decrease linearly to zero over 3 hours</p> <p>Note: loops look into predictions, not just on present <b>bg</b>, for decisions (see SMB tab in AAPS)</p>	insulinReq u.	<p><a href="#">Wiki - prediction lines</a></p> <p><a href="https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html#understanding-the-purple-prediction-lines">https://openaps.readthedocs.io/en/latest/docs/While%20You%20Wait%20For%20Gear/Understand-determine-basal.html#understanding-the-purple-prediction-lines</a></p>
<b>profile</b>	<p>basic treatment settings (basal rate, DIA, IC, ISF, bg target)</p> <p><b>AAPS</b> v3 only supports <b>local profiles</b> but Nightscout profiles can be copied (synchronized) to AAPS</p> <p>*note that some profile settings might get temporarily auto-adjusted (e.g. by Autosens, or in an exercise mode).</p>		<a href="#">Wiki - profile</a>



<b>profile switch</b> (% other than 100)	temporary (= assigned with a duration) change of profile used <u>reflecting</u> <u>percentual increase/decrease of insulin sensitivity</u> (e.g. <<100% in an exercise context)		<a href="https://androidaps.readthedocs.io/en/latest/Usage/Profiles.html#profile-switch">https://androidaps.readthedocs.io/en/latest/Usage/Profiles.html#profile-switch</a>
<b>remote control</b>	DIY looping systems come with options for parents to remotely control their young kids' loops, e.g. via secure SMS commands or NS Client	NS Client	<a href="https://androidaps.readthedocs.io/en/latest/introduction.html#remote-control">https://androidaps.readthedocs.io/en/latest/introduction.html#remote-control</a>
<b>resistance</b>	above-normal insulin need, e.g. reduced sensitivity to insulin after a fatty meal	FPU sensitivity	
<b>roller coaster</b>	term to describe bg curves that go steep down, then up, then down again ... often a result of too aggressive <b>ISF</b> ; <b>dynamic</b> settings (ISF, bg target etc) can also increase the tendency towards r.c.	ISF;  dynamic ISF, bg ...	
<b>sensitivity</b>	below-normal insulin need, e.g. after exercise that makes you temp. more insulin sensitive	exercise resistance	
<b>sensitivity adaptation</b>	Rather than invariably using average sensitivity data as set in the profile, loops may be capable of: 1) ->sensitivity detection -> Autosens 2) inferring sensitivity change based on bg or TDD -> dynamic ISF 3) inferring sensitivity from bg curve characteristics (-> autoISF)		
<b>sensitivity detection</b>	calculation of sensitivity to insulin (based on <b>deviations</b> that cannot be "explained" by <b>carb absorption</b> ) as a result of exercise, hormones etc.	Autosens	<a href="#">DIABETTECH - Autosens</a>
<b>sensor noise</b>	unstable <b>CGM</b> readings leading to "jumping" values	CGM smoothing	<a href="#">Wiki - sensor noise</a>
<b>sigmoid</b>	uses profile ISF and adjusts it "in S-curve shape" with glucose level above target, and <b>TDD</b> . Can turn out more aggressive than standard <b>dynamicISF</b> if <b>Autosens</b> min/max is set wide open => not recommended for <b>iAPS</b> beginners	dynamic ISF	<a href="https://www.desmos.com/calculator/s9jxdmqhh8">https://www.desmos.com/calculator/s9jxdmqhh8</a>
<b>SMB</b>	small bolus given by the loop (advanced feature for faster bg adjustment vs <b>TBR</b> ); max size restricted via setting minutes of profile basal (30 .. 120). Note that small size is a precaution for beginners against wrong ISF or bad CGM. Try to "open up" when tuning. Zero basal right after a SMB is expected.	TBR  UAM  iobTH	<a href="#">Wiki - SMB</a> <a href="#">Wiki – AMA to SMB</a>
<b>SMB delivery ratio</b>	defines which % (default 50 or 60%) of the calculated <b>insulinRequ.</b> shall be given		<b>FCL-e-book</b> section 2.3

	now vs. waiting 5 more minutes, (and then again same % of what then is open, which includes the portion that had to wait). Caution: Using >75% not recommended as it does not provide room for <b>CGM</b> jitter, and reduces flexibility around <b>SMB/TBR</b> sizing to pull back on insulin delivery when required.		
<b>SMB range extention</b>	Bolus sizes the loop can give are severely restricted in <b>HCL</b> (usually to max 2x hourly basal). This factor multiplies to magnify “allowed” SMB size in <b>FCL</b> .		<b>FCL-e-book</b> section 2.1
<b>smoothing</b>	<b>CGM</b> systems deliver raw <b>bg</b> values that can be too “jumpy” to use. The loop system and/or intermediate app that captures the transmitter signals (1) offer options to smooth the values into a “realistic” bg curve and (2) might (!) contain internal plausibility checks.  Smoother is safer (may be needed), but it slows the loop’s treatment of bg rises	CGM  parabola fit	<a href="https://androidaps.readthedocs.io/en/latest/Usage/Smoothing-Blood-Glucose-Data.html#smoothing-blood-glucose-data">https://androidaps.readthedocs.io/en/latest/Usage/Smoothing-Blood-Glucose-Data.html#smoothing-blood-glucose-data</a>  <a href="https://www.diabettech.com/cgm/back-smoothing-or-not-back-smoothing-is-that-the-question/">https://www.diabettech.com/cgm/back-smoothing-or-not-back-smoothing-is-that-the-question/</a>
<b>source code</b>	describes how the loop works in all details  DIY loops are Open Source = free access on Github = anyone can read, use and branch out/change code (-> dev variants)	apk  Github	
<b>TBR</b> (% of profile basal)	temporary basal rate (given as % of profile basal). Note that <i>elevated</i> TBRs regulate <b>bg</b> far slower <i>down</i> than <b>SMBs</b> .	SMB	
<b>TDD</b> (U)	total daily insulin dose (bolus + basal per day) Note that <b>occlusions</b> can produce very noticeable false high TDD values!	dynamic ISF;  occlusion	
<b>TIR</b> (%)	% of time <b>bg</b> is in a 70 – 180 mg/dl (3.9 – 10 mmol/L) range.		
<b>Trio</b>	oref loop like AAPS but for i-phone -> Trio (or iAPS). Source code (apk): see <b>Github</b>  Building requires Apple developer licence (\$ 100/year), and Xcode.	Github  Xcode  iAPS  AAPS	<a href="#">What is Trio? — Trio 0.0.1 documentation 8</a>  <a href="https://discord.gg/Rr37aAzWz9">https://discord.gg/Rr37aAzWz9</a>  <a href="https://www.facebook.com/groups/diytrio">https://www.facebook.com/groups/diytrio</a>
<b>Tsunami</b>	dev variant of AAPS involving simple <b>Meal Announcement (MA)</b> that might be stretched into a FCL		<b>FCL-e-book</b> 13.3.4; <a href="https://discord.gg/veRKcgwVUT">https://discord.gg/veRKcgwVUT</a>
<b>TT</b> (mg/dl) or (mmol/L)	temporary target: temporary increase /decrease of <b>bg</b> target (range) e.g. for exercise, or for “eating soon” => for the		<a href="#">Wiki - temp targets</a>

	loop to deliver a bit less / a bit more insulin by “shooting for” different targets. Some loops offer an option to boost this further, see under “half-basal.”	half-basal exercise target	
<b>TT</b> (or target) <b>even / odd</b>	some looping softwares offer to set different behaviors (SMBs allowed /blocked), with setting even/odd numbered TT (or also profile target)	SMB	
<b>tuning</b>	see: <b>individualized tuning</b>		
<b>UAM</b>	<b>Un-Announced Meals</b> - Detection of significant increase in <b>bg</b> levels due to meals (but also adrenaline or other influences), and attempt to adjust this with SMBs. Carb inputs are optional.	dyn.carb absorption  SMB  FCL	<a href="#">Wiki - SMB</a>  Why no carb inputs needed see section 1.2.2 in „IC (carb ratio)..pdf” in: <a href="https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings">https://github.com/bernie4375/HCL-Meal-Mgt.-ISF-and-IC-settings</a>
<b>UTZ, CET</b>	time zones: The AAPS loop data are generally recorded in UTZ time (universal Greenwich time). Your AAPS screen will show your Smartphone time zone, like central European daylight saving time (CET DST).	logfiles	<a href="#">Wiki DST</a>
<b>vanilla</b>	term often used for Master version. Advice is not to make use of extras (“bells and whistles”) before the basics are tuned in right. Reason: Errors can be balanced with counter-errors => instable system)	Master	
<b>virtual pump</b>	option to try AAPS functions without a pump connected	Open Loop	
<b>_weight (-)</b> e.g. bgAccel_ISF_weight	tuning factors used in <b>autoISF</b> to adapt <b>ISF</b> according to developing glucose curve	autoISF	<b>FCL-e-book</b> , section 4
<b>wiki</b>	readthedocs (docus, one for each DIY app of your looping system)		
<b>Xcode</b>	developer software (free, but \$ 100/y developer licence) needed to complete and maintain your personal copy of <b>iAPS</b> (or <b>iOS Loop</b> ) For AAPS, see Android Studio		<a href="https://loopkit.github.io/loopdocs/gh-actions/gh-first-time/">https://loopkit.github.io/loopdocs/gh-actions/gh-first-time/</a>
<b>xDrip+</b>	open source software to read <b>CGM</b> transmitters and pass (if desired, smoothened) values on for looping	BYODA	<a href="https://navid200.github.io/xDrip/docs/FAQ_page.html">https://navid200.github.io/xDrip/docs/FAQ_page.html</a>  <a href="https://jamorham.github.io/#xdrip-plus">https://jamorham.github.io/#xdrip-plus</a>  <a href="https://navid200.github.io/xDrip/docs/Installation_page.html">https://navid200.github.io/xDrip/docs/Installation_page.html</a>

<b>xDrip Variant</b>	Enables up to 4 parallel xDrip instances on smartphone	G6 x 2 (overlapping)	<a href="https://navid200.github.io/xDrip/docs/Variants.html">https://navid200.github.io/xDrip/docs/Variants.html</a> <b>FCL-e-book:</b> Case studies 1.5 and 5.3
<b>zero-temp</b> (ing)	temporary basal rate with 0% (no basal insulin delivery); often seen after a bolus was given: Moving some basal (from baseline need, as defined in profile) <i>into the bolus or SMB</i> provides for fastest correction; in turn, basal supply is reduced until safe to continue		