

Diabetes Association sets new A1C target for children with type 1 diabetes

June 16 2014

According to a new position statement released at the Association's 74th Scientific Sessions, the American Diabetes Association is lowering its target recommendation for blood glucose levels for children with type 1 diabetes, to reflect the most current scientific evidence and additionally to harmonize its guidelines with those of the International Society for Pediatric and Adolescent Diabetes (ISPAD).

The Association now recommends that children under the age of 19 diagnosed with [type 1 diabetes](#) strive to maintain an A1C level lower than 7.5 percent. Previously, target [blood glucose levels](#) – as measured by the A1C, a test that reflects average blood [glucose levels](#) over several months – could be as high as 8.5 percent for children under 6 years of age, 8.0 percent for children 6-12 years of age and 7.5 for adolescents under the Association's guidelines. These targets were set because of concerns over complications caused by [low blood glucose](#), or hypoglycemia.

However, research now shows that prolonged hyperglycemia – [high blood glucose](#) levels – can lead to the early development of serious complications in children, such as cardiovascular disease and kidney disease. These complications were once believed to occur only in adults.

"The evidence shows that there is a greater risk of harm from prolonged hyperglycemia that would occur if children maintained an A1C of 8.5 percent over time. This is not to say we are no longer concerned about hypoglycemia, but we now have better tools to monitor for

hypoglycemia," said Jane Chiang, MD, Senior Vice President, Medical and Community Affairs, American Diabetes Association and one of the lead authors on the Association's Position Statement. "The 7.5 percent target is evidence-based; however, we want to emphasize that blood glucose and A1C targets must be individualized to safely achieve the best outcomes."

The Association's position statement also emphasizes that type 1 and type 2 diabetes are very different diseases that are treated and managed differently. Recognizing these differences is important to understanding how to better prevent associated complications.

Type 1 diabetes occurs when the body cannot produce enough insulin to convert food into energy. People with type 1 diabetes must take insulin to survive. Although it is most commonly thought of as a disease diagnosed in childhood, the majority of people living with type 1 are adults.

"Type 1 diabetes requires intensive insulin management that differs from how type 2 is managed," said Anne Peters, MD, FACP, Professor, Keck School of Medicine, at the University of Southern California and another of the paper's authors. "People with type 1 require more supplies and must monitor their [blood glucose](#) levels more often. This is not a one-size-fits-all disease, and it's important that we recognize that."

The position statement summarizes data specific to the comprehensive care of people with type 1. Copies of the statement can be found at [Diabetes Care](#).

Provided by American Diabetes Association

Citation: Diabetes Association sets new A1C target for children with type 1 diabetes (2014, June

16) retrieved 25 April 2024 from <https://medicalxpress.com/news/2014-06-diabetes-association-a1c-children.html>

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