

**Supplementary Table 2.** Definition of hypoglycemic events

Nocturnal hypoglycemia
<ul style="list-style-type: none"><li>• Defined as hypoglycemia, confirmed by typical symptoms or self-monitoring of blood glucose (SMBG) <math>\leq 3.9</math> mmol/L, occurring<ol style="list-style-type: none"><li>1. Between bedtime and the administration of insulin glargine 300 units/mL (Gla-300) or noninsulin antihyperglycemic agents (NIAHAs) in case they are administered in the morning.</li><li>2. Between bedtime and measurement of fasting SMBG in case Gla-300 or NIAHAs are administered after the morning.</li></ol></li></ul>
Confirmed hypoglycemia
<ul style="list-style-type: none"><li>• An event during which typical symptoms of hypoglycemia are accompanied by an SMBG value or a measured plasma glucose level <math>\leq 3.9</math> mmol/L.</li></ul>
Symptomatic hypoglycemia
<ul style="list-style-type: none"><li>• Mild hypoglycemia: Neurogenic symptoms, such as palpitations, tremors, and arousal/anxiety (adrenergic), or sweating, hunger, and paresthesia (cholinergic), are present. The individual can treat hypoglycemia by oneself without the assistance of another person.</li><li>• Moderate hypoglycemia: Neurogenic (see mild hypoglycemia) and neuroglycopenic (such as behavioral changes, fatigue, confusion to seizure, and loss of consciousness) symptoms are present. The individual can treat hypoglycemia by oneself without the assistance of another person.</li></ul>
Severe hypoglycemia
<ul style="list-style-type: none"><li>• An event requiring the assistance of another person to actively administer carbohydrate, glucagon, or other resuscitative actions. SMBG or plasma glucose measurements may not be available during an event, but neurological recovery attributable to the restoration of plasma glucose to normal is considered sufficient evidence that the event was induced by a low plasma glucose level.</li></ul>