Introduction
Good glycemic control prevents long-term complications of microvascular and macrovascular diseases in type 1 diabetes (T1DM). We aimed to investigate whether our patients had A1c values <7.5% as recommended by ISPAD and how duration of diabetes, therapy modality and use of continuous glucose monitoring (CGM) affected the metabolic control of our patients. We also set out to compare our quality of care with our results of 2008 and with other published data.

Methods
In 2017/18, we enrolled all patients with T1DM who were followed by the outpatient clinic of the University Children's Hospital Bern over a period of 6 months in an observational cross-sectional study. Each patient was assessed once during the observational period, including demographic and clinical data (sex, age, diabetes duration, pubertal status, insulin treatment modality, use of continuous glucose monitoring (CGM), A1c levels).

Results

Conclusion
The overall glycemic control was poorer 2017/2018 than in our study from 2008. This may be due to the higher percent of patients with diabetes duration >2 years, thus with more patients out of the remission phase. Patients wearing CGM devices performed better. Unfortunately, our patients in Berne did not reach the target A1c set by ISPAD, similar to results to other diabetes centres in Europe and the United States. This highlights the importance of regular consultations and extended use of CGM.

References
[2] Paolo Tonella, Christa E. Flück, Primus E. Mullis. Metabolic control of type 1 diabetic patients followed at the University Children’s Hospital in Bern: Have we reached the goal? Swiss Med Wkly. 2010;140:w13057

Table 1. Characteristics of patients with Type 1 Diabetes Mellitus treated at the Children’s Hospital in Bern