

Clinical Practice Consensus Guidelines ISPAD

A Rosenbloom et all Pediatric Diabetes 2009

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GLOBAL IDF/ISPAD GUIDELINE FOR

DIABETES IN CHILDHOOD AND ADOLESCENCE



Patients characteristics T2DM

Europe/US obesity (>85%)

Japan 30% NON obese

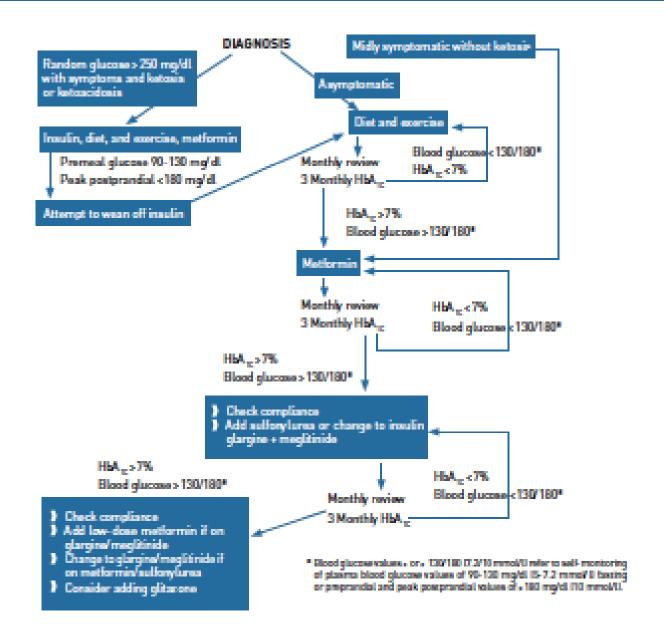
Asian Indian children 50% normal weight

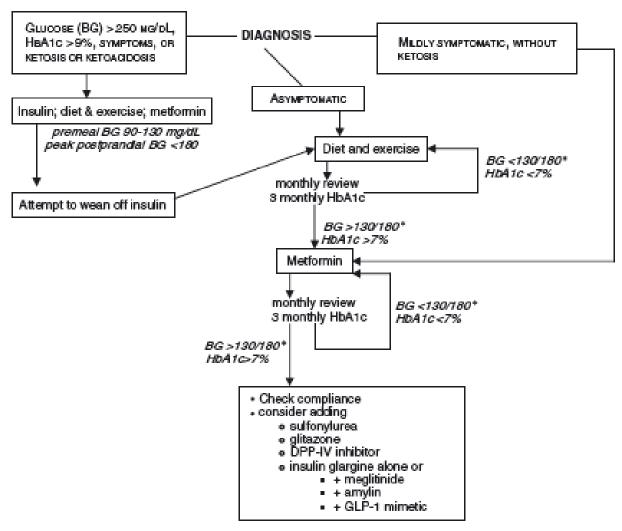
Taiwan 50% normal weight

IDF/ISPAD Treatment recommendation 2011

- Initial treatment : clinical symptoms dependent → insulin
 - → lifestyle: diet-exercise
- Once metabolically ok (1-2 wks post diagnosis)
 Start Metformin (250mg),
 Progressive increase 2x/day till 2x 1000 mg
 transition time for insulin weaning in 2-6w
- Glucose measurements (min) 2x/day

Figure 1. Management of type 2 diabetes mellitus in children and adolescents





^{*}blood glucose values < or >130/180 (7.2/10 mmol/L) refer to self-monitoring plasma BG values of 90-130 mg/dL (5-7.2 mmol/L) tasting or preprandial and peak postprandial values of <180 mg/dL (10 mmol/L).

Fig. 1. Treatment decision tree for type 2 diabetes in children and adolescents.

Conclusion ISPAD IDF-ISPAD

Diagnostic criteria

Treatment regimens
 -insulin , metformin, D/E → and ???

Complication screening in both : high priority

ISPAD GUIDELINES: revision 2013



Type 2 diabetes: Prevalence and Management in Europe



Professor David Dunger Professor Tim Barrett Professor Reinhard Holl

> EnprEMA meeting European Medicines Agency, London 25th February 2013

European Diabetes Registers

EuroDIAB Existing diabetes registers

EnprEMA Survey

German Diabetes Register

UK JUMP Study

EnprEMA type 2 diabetes register survey

FRANCE	Jean-Jacques Robert	No existing T2D register but plans to establish a Register with the support of the association Aide aux Jeunes Diabetiques			
POLAND	Przemyslavwa Jarosz-Chobot	No existing T2D register. Numbers of patients likely to be very low			
ITALY	Francesco Chiarelli	Network established to collect robust data on T2D in children			
UK	Timothy Barrett	National study of subjects with T2D funded by the MRC has characterised 192 out of an estimated 240 in the UK.			
DENMARK	Henrik Mortensen	All diabetic subjects are registered in the Danish Registry for Childhood and Adolescent Diabetes. 27 subjects have been identified nationally			
GERMANY	Reinhard Holl Olaf Hiort	DPV initiative provides an excellent national register of all paediatric diabetes patients including 860 type 2 patie nts. Population well characterised and potentially available for data exchange and collaborative studies			
SPAIN	Lourdes Ibanez	4-5 centres doing clinical trials. Investigate possible networks through Spanish Paediatric society.			
SLOVENIA	Tadej Battelino	A national T2D registry for the paediatric age group (0-end of 18y) – not many patients; also impaired glucose tolerance registry (more patients, screened with an			

OGTT obese children with BMI SDS more

EnprEMA type 2 diabetes register survey

LUXEMBOURG	Carine de Beaufort	Currently seeing 2-4 cases aged under 18 years at CB's clinic. More statistics to follow.			
AUSTRIA	Thomas Pieber	Paediatricians (Austrian Diabetes Incidence Study Group) have a prospective registry for all types of DM including T2 DM since 1999 for the age group < 18 years. The majority of the paediatric diabetes centres participate in DPV.			
FINLAND	Mikael Knip	Finland has a national register for all cases with diabetes diagnosed in pediatric units in. That register started in 2002 and currently they have 5419 registered patients, out of whom 37 (0.7%) have been diagnosed with type 2 diabetes. The number of patients with T2D varies from one to six per year.			

TYPE 2 DIABETES DATA in THE SWEET WEBSITE 2013

Metabolic outcome - type 2 diabetes

Number of centres:	12
Number of patients (overall):	57
Number of visits (overall):	118
Data status:	2013-01-13, 13:52:09 CET

Demographic characteristics

Number of centres:	14
Number of patients (overall):	7.487
Number of visits (overall):	92.090
Data status:	2013-01-13, 13:49:02 CET

Select Centre

All centres ▼ from 201	2 ▼ 06 ▼	12 months into the past	OK
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HbA1c (type 2 diabetes)	Number of patients	Median	percentage and	percentage and	percentage and	percentage and	Patients with at least 4 measurements
all patients	57	6,42	59,65% (34)	10,53% (6)	12,28% (7)	17,54% (10)	15,09%
< 1 year since diabetes manifestation	6	6,29	83,33% (5)	0,00% (0)	16,67% (1)	0,00% (0)	11,11%
> 1 year since diabetes manifestation	43	6,80	53,49% (23)	13,95% (6)	13,95% (6)	18,60% (8)	13,33%
age 0 - <6	1	6,20	100,00% (1)	0,00% (0)	0,00% (0)	0,00% (0)	0,00%
age 6 - <12	1	8,90	0,00% (0)	0,00% (0)	100,00% (1)	0,00% (0)	100,00%
age 12 - <18	39	6,20	64,10% (25)	10,26% (4)	10,26% (4)	15,38% (6)	13,89%
age >= 18	16	7,45	50,00% (8)	12,50% (2)	12,50% (2)	25,00% (4)	6,25%

Type-2-Diabetes in Adolescents – German Data



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Reinhard Holl, MD
DPV coordinator / pediatric
endocrinologist / diabetologist,
University of Ulm, Germany



Pediatric
Diabetes
Incidence
registry
NorthrhineWestfalia

Summary of Data based on Incidence Registry from Northrhine-Westfalia

The number of type-2-DM-patients 5-19 years in Germany is still low.

No increase between 2002 and 2010

Estimated new cases per year in Germany: 130 – 160 (1.0-1.3 per 100.000)

Estimated total number of pediatric type-2 patients in Germany:

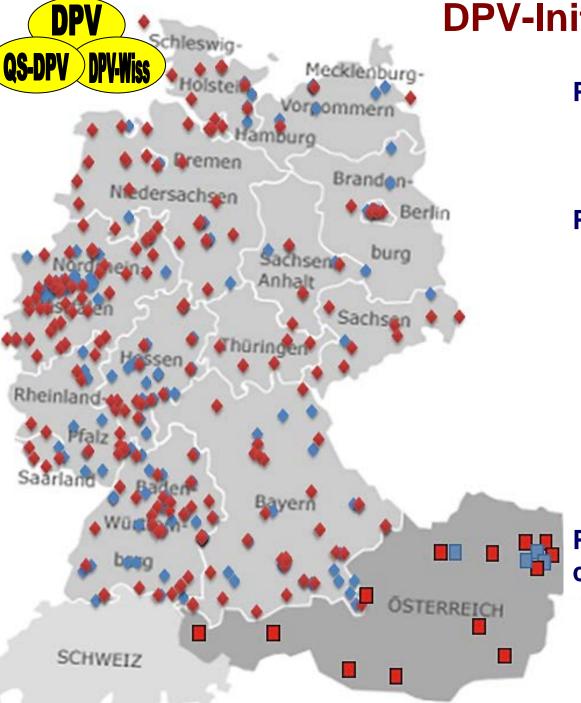
580 - 780 (6.0-6.5 per 100.000)

Other population-based data from Germany:

Type-2-diabetes in children and adolescents in Baden-Württemberg

- 56 patients identified
- prevalence: 2,3 per 100.000 (age 0-20 y.)
- mean age at onset: 15.8 years
- extrapolated for Germany: 390 cases

DPV-Initiative 1995 – 2011



Patient visits: 2 432 466 outpatient: 2 116 426 inpatient: 316 040

Patients: 272 657

pre-DM: 1 761

type-1-DM: 78 551

type-2-DM: 172 856

type-3-DM: 10 019

gest.-DM: 9 470

Age at onset

< 18 y.: 63 716

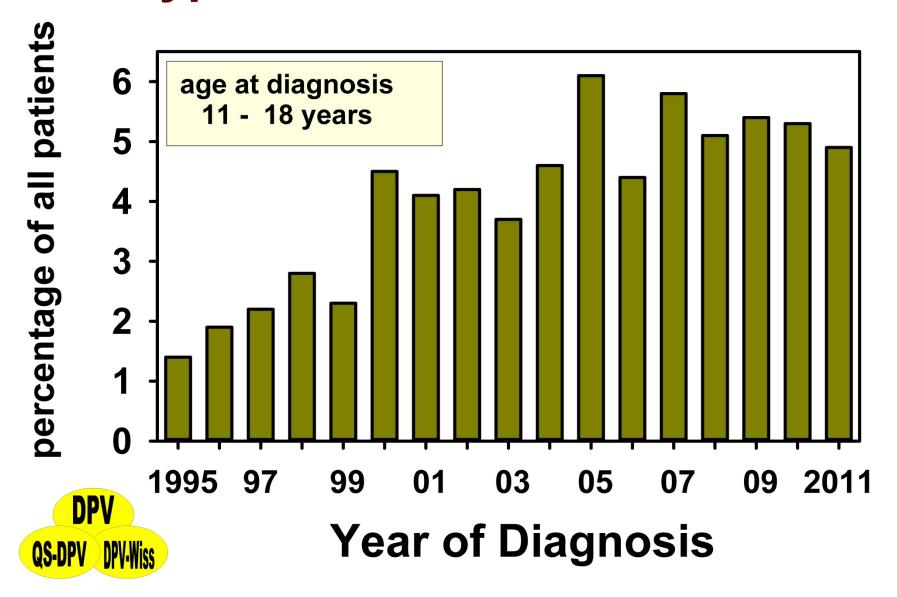
> 18 y.: 207 180

Participating

centers: 370

pediatric internal medicine

Type-2-Diabetes in Pediatrics



Pediatric type-2-patients (<u>0-20 years</u>) available in DPV Database

Cumulative 1995 to 2012

1432 patients

38 % males, 62 % females

14.5 years age at onset

32.3 kg/m² BMI

+2.4 BMI-SDS

33 % migration

background

As of January 1st, 2012 517 patients

We are sorry for not being able to join this EnprEMA meeting today,

But we are both happy to cooperate with the initiative in the future

Joachim Rosenbauer Reinhard Holl



Homepage: http://www.d-p-v.eu

Funding of DPV-Initiative



















JUMP



TYPE 2 DIABETES IN CHILDHOOD: BUILDING A PLATFORM FOR INTERVENTIONS TO PREVENT THE PROGRESSION TO CARDIOVASCULAR DISEASE

Gray Z¹, Ilsley E², Cotter C¹, Ford A³, Turner K⁴, Heywood J⁴, Barnett A², Dunger D⁴, Hamilton-Shield J⁵, Wales J⁶, Barrett T².

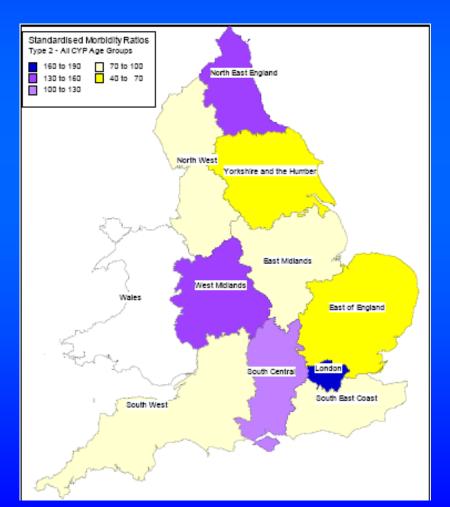
¹Birmingham Children's Hospital NHS Foundation Trust, ²University of Birmingham, ³Sheffield Children's Hospital NHS Foundation Trust, ⁴University of Cambridge, ⁵University of Bristol, ⁶University of Sheffield

Introduction

- Type 2 diabetes reported in children since 1979
- First UK reports 2000
- USA SEARCH, TODAY studies
- Little phenotypic data on UK patients
- UK ethnic minority population from Pakistan, India, Bangladesh, West Indies

RCPCH/DUK 'snapshot' 2009 328 'paediatrician diagnoses'

Vs ~23,000 Type 1 diabetes





UK childhood T2DM

- UK paediatric type 2 diabetes cohort
 - Characterized by anthropometry, biomarkers, and co-morbidities
 - Other diagnoses (type 1, monogenic) excluded
 - Autoantibody testing University of Bristol
 - Monogenic diabetes testing University of Exeter
 - Chart natural history, co-morbidities
 - Characterise insulin secretory reserve, resistance
 - Cohort for recruitment to clinical trials

Results

- Notified of 256 children with paediatrician diagnosis
- Recruited to end Jan 2013: 175
- Exclusions: 7 secondary diabetes
- Exclusions: 17 pancreatic autoimmunity
- Results showing data for first 156 patients
- M:F ratio 1: 2.39
- Ethnic origin: 42% white UK, 15% black,
 33% S. Asian, 9.0% other, 1% unknown
- Median age at diagnosis 13.4 yrs (range 7.9-17.5)
- 66% osmotic symptoms at presentation, 23% asymptomatic, 4% DKA
- Median diabetes duration 3.25 yrs

Treatment:

- Diet / lifestyle only 8%
- Metformin only 55%
- Metformin and insulin 32%

- UK practice to add insulin:
 - At diagnosis if osmotic symptoms, then wean off
 - if HbA1c persistently greater than 7.5% despite maximal tolerated dose metformin
- Other agents: small numbers only

Conclusions

- T2DM still ~1% of childhood diabetes in UK
- White UK children older at diagnosis than non-white children, more obese
- Trend to ethnic differences in fasting Cpeptide, BMI-SDS at diagnosis.
- African-Caribbean UK children have poorer metabolic control, signs of cardiovascular dysfunction compared to White UK and South Asian children.





Acknowledgements

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Diabetes research network

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Diabetes UK



