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

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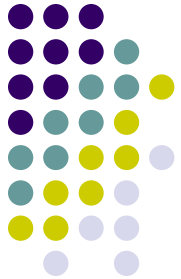
What does this mean, 'one or both are obsolete'?

A

Type 1 DM



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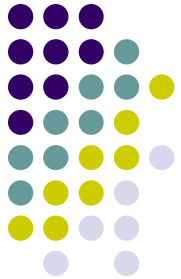
--Insulin-dependent DM (IDDM)
--Juvenile-onset DM

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

A

Type 1 DM



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Since all three books use '*T1 DM,*' prolly best to stick with it.

Q

Type 1 DM

- Fundamental pathology:

A

Type 1 DM

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

Q

Type 1 DM

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

What process leads to this inadequacy?

Q/A

Type 1 DM

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

A

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What kicks off this unfortunate autoimmune process?

Q/A

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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 [redacted] infection)

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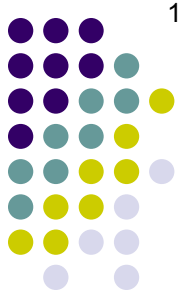
Q

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

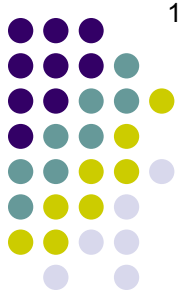
A

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



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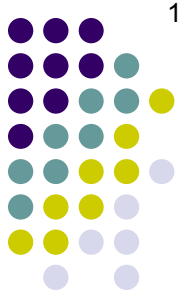
Can T1 DM develop in adulthood?

A

Type 1 DM

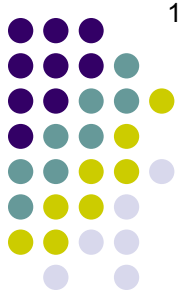


- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty

Can T1 DM develop in adulthood?
Indeed it can, and this is a very important fact to bear in mind!

Q

Type 1 DM



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*Can T1 DM **develop in adulthood**?*

Ind… …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
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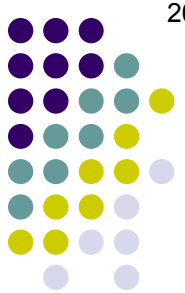
*Can T1 DM **develop in adulthood**?*
Ind… …to bear in mind!

What percent of cases develop after age 35?
25%

Q

Type 1 DM

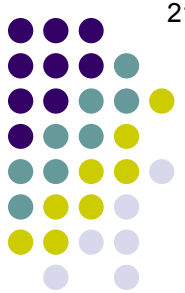


- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the onset of puberty
  - In T1 DM, the prevalence of DBR correlates with the amount of time the child has had the dz after

developmental milestone

A

Type 1 DM



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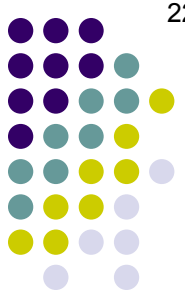

- Fundamental pathology: An inability of the pancreas to produce adequate volume of insulin
- The peak incidence of T1 DM onset coincides with the peak incidence of the **onset of puberty**
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Why these relationships between puberty and onset, and puberty and the development of DBR?

A

Type 1 DM

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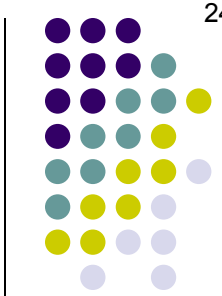
Why these relationships between puberty and onset, and puberty and the development of DBR?
As of this writing, this issue is not addressed in the *BCSC*

Q

Type 1 DM



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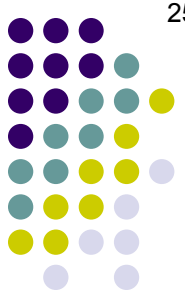
- Retinopathy rare within [#] years of dz onset

A

Type 1 DM



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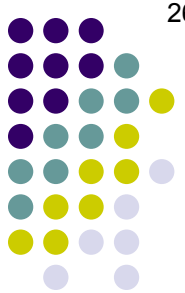

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But I read somewhere that half of T1 DM have retinopathy after 7 years. What's the dealio?

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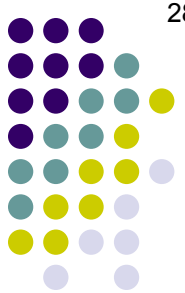
But I read somewhere that half of T1 DM have retinopathy after 7 years. What's the dealio?
This is true--half have retinopathy after 7 years. However, most of these individuals have clinically *inapparent* retinopathy; ie, it's detectable only via angiography.

Q

Type 1 DM



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  - PDR rare vs common in pediatric population

A

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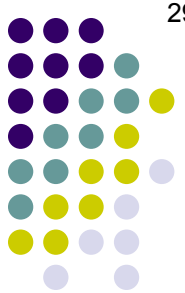

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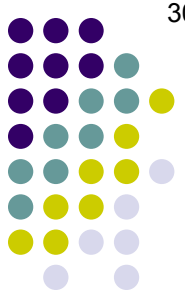

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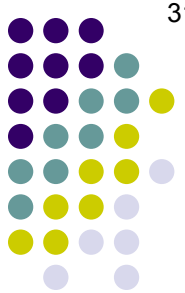
- Screening guideline: Annual DFE commencing # years after dz onset

A

Type 1 DM



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

Q

Type 1 DM

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

  - PDR rare in pediatric population
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Type 1 DM

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

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What is the classic set of such abnormalities?
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A

Type 1 DM

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Speaking of T1 DM: What is Wolfram syndrome*?*
A pediatric condition characterized my 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
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Type 1 DM

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Speaking of T1 DM: What is **Wolfram syndrome***?aka...*
A pediatric condition characterized my 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

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