

# Can diabetes alert dogs detect hypoglycemia in patients with type 1 diabetes?

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| <b>Submission date</b><br>22/04/2016   | <b>Recruitment status</b><br>No longer recruiting              | <input type="checkbox"/> Prospectively registered    |
|  |  | <input type="checkbox"/> Protocol                    |
| <b>Registration date</b><br>26/04/2016 | <b>Overall study status</b><br>Completed                       | <input type="checkbox"/> Statistical analysis plan   |
|  |  | <input type="checkbox"/> Results                     |
| <b>Last Edited</b><br>26/04/2016       | <b>Condition category</b><br>Nutritional, Metabolic, Endocrine | <input type="checkbox"/> Individual participant data |
|  |  | <input type="checkbox"/> Record updated in last year |

## Plain English summary of protocol

### Background and study aims

Trained dogs are increasingly being used to detect when people with type 1 diabetes have low blood sugar (glucose). No one knows how well these dogs work, yet patients are paying tens of thousands of dollars to purchase dogs from dog trainers. Doctors don't know what to tell their patients about the dogs because we don't know enough about them. The aim of this study is to find out how reliable trained dogs are at detecting low blood sugar levels. We will compare the dog alerts to blood sugar measurement tools that are already well-tested: fingerstick blood tests and a continuous glucose monitoring (CGM) device.

### Who can participate?

Type 1 diabetes patients aged 2-80 who already use a trained dog to detect low blood sugar levels

### What does the study involve?

The study lasts one week. Participants go about their usual lives while wearing a "blinded" CGM which measures glucose levels but the numbers are not visible to the participant. When their dog alerts, the participant carries out a fingerstick blood test and records any low blood sugar symptoms. Participants also complete a brief survey about low blood sugar and how well they think their dog works.

### What are the possible benefits and risks of participating?

Participants will receive a copy of the CGM report at the end of their participation and will be paid for their time. Possible risks include problems with the CGM insertion including pain, bleeding or infection at the insertion site, or discomfort with extra fingerstick blood tests.

### Where is the study run from?

Oregon Health & Science University (USA)

### When is the study starting and how long is it expected to run for?

June 2014 to August 2015

Who is funding the study?  
Jaeb Center For Health Research (USA)

Who is the main contact?  
Dr Evan Los

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Evan Los

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Mail Code: CDRC-P  
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97239

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
OHSU IRB00010881; Jaeb Center for Health Research PPQ#10061006829

## Study information

**Scientific Title**  
Reliability of trained dogs to detect hypoglycemia in patients with type 1 diabetes

**Study objectives**

1. Trained dogs will not be able to reliably detect and alert to hypoglycemia in patients with type 1 diabetes
2. Compared to a continuous glucose monitor (CGM) with established reliability data, trained dogs will provide inferior detection and alert capabilities in patients with type 1 diabetes
3. Trained dogs accurately alert to rate of change and absolute glucose values

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

Oregon Health & Science University Institutional Review Board, approved 31/03/2015, renewed 27/11/2015, IRB#00010881

**Study design**

Pilot study exploring the test characteristics (sensitivity, positive predictive value) of a trained dog to detect hypoglycemia under real-life conditions. The study also explores patient perceptions of dog reliability and subjective value.

**Primary study design**

Interventional

**Secondary study design**

Non randomised study

**Study setting(s)**

Home

**Study type(s)**

Diagnostic

**Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

**Health condition(s) or problem(s) studied**

Type 1 diabetes

**Interventions**

Use of trained dog to detect and alert to hypoglycemia events. We assess and compare accuracy to measurement tools with known accuracy - capillary glucose and continuous glucose monitoring. Continuous glucose monitors are blinded to allow for detection of unrecognized hypoglycemia (by either subject or trained dog). Detailed event diaries allow assessment of dog alerts and compare to time stamp of continuous glucose monitor measurement and capillary blood glucose.

**Intervention Type**

Other

**Primary outcome measure**

1. Rate of correct identification and alert to hypoglycemia event by trained dog:
  - 1.1. Rate of correct alert (CBG or CGM <70 mg/dL and dog alert prior to other measures)
  - 1.2. Rate of delayed alert (CBG or CGM <70 mg/dL and dog alert after other measures)
  - 1.3. Rate of missed alert (CBG or CGM <70 mg/dL and no dog alert)
  - 1.4. Rate of incorrect alert (alert without the presence of hypoglycemia)

**Secondary outcome measures**

1. Mean and median time to alert after CGM <70
2. Rate of change of CGM value at time of dog alert
3. Total duration of time with CGM value <70 mg/dL per 24 hours)
4. Subjective confidence of dog's master in the trained dog's ability to detect hypoglycemia

5. Rate of hypoglycemia events for which dog is not present/not available
6. Rate of correct identification and alert to hyperglycemia event by trained dog at threshold designated by dog's master

**Overall study start date**

01/06/2014

**Completion date**

19/08/2015

## Eligibility

**Key inclusion criteria**

Age 2-80 years with diagnosis of type 1 diabetes and current user of dog formally trained to detect hypoglycemia

**Participant type(s)**

Patient

**Age group**

All

**Sex**

Both

**Target number of participants**

Originally targeted 15 subjects to gather 45 hypoglycemia events. Target number of events achieved after 8 subjects. Interim power analysis showed additional subjects would not provide additional statistical power so enrollment stopped at 8 subjects

**Key exclusion criteria**

1. Pregnancy
2. Unwilling to use blinded CGM device
3. Inability to speak, read, write and understand English language

**Date of first enrolment**

01/06/2015

**Date of final enrolment**

19/08/2015

## Locations

**Countries of recruitment**

United States of America

**Study participating centre**

**Oregon Health & Science University**  
United States of America  
97239

## **Sponsor information**

### **Organisation**

Jaeb Center for Health Research (USA)

### **Sponsor details**

15310 Amberly Drive Ste. 350  
Tampa  
United States of America  
33647

### **Sponsor type**

Research organisation

### **Website**

<https://www.jaeb.org/>

### **ROR**

<https://ror.org/04ezjq35>

## **Funder(s)**

### **Funder type**

Research organisation

### **Funder Name**

Jaeb Center For Health Research (USA)

## **Results and Publications**

### **Publication and dissemination plan**

Oral presentation of study findings at American Diabetes Association 76th Scientific Sessions; New Orleans, Louisiana; June 2016.  
Anticipate submission of manuscript of study results in May/June 2016.

### **Intention to publish date**

01/06/2016

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Available on request