Landmark Study Shows Libre Technology Helps People With Type 2 Diabetes On Basal Insulin Improve Glucose Management

- U.K. FreeDM2 randomized controlled trial: At four months, people using Libre technology had a 0.6% greater reduction in HbA1c and 2.5 more hours a day in the healthy range vs. fingersticks [1,2]
- Improvements were participant-led, using real-time glucose readings to guide everyday decisions
- Complementary Italian study reported similar improvements, reinforcing the value of Libre technology for this population[3]

ABBOTT PARK, Ill., March 12, 2026 /PRNewswire/ -- Abbott (NYSE: ABT), a global healthcare leader, today announced results from the FreeDM2 randomized controlled trial (RCT) showing that people using FreeStyle Libre continuous glucose monitoring (CGM) technology had better glucose outcomes than those using traditional fingersticks. Improvements were achieved through participant-led self-management, guided by real-time CGM insights. Findings were presented at the 19th International Conference on Advanced Technologies & Treatments for Diabetes (ATTD).

About 63 million people worldwide rely on insulin to manage Type 2 diabetes[4], but real-world studies show only 18%–30% of those using basal insulin are reaching their HbA1c goals.[5,6] This gap contributes to an estimated $217 billion in annual diabetes healthcare costs, indicating millions of people still need support to reach healthy glucose ranges.[7] The FreeDM2 randomized controlled trial was designed to determine whether real-time continuous glucose monitoring can help people using basal insulin improve their glucose management.

Conducted across 24 clinical sites in the U.K. and involving 303 participants, the study compared the effectiveness of CGM with traditional self-monitoring of blood glucose (SMBG) in people with Type 2 diabetes using basal insulin.[8]

Significant improvements through self-management
At four months, participants using an Abbott FreeStyle Libre system for continuous glucose monitoring had a significantly greater reduction in HbA1c (0.6%; $p<0.001$)[1] than the group using traditional finger sticks. They also spent about 2.5 more hours a day (10.4% increase)[2] in a healthy glucose range (70–180 mg/dL). Participants were on basal insulin with either an SGLT2 inhibitor or a GLP-1 receptor agonist, indicating meaningful benefit even among people already on advanced glucose-lowering therapies.

"This study demonstrates the power of real-time glucose information for people with Type 2 diabetes treated with basal insulin," said Emma Wilmot, MBChB, BSc (Hons), PhD, FRCP, associate professor of diabetes and endocrinology at the University of Nottingham School of Medicine in Nottingham, U.K. and co-lead investigator of the FreeDM2 study.

"Even when people with Type 2 diabetes are already receiving advanced therapies, such as SGLT2 inhibitors or GLP-1 receptor agonists, adding real-time glucose visibility delivered meaningful improvements. People were able to proactively use the insights CGM provided to adjust their diet, basal insulin and activity to deliver better outcomes," added Lala Leelarathna, MBBS, MSc, PhD, FRCP, associate professor of metabolic medicine at Imperial College London in London, U.K. and co-lead investigator of the FreeDM2 study.

Italian study confirms FreeDM2 findings
A separate interventional study from Italy, also being presented at ATTD, followed 88 adults with Type 2 diabetes using basal insulin in everyday clinical practice with an Abbott FreeStyle Libre system. After 3 months, participants had better average glucose levels, more time in a healthy glucose range, and improved quality of life.[3]

"Across both studies, real-time glucose visibility gives people the understanding they need to make small, informed adjustments throughout the day," said Mahmood Kazemi, chief medical officer for Abbott's diabetes care business. "In the FreeDM2 study, people made these adjustments on their own. Seeing similar patterns in the Italian study reinforces that the value comes from continuous access to glucose information itself, rather than from any single device feature."

Supporting broader access to CGM
Currently, across Europe and many other regions, CGM reimbursement often focuses on people using multiple daily insulin injections, leaving many on basal insulin without coverage. The evidence from FreeDM2 and Italian studies demonstrates that people with Type 2 diabetes on basal insulin therapy can achieve clinically meaningful improvements through continuous glucose monitoring technology, strengthening the case for broader reimbursement of CGM for this population.

About Libre:
Abbott continues to pioneer groundbreaking technology to support people living with diabetes. The company revolutionized diabetes care more than 10 years ago with its world-leading Libre continuous glucose monitoring portfolio[9], which today is used by approximately 8 million people across more than 60 countries.[10] People use Libre technology to see their glucose numbers in real-time, providing insights into how food, activity, or insulin impacts their glucose to help them make progress on their health goals. There is full or partial reimbursement for Libre systems in more than 40 countries.[10]

About Abbott:
Abbott is a global healthcare leader that helps people live more fully at all stages of life. Our portfolio of life-changing

technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Our 115,000 colleagues serve people in more than 160 countries.

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Important Safety Information: Product for prescription only, for Important Safety Information, please visit https://www.freestyle.abbott/us-en/safety-information.html.

[1] Wilmot et al. Efficacy of FreeStyle Libre 3 on HbA1c in Type 2 Diabetes Treated with Basal Insulin plus SGLT-2 Inhibitor and/or GLP-1 Agonist: the FreeDM2 Study. Abstract at ATTD conference, 11-14 March 2026, Barcelona, Spain.

[2] Leelarathna et al. Impact of FreeStyle Libre 3 on Sensor-Based Outcomes in Type 2 Diabetes Treated with Basal Insulin plus SGLT-2 Inhibitor and/or GLP-1 Agonist: The FreeDM2 Study. Abstract at ATTD conference, 11-14 March 2026, Barcelona, Spain.

[3] Giorgino et al. Effectiveness of FreeStyle Libre 2 on glycaemia in Adults with Type 2 Diabetes using basal-only insulin in Italy. Abstract at ATTD conference, 11-14 March 2026, Barcelona, Spain.

[4] Estimates for People Requiring Insulin - Type 2 Diabetes, Access Feb 2026

[5] Hankosky, E.R., Schapiro, D., Gunn, K.B. *et al.* Gaps Remain for Achieving HbA1c Targets for People with Type 1 or Type 2 Diabetes Using Insulin: Results from NHANES 2009–2020. *Diabetes Ther* **14**, 967–975 (2023). https://doi.org/10.1007/s13300-023-01399-0

[6.] Meneghini LF, Mauricio D, Orsi E, et al. The Diabetes Unmet Need with Basal Insulin Evaluation (DUNE) study in type 2 diabetes: Achieving HbA1c targets with basal insulin in a real-world setting. Diabetes Obesity and Metabolism. 2019. (12-week, prospective, single-arm observational study across 28 countries; 27–28% reached individualized A1C targets.)

[7] Data on file, Abbott Diabetes Care. $217B based on internal T2D/basal insulin cost modeling.

[8] Wilmot E. G. *BMJ Open* (2025). https://doi.org/10.1136/bmjopen-2024-090154.

[9] Data on file, Abbott Diabetes Care. Data based on the number of patients assigned to each manufacturer.

[10] Data on file, Abbott Diabetes Care.

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