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--Insulin-dependent DM (IDDM)
--Juvenile-onset DM
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*What does this mean, ‘one or both are obsolete’?*
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*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 (T1) DM has two other names, one or both of which are considered obsolete by the Academy. What are these other names?

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

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--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,’ prolly best to stick with it.
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin.
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What process leads to this inadequacy?
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

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Autoimmune-mediated destruction of pancreatic cells
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

What process leads to this inadequacy?
Autoimmune-mediated destruction of pancreatic $\beta$ cells
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

*What process leads to this inadequacy?*
Autoimmune-mediated destruction of pancreatic \( \beta \) cells

*What kicks off this unfortunate autoimmune process?*
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

What process leads to this inadequacy?
Autoimmune-mediated destruction of pancreatic $\beta$ cells

What kicks off this unfortunate autoimmune process?
It’s not known for sure, but is felt to be an interplay between genetic susceptibility and an environmental trigger (likely a viral infection).
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin

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What kicks off this unfortunate autoimmune process?
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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.
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.
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?
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!
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 an important fact to bear in mind!

What percent of cases develop after age 35? 25%
Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin.

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What percent of cases develop after age 35? 25%
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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
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.
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

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

Why these relationships between puberty and onset, and puberty and the development of DBR? As of this writing, this issue is not addressed in the BCSC
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
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
Type 1 DM

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
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*But I read somewhere that half of T1 DM have retinopathy after 7 years. What's the dealio?*
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 years. However, most of these individuals have clinically inapparent retinopathy; ie, it’s detectable only via angiography.
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.
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.
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
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
Type 1 DM

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

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

- PDR rare in pediatric population
- Screening guideline: Annual DFE commencing **5 years** after dz onset
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 disease after the onset of puberty.

Retinopathy rare within 15 years of disease onset.

PDR rare in pediatric population.

Screening guideline: Annual DFE commencing 5 years after disease onset.

Speaking of T1 DM: What is Wolfram syndrome? A pediatric condition characterized by multiple endocrine and neurologic abnormalities.
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 disease after the onset of puberty.
- Retinopathy rare within 15 years of disease onset.
- PDR rare in pediatric population.
- Screening guideline: Annual DFE commencing 5 years after disease onset.

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
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.

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Retinopathy rare within 15 years of dz onset.

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Screening guideline: Annual DFE commencing 5 years after dz onset.

Speaking of T1 DM: What is Wolfram syndrome? A pediatric condition characterized my multiple endocrine and neurologic abnormalities.

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    Insipidus
-- Diabetes
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-- Optic
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-- Deafness
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 disease after the onset of puberty.

Retinopathy is rare within 15 years of disease onset.

PDR is rare in the pediatric population.

Screening guideline: Annual DFE commencing 5 years after disease onset.

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?
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

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?

- Diabetes
- Insipidus
- Diabetes Mellitus
- Optic Atrophy
- Deafness

By what other name is Wolfram syndrome known? DIDMOAD syndrome