**Objective:** Real-time monitoring of glucose by CGM is a validated tool in the management of diabetes, but its use in CF-related diabetes (CFRD) is new and the attitudes of CF patients towards it are unknown. To assess this further, we surveyed our adult CF patients who had undergone CGM as part of the management of their CFRD.

**Method:** Thirty patients (20 female) completed a 5-point Likert questionnaire.

**Results:** Most (83%) found the device easy to use and the instructions clear, and 77% indicated that CGM did not affect their daily routine, but in the remainder it interfered with sleep (50%), washing activities (42%), and choice of clothing (38%). Side-effects were reported by only 27% of these, 57% noted pain and 43% a skin reaction – 1 patient found these unacceptable. The majority stated they did not modify their diet (86%) or exercise regimen (90%) during the test. Two thirds also performed blood glucose monitoring during the duration of CGM as instructed, with 68% reporting a good correlation with the CGM results. Following this test, 73% reported a better understanding of blood glucose levels, 47% of insulin management and 77% of the relationship between dietary intake and blood glucose levels. Subsequently, 33% have modified their diet, and 90% would undergo CGM in future if required.

**Conclusions:** Although intrusive, CGM is perceived by patients as a useful and acceptable tool for the monitoring of their CFRD, with a low side-effect profile. We encourage other CF units to consider its use for the management of this increasingly common adult CF complication.

**Background:** Structured education programmes for diabetes have been widely introduced in the UK in recent years, and standards and guidelines advocate their use. Evidence suggests that CFRD patients may also benefit from such programmes, in terms of improved glycaemic control and quality of life. However, there is a lack of studies that have evaluated these programmes for CFRD patients. The aim of this study was to evaluate a structured dietary education programme for patients with CFRD using a qualitative approach.

**Method:** In-depth interviews were conducted with 8 patients (both recently diagnosed and long-standing CFRD patients) who had attended a structured CFRD education programme at Manchester Adult CF Centre. Interview topics included patients’ perspectives on having CFRD, management of CFRD and their perspectives on the structured education programme.

**Results:** The findings highlighted several areas of living with and managing CFRD that affect patients. These included the impact of CFRD and accepting the diagnosis, perspectives on the difficulties of managing CFRD and fitting it in with their lifestyle, and the difference that attending the education programme appeared to have on these issues.

**Conclusion:** These findings suggest the need to support patients with the diagnosis and ongoing management of CFRD, with the potential for closer working between psychologists and the CFRD team. There is a need to provide all patients who have CFRD with ongoing, structured education at the time that is right for them, separately to their routine clinic visits to allow time to focus on CFRD, and to provide clear, written information to help improve their understanding of CFRD.