



MEMORANDUM

EASD and ADA issue new position statement on how to better individualize diabetes technology – March 13, 2026

Statement identifies several factors to consider when selecting technology to improve adherence and patient outcomes

A joint working group from EASD and the ADA published a new position statement simultaneously in [Diabetes Care](#) and [Diabetologia](#) examining how to better individualize diabetes technology and improve its implementation in clinical practice. The statement highlights the rapidly evolving landscape of diabetes devices, which requires clinicians to stay current on device features, benefits, and limitations while tailoring technology to each individual's changing needs. The authors emphasize the need for practical and sustainable operational guidance for clinicians, health systems, payers, and regulators to help expand adoption and maximize clinical benefit. Selecting the most appropriate technology should involve shared decision-making and clear discussions to align patient and provider expectations. Among available technologies, AID systems provide the strongest glucose regulation. While access to technology for people with T2D has historically been limited, it is expanding, particularly for those on insulin therapy. CGM use is increasing most, and data on the benefits of AID in this population is growing. When uninterrupted CGM use is not feasible, the authors recommend intermittent CGM combined with BGM to still provide useful insights. The statement also addresses use in special populations and emphasizes that expanding equitable access, particularly for marginalized communities, is critical, noting that baseline A1c or socioeconomic status should not determine eligibility for diabetes technology.

-- by Jeremy Alkire, Monica Oxenreiter, and Kelly Close