

Type 1 Diabetes; how does it happen, how do we manage it?

School of Medicine

Saleh Adi, MD Clinical Professor Pediatric Endocrinology

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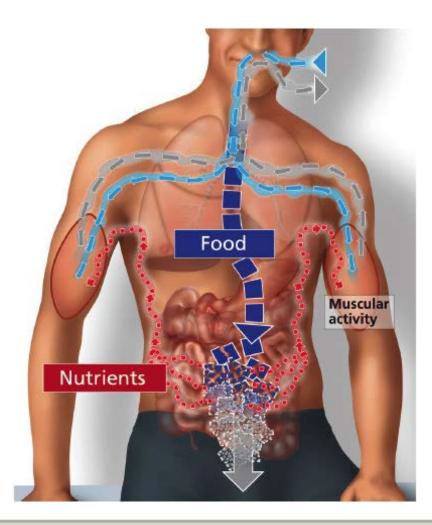


Outline

- Normal physiology
- Types of diabetes
- Type 1 diabetes
- Autoimmunity
- Management: insulin and devices

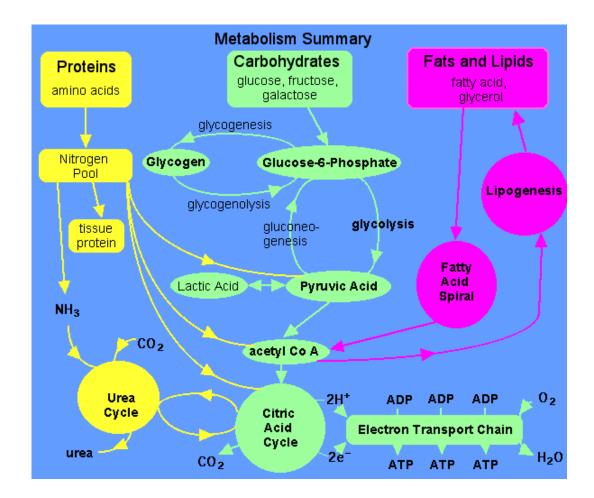


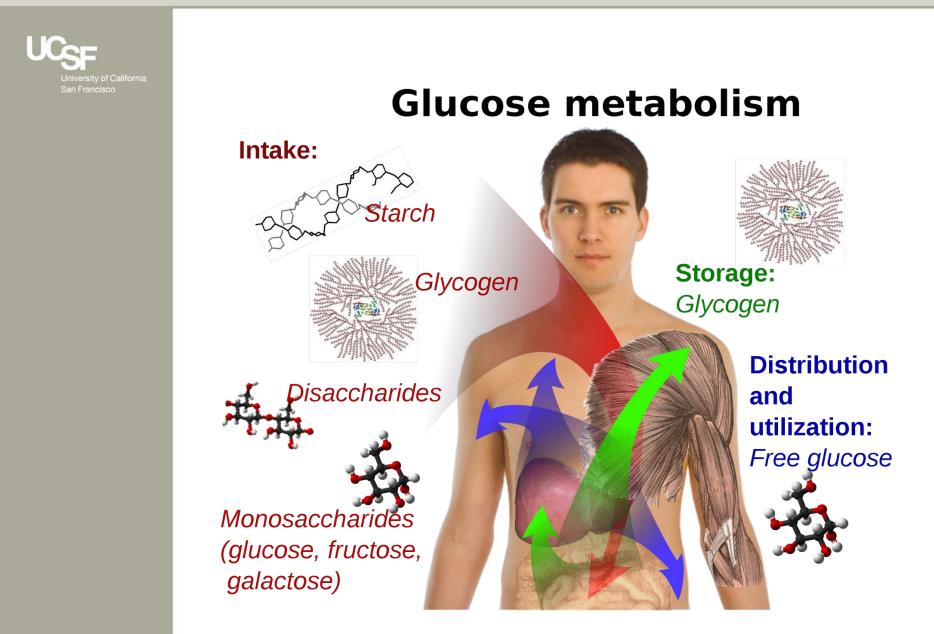
Normal physiology

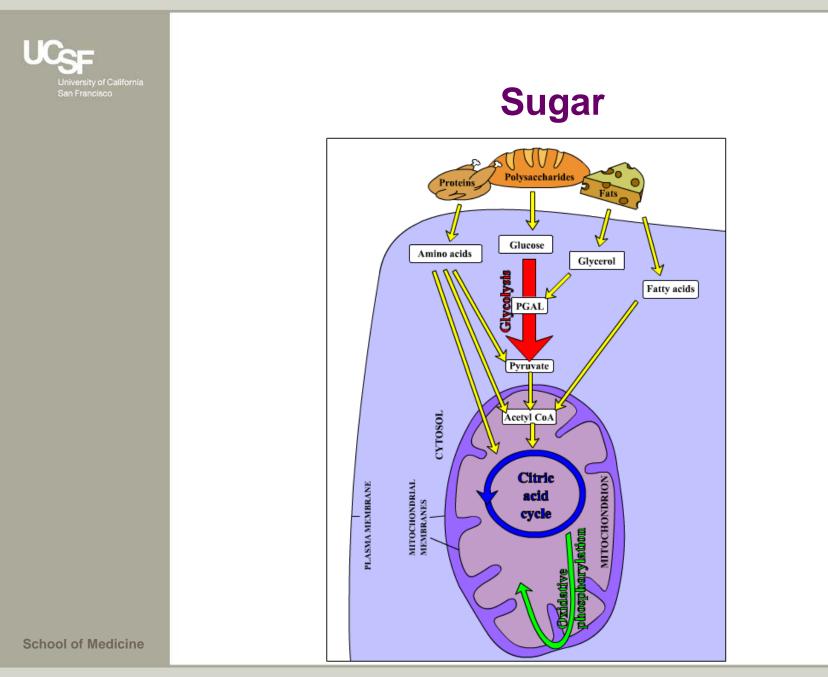




Normal physiology: Nutrition



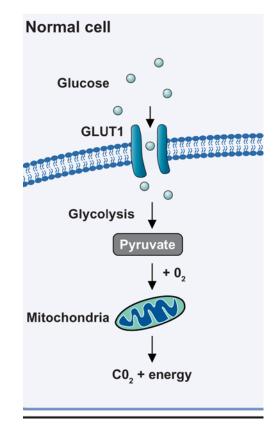


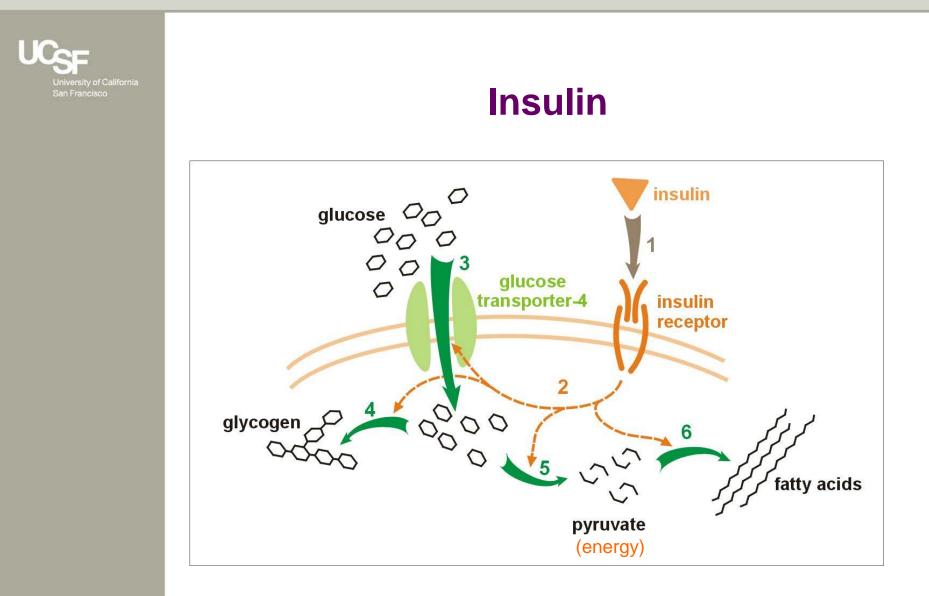


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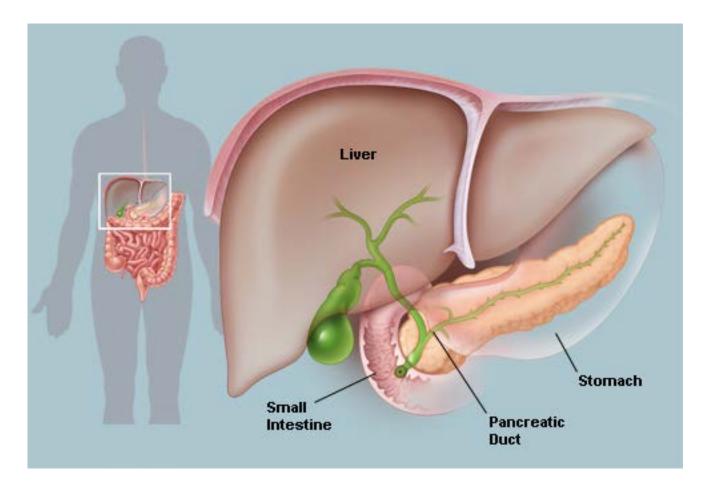


Glucose Metabolism

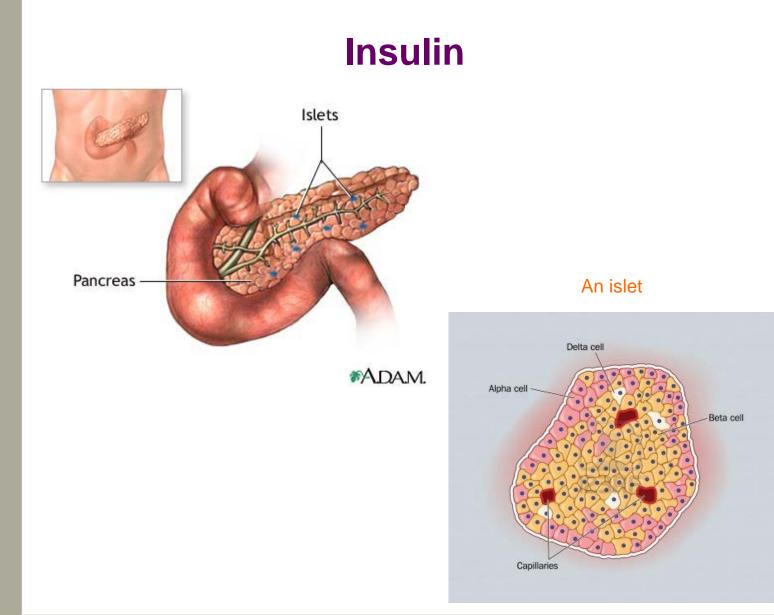














Diabetes

- Glucose cannot enter the cells
 - No insulin = Type 1 Diabetes
 - Insulin not working = Type 2 Diabetes
- Other types, less common



Diabetes

- Glucose accumulates in the blood
- Spills over in the urine (when level is >180) (Normal is 70-110, up to 140)
 - Takes water with it
 - Increased urine and thirst



Type 2 Diabetes

Insulin not working

- Overweight and lack of physical activity lead to insulin resistance
- We make more insulin to compensate
- Eventually, islet cells burn out, cannot make enough



Type 2 Diabetes

Treatment

• Eliminate the cause:

Decrease weight, increase activity

• Drugs

Help make more insulin Help insulin work better Lower blood sugar (in other ways)

• Insulin

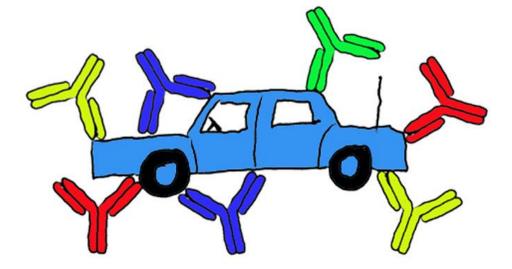


Type 1 Diabetes

No Insulin

- Trauma Infection Surgery
- Cystic Fibrosis
- Autoimmune (true T1D)



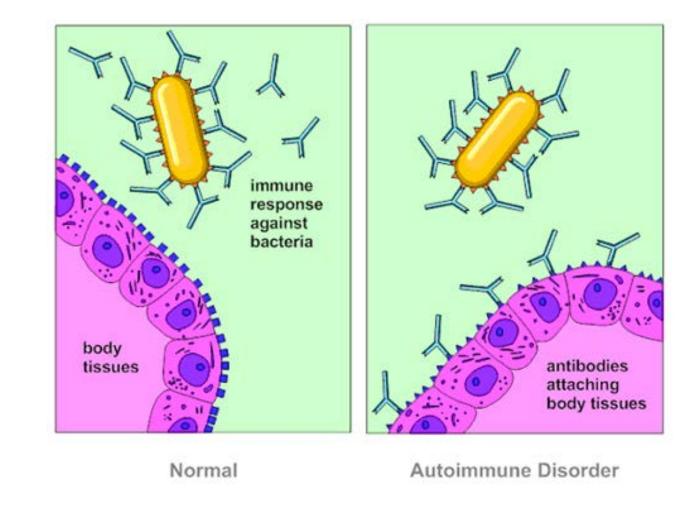




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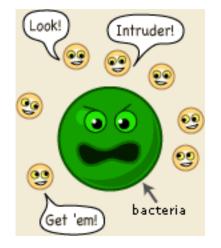


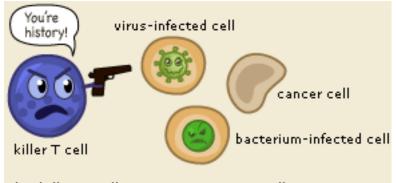
Autoimmunity





The immune system (very simplified)

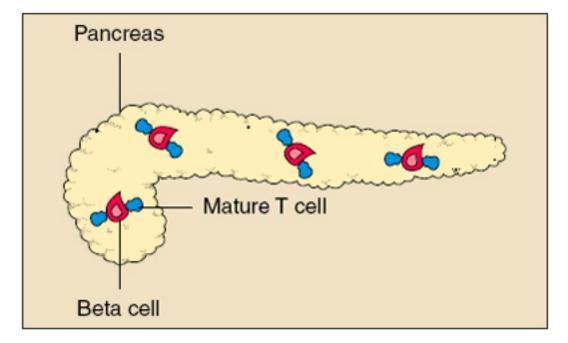


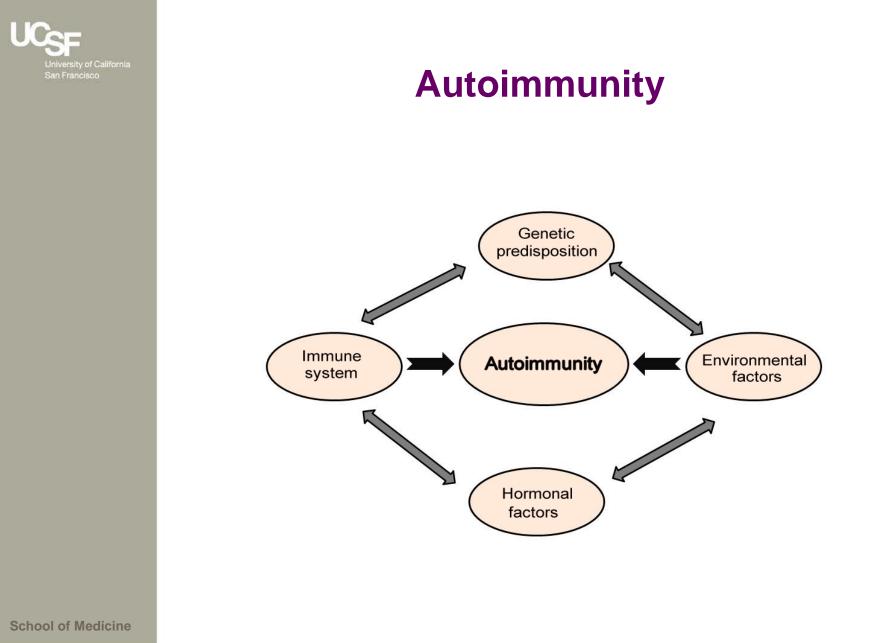


The killer T cells terminate cancer cells and cells infected by a virus or bacterium.



Autoimmunity against Beta cells







Type 1 Diabetes

No Insulin

• Treatment: Take insulin!



In normal physiology, glucose metabolism is exquisitely controlled;

- Blood Glucose (BG) has a tight range
- BG levels are sensed continuously
- Instantaneous response in the β -cells
- Almost immediate and quick effect of insulin
- Short lived effect



We're not even close

We check BG every few hours
We deliver insulin every few hours
Insulin action is still too slow
Deliver insulin in subcutaneous space (it takes a while to reach the blood)









Frederick Banting & Charles Best







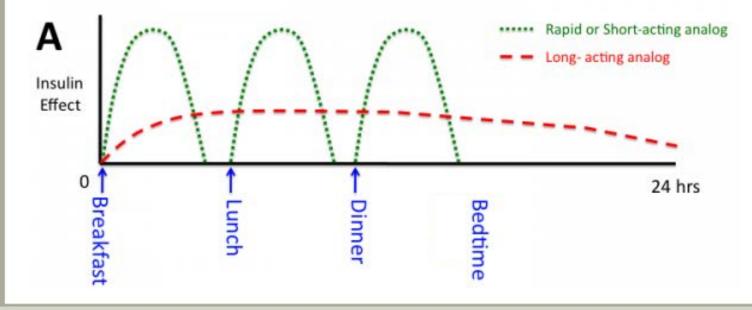






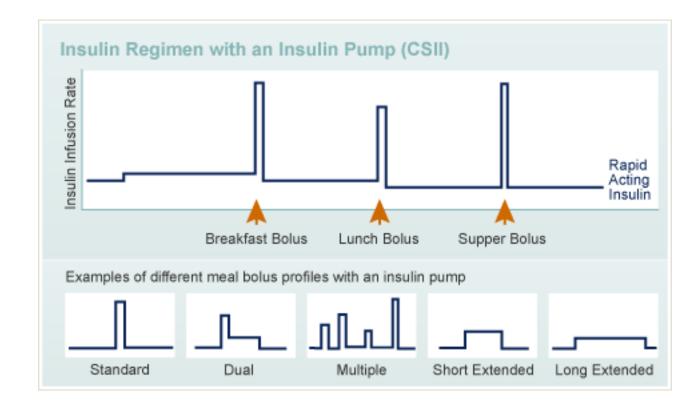
We need insulin all the time

- Long acting insulin, 1 or 2 doses/day
- Short acting insulin, for every meal





Insulin pump, continuous infusion of short acting insulin





Daily tasks, before each meal

- Check BG
- Count the carbohydrates in the meal
- Calculate dose of insulin
- Deliver insulin, by injection or insulin pump



Insulin pumps





Insulin pumps







Insulin pumps







Glucose sensors (Continuous Glucose Monitors)









Glucose sensors (Continuous Glucose Monitors)



A: pump B: infusion set C: sensor D: transmitter



Lots of cool tools, but they don't *think* for us

•What kind of food (fat, fiber, protein)

- Activity (before and after)
- •Time of day
- •Time of month
- Constantly making adjustments



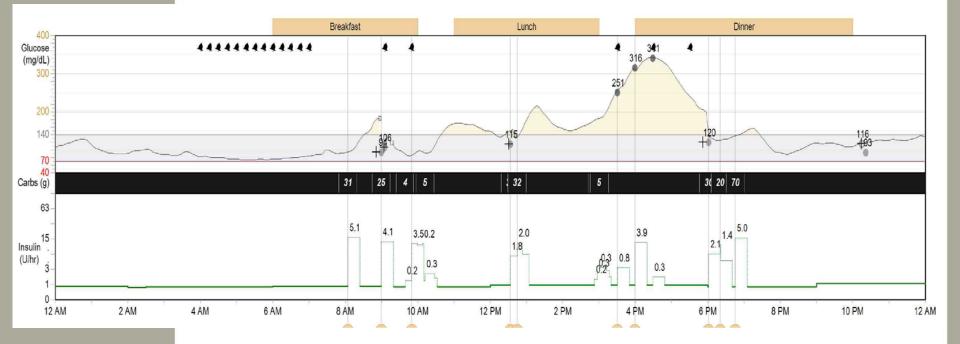
Diabetes logs

Name: _				Best Phone #_								Email:										
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High BG Ratio (ISF)	60																					
BG Target(s)	+/-10																					
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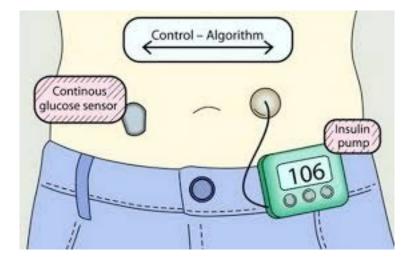


Diabetes logs





Closing the loop





Closing the loop The Artificial Pancreas





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