

# New comprehensive Consensus Report to manage type 1 diabetes launched by major diabetes organisations EASD and ADA

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A new comprehensive Consensus Report to manage type 1 diabetes (T1D) is today being launched by two leading diabetes societies—the European Association for the Study of Diabetes (EASD) and the American Diabetes Association (ADA). The final report, launched at the online annual meeting of EASD this week, is also published in *Diabetologia* (the official journal of EASD) and *Diabetes Care* (the official journal of ADA).

EASD and ADA decided together that a wide-ranging document to capture best practice for T1D was needed after their successful collaboration to provide similar guidance for people with type 2 [diabetes](#) (T2D) back in 2019. Although people with T1D represent 5-10% of all people with diabetes, this still amounts to over 25 million people worldwide.

"This new consensus statement not only brings in the advances that have been made in treating type 1 diabetes in recent years, but also covers other vital areas from a patient perspective—such as the psychosocial consequences of living with the condition, that can sometimes be neglected," explains co-author Dr. Anne L. Peters, Professor of Clinical Medicine at Keck School of Medicine, University of Southern California, Los Angeles, CA, USA.

While various other guidance has been published in the past relating to

people living with T1D, a clear consensus document has been lacking, and recommendations for people with T1D are often confused with or 'bundled in' with those for people who have T2D.

To get a broad range of perspectives, the writing team for these new guidelines included 14 experts, with half based in the USA and half in Europe, across a range of healthcare disciplines.

The areas covered in the report are: diagnosis, goals of therapy and blood sugar targets, schedule of care, diabetes self-management education and additional behavioural considerations, glucose monitoring, insulin therapy, managing hypoglycaemia, psychosocial care, diabetic ketoacidosis, pancreas and islet cell transplantation, additional therapies, special populations (including pregnant women, [older adults](#), and inpatient management), and developing/future technologies including beta-cell replacement and immunotherapy. Front and centre of the report is the need to address all these factors from the patient's perspective.

While not all the details of the guidance in this new report can be included in this media release, some important highlights include an algorithm to accurately diagnose T1D, since no single factor in isolation can accurately confirm the condition. Furthermore, some 40% of individuals diagnosed with T1D as adults are initially misdiagnosed as having T2D, partly because T2D is becoming more common in younger adults due to the rising rates of obesity and physical inactivity.

Psychosocial health and living with T1D is also specifically addressed, since between 20% and 40% of people with type 1 diabetes experience diabetes-related emotional distress (including 15% with depression). These psychosocial health issues emerge particularly at the time of diagnosis and when complications develop. Thus the report recommends that self-management difficulties, psychological, and [social problems](#) be screened periodically and monitored using validated screening tools, and

the healthcare team should be consistently assessing the mental health needs of those living with T1D.

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A draft of this now-[final report](#) was initially presented at the annual meeting of ADA in June 2021, at which time comments were invited from any interested parties. "Public comments from a range of healthcare professionals on both sides of the Atlantic were received, responding as an individual or on behalf of groups of professionals working in clinical care, academia and the pharmaceutical industry," explains panel co-chair Professor Richard Holt, Professor in Diabetes and Endocrinology, Human Development and Health at the University of Southampton, UK. "We read all of these comments carefully and modified the report accordingly. Thankfully, most of these comments related to clarifying the wording of certain sections, and no major changes were needed to our initial draft Consensus Statement."

The authors together conclude: "There are still huge gaps in our knowledge about how to prevent, diagnose and treat type 1 diabetes. We are also aware that many people with type 1 diabetes experience inequalities in treatment. We hope that this report will promote better higher quality research to determine optimal care, while helping to share best clinical practice so that all individuals with type 1 diabetes have access to the care they need."

Provided by Diabetologia

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