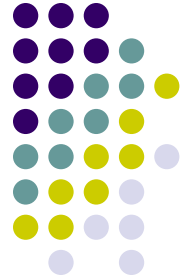


Q

Type 1 DM

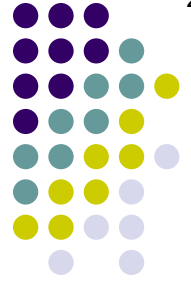


Type 1 (T1) DM has two other names, one or both of which are considered obsolete by the Academy. What are these other names?

--
--

A

Type 1 DM



Type 1 (T1) DM has two other names, one or both of which are considered obsolete by the Academy. What are these other names?

- Insulin-dependent DM (IDDM)
- Juvenile-onset DM

Q

Type 1 DM



3

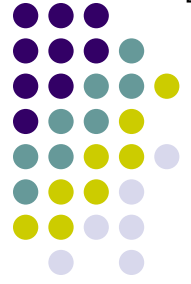
Type 1 (T1) DM has two other names, **one or both of which are considered obsolete by the Academy**. What are these other names?

- Insulin-dependent DM (IDDM)
- Juvenile-onset DM

What does this mean, 'one or both are obsolete'?

A

Type 1 DM



Type 1 (T1) DM has two other names, **one or both of which are considered obsolete by the Academy**. What are these other names?

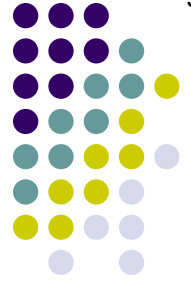
- Insulin-dependent DM (IDDM)
- Juvenile-onset DM

What does this mean, 'one or both are obsolete'?

It means that whether a term is 'in play' depends on which BCSC book you ask. Specifically:

- The *Fundamentals* book indicates both terms are obsolete;
- The *Peds* book considers *juvenile-onset* obsolete, but uses *IDDM* as a synonym for T1 DM; and
- The *Retina* book considers *IDDM* obsolete, and doesn't mention *juvenile-onset* at all

Type 1 DM



Type 1 (T1) DM has two other names, **one or both of which are considered obsolete by the Academy**. What are these other names?

- Insulin-dependent DM (IDDM)
- Juvenile-onset DM

What does this mean, 'one or both are obsolete'?

It means that whether a term is 'in play' depends on which BCSC book you ask. Specifically:

- The *Fundamentals* book indicates both terms are obsolete;
- The *Peds* book considers *juvenile-onset* obsolete, but uses *IDDM* as a synonym for T1 DM; and
- The *Retina* book considers *IDDM* obsolete, and doesn't mention *juvenile-onset* at all

Since all three books use 'T1 DM,' proly best to just stick with it.

Q

Type 1 DM



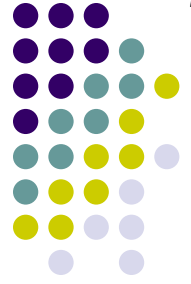
- Fundamental pathology:

[Redacted]

[Redacted]

A

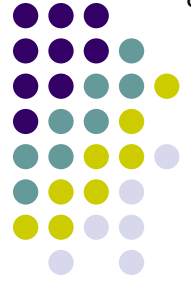
Type 1 DM



- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

Q

Type 1 DM



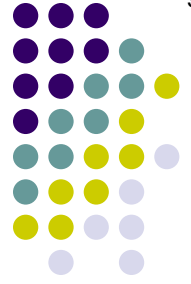
8

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

What process leads to this inadequacy?

Q/A

Type 1 DM



- Fundamental pathology: **An inability of the pancreas to produce adequate volume of insulin**

What process leads to this inadequacy?

Autoimmune-mediated destruction of pancreatic  cells

A

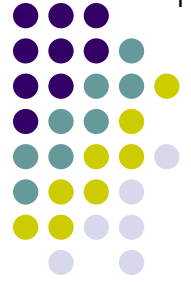
Type 1 DM



- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

What process leads to this inadequacy?

Autoimmune-mediated destruction of pancreatic β cells



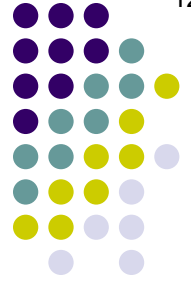
Q

Type 1 DM

- Fundamental pathology: **An inability of the pancreas to produce adequate volume of insulin**
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of **developmental milestone**

A

Type 1 DM



- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty

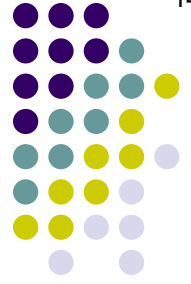


Q

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of [puberty](#)

Can T1 DM develop in adulthood?



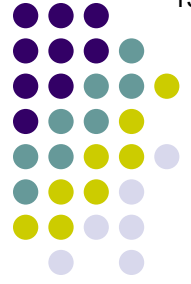
A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of [puberty](#)

Can T1 DM develop in adulthood?

Indeed it can, and this is a very important fact to bear in mind!



Q

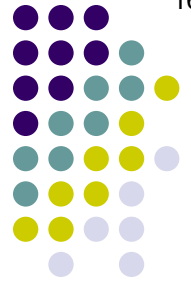
Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty

Can T1 DM develop in adulthood?

Indubitably, but it is a fact to bear in mind!

What percent of cases develop after age 35?



A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty

Can T1 DM develop in adulthood?

Indeed, it can! This is a fact to bear in mind!

What percent of cases develop after age 35?

25%

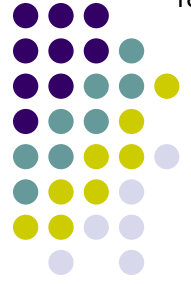


Q

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after

developmental milestone



A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty

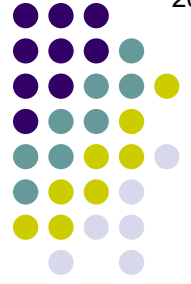


Q

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the **onset of puberty**
- In T1 DM, the prevalence of DBR correlates with the amount of time the child is between the **onset of puberty**

Why these relationships between puberty and onset, and puberty and the development of DBR?

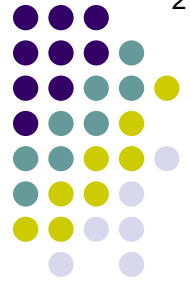


A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the **onset of puberty**
- In T1 DM, the prevalence of DBP correlates with the amount of time the child is in the **onset of puberty**

*Why these relationships between puberty and onset, and puberty and the development of DBP?
As of the time of this writing, this issue is not addressed in the BCSC series*



Q

Type 1 DM

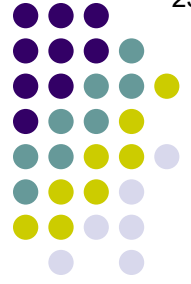
- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- Retinopathy rare within # years of dz onset



A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- Retinopathy rare within 15 years of dz onset



Q

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- **Retinopathy rare within 15 years of dz onset**

*But I read somewhere that half of T1 DM have retinopathy after 7 years.
What's the dealio?*



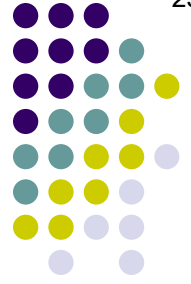
A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- **Retinopathy rare within 15 years of dz onset**

But I read somewhere that half of T1 DM have retinopathy after 7 years. What's the dealio?

This is true--half have retinopathy after 7 year. However, most of these individuals have clinically *inapparent* retinopathy; ie, it's detectable only via angiography.



Q

Type 1 DM

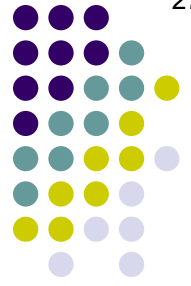
- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- Retinopathy rare within 15 years of dz onset
 - PDR rare vs
common in pediatric population



A

Type 1 DM

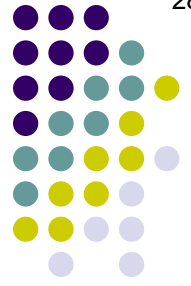
- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- Retinopathy rare within 15 years of dz onset
 - PDR rare in pediatric population



Q

Type 1 DM

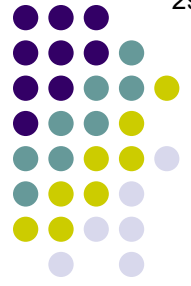
- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- Retinopathy rare within 15 years of dz onset
 - PDR rare in pediatric population
- Screening guideline: Annual DFE commencing # years after dz onset



A

Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
 - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after the onset of puberty
- Retinopathy rare within 15 years of dz onset
 - PDR rare in pediatric population
- Screening guideline: Annual DFE commencing 5 years after dz onset



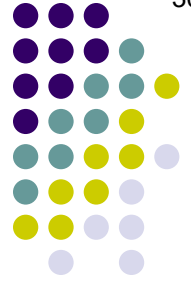
Q

Type 1 DM

- Fundamental pathology: An inability of the

Speaking of T1 DM: What is Wolfram syndrome?

- PDR rare in pediatric population
- Screening guideline: Annual DFE commencing 5 years after dz onset



A

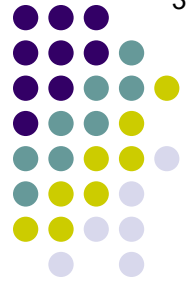
Type 1 DM

- Fundamental pathology: An inability of the

Speaking of T1 DM: What is Wolfram syndrome?

A pediatric condition characterized by multiple endocrine and neurologic abnormalities

- PDR rare in pediatric population
- Screening guideline: Annual DFE commencing 5 years after dz onset



Q

Type 1 DM

- Fundamental pathology: An inability of the

Speaking of T1 DM: What is Wolfram syndrome?

A pediatric condition characterized by multiple endocrine and neurologic abnormalities

What is the classic set of such abnormalities?

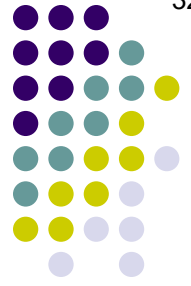
--

--

--

--

- PDR rare in pediatric population
- Screening guideline: Annual DFE commencing 5 years after dz onset



A

Type 1 DM

- Fundamental pathology: An inability of the

Speaking of T1 DM: What is Wolfram syndrome?

A pediatric condition characterized by multiple endocrine and neurologic abnormalities

What is the classic set of such abnormalities?

--Diabetes

Insipidus

--Diabetes

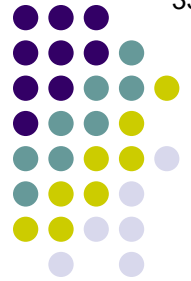
Mellitus

--Optic

Atrophy

--Deafness

- PDR rare in pediatric population
- Screening guideline: Annual DFE commencing 5 years after dz onset



Q

Type 1 DM

- Fundamental pathology: An inability of the

*Speaking of T1 DM: What is **Wolfram syndrome**? aka...*

A pediatric condition characterized by multiple endocrine and neurologic abnormalities

What is the classic set of such abnormalities?

--Diabetes

Insipidus

--Diabetes

Mellitus

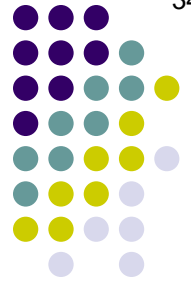
--Optic

Atrophy

--Deafness

By what other name is Wolfram syndrome known?

- PDR rare in pediatric population
- Screening guideline: Annual DFE commencing 5 years after dz onset



A

Type 1 DM

- Fundamental pathology: An inability of the

*Speaking of T1 DM: What is **Wolfram syndrome**? aka... **DIDMOAD syndrome***

A pediatric condition characterized by multiple endocrine and neurologic abnormalities

What is the classic set of such abnormalities?

--**D**iabetes

Insipidus

--**D**iabetes

Mellitus

--**O**ptic

Atrophy

--**D**eafness

By what other name is Wolfram syndrome known?

DIDMOAD syndrome

- PDR **rare** in pediatric population
- Screening guideline: Annual DFE commencing **5** years after dz onset