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Longitudinal metabolic control after initiation of insulin pump in 5,040 pediatric type-1-diabetes subjects – heterogeneous HbA1c trajectories over three years from the DPV registry





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Conclusions:

There are different trajectories of HbA1c change after start of continuous subcutaneous insulin infusion (CSII) in pediatric type-1-diabetes patients. Further analyses are needed to characterize the subgroups in order to predict which patients may be most successful in improving HbA1c with insulin pumps.

Fig. 2: Four different trajectories of HbA1c change after CSII initiation



Objectives:

CSII has been associated with lower HbA1c. To explore whether CSII initiation leads to HbA1c improvement in each individual with type-1 diabetes (T1D) and to identify co-variates which might influence change in HbA1c.

Methods:

- ✤ Multicenter, standardized diabetes patient follow-up registry (DPV; **Fig. 1**)
- **❖ 5,040 T1D** subjects (≤20 y) diabetes duration with \geq 3 years at CSII initiation and continuously documented pump therapy over three years **Group-based modeling** to identify heterogeneous HbA1c subgroups Of

Fig. 1: DPV registry



Duration of pump usage, years

Table 2: Group-specific characteristics of the four different ΔHbA1c trajectories (median [IQR])

	Group 1 (Δ -2%)	Group 2 (Δ -0.25%)	Group 3 (Δ +0.8%)	Group 4 (Δ +2.5%)
Ν	346 (7%)	1,950 (40%)	2,296 (44%)	448 (9%)
Age at diabetes onset, years	6.7 [3.7; 9.9]	5.7 [3.4; 8.3]	5.9 [3.5; 8.3]	6.6 [4.0; 8.8]
Age at CSII initiation, years	14.2 [12.0; 15.6]	12.4 [10.1; 14.4]	12.2 [10.2; 14.2]	13.1 [11.5; 14.6]
HbA1c at CSII initiation, %	9.7 [9.0; 10.7]	7.9 [7.3; 8.5]	7.3 [6.7; 7.9]	7.4 [6.7; 8.2]
Insulin dose after CSII initiation, IU/kg*d				
1 year	0.85 [0.72; 1.01]	0.78 [0.66; 0.94]	0.78 [0.65; 0.93]	0.82 [0.69; 0.98]
2 years	0.87 [0.72; 1.01]	0.79 [0.66; 0.94]	0.80 [0.67; 0.96]	0.87 [0.71; 1.05]

Centers: pediatric, adult, pediatric + adult

change after CSII initiation (SAS: PROC TRAJ)

- ✤ HbA1c values aggregated quarterly; patients with <7 aggregated values were excluded
- \Rightarrow HbA1c change (Δ) defined as HbA1c at the respective timepoint (HbA1c [i]) minus baseline value

Results:

Demographics of study cohort are summarized in table 1.

Table 1: Demographics of study cohort (median [IQR], %)

	Pediatric T1D	
Ν	5,040	
Age at diabetes onset, years	5.9 [3.5–8.4]	
Age at CSII initiation, years	12.5 [10.3–14.5]	
Males, %	49	

✤ Table 2: Age at diabetes onset, age and HbA1c at CSII initiation, and insulin dose were all related to group *membership* (each p<0.001).

At CSII initiation: group 1 had the highest HbA1c and was oldest. Further, they were oldest at diabetes onset and had highest insulin requirements.

Baseline HbA1c, %

7.7 [7.0-8.4]

- Using group-based modeling, four different trajectories of HbA1c change were identified (Fig. 2):
 - Group 1: *HbA1c reduction* ($\sim \Delta$ -2%)
 - **Group 2:** *Slight* HbA1c *reduction* (~Δ -0.25%) ____
 - Group 3: Slight HbA1c increase ($\sim \Delta + 0.8\%$) ____
 - **Group 4**: *Dramatic* HbA1c *increase* (~Δ+2.5%) —
- Analyzing boys and girls separately: the same number of trajectory groups were revealed, although gender ratio differed. In girls, the largest group (47%) had a slight HbA1c increase, whereas in boys (43%) the largest trajectory revealed a slight decrease.





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