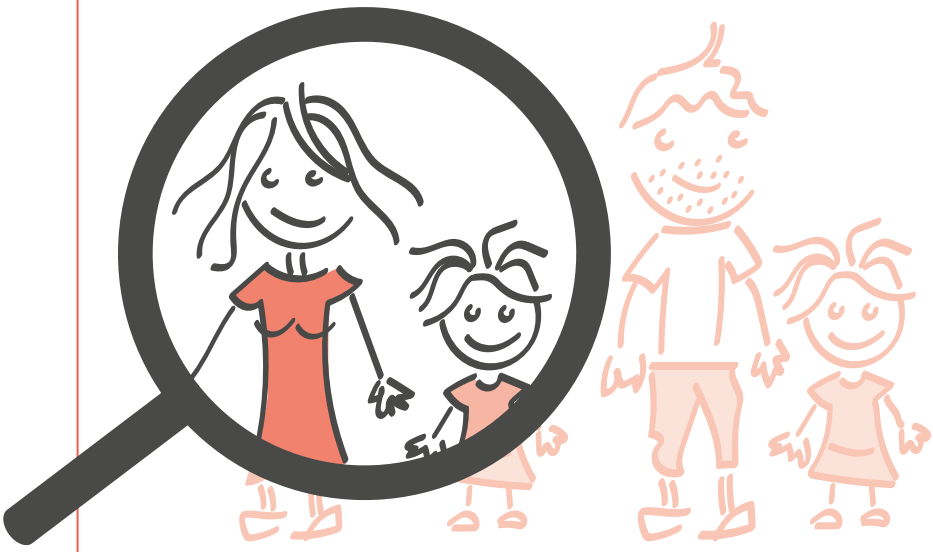
TYPE 1 DIABETES

FROM INVISIBLE TO UNMISTAKABLE



T1D SCHRITT VORAUS

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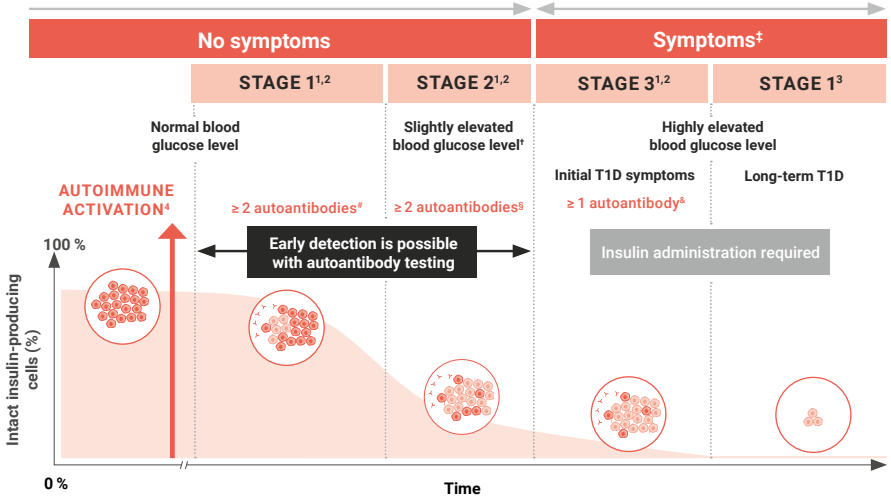
WHAT IS TYPE 1 DIABETES?

Type 1 diabetes is a **progressive disease** with a growing number of people being affected worldwide.[1]

Type 1 diabetes is an **autoimmune disease** in which the immune system attacks and destroys the **body's own insulin-producing cells**, resulting in a decreased production of vital insulin.[2]

PATHOGENESIS OF TYPE 1 DIABETES:

From invisible to impossible to miss – an autoimmune process in phases[1]



Note: the illustration is only an example for illustrative purposes.

Adapted from Breakthrough T1D.[5]

Insulin-producing cell Destroyed insulin-producing cell Autoantibodies

The disease progresses in four stages – from asymptomatic stages 1 and 2 to stage 3, when the first symptoms appear, and finally to stage 4, when the disease is fully developed.[1,2,3,5]

Stages 1 and 2 are characterised by the presence of **two or more islet autoantibodies** in the blood.[1,2] From type 1 diabetes Stage 2 onwards, **rising blood glucose levels** are also observed.[6]

TYPE 1 DIABETES OFTEN COMES AS A SHOCK

Individuals diagnosed with type 1 diabetes are at risk of serious **complications**, including severe hypoglycemia[7], long-term micro- and macrovascular damage[8,9,10] and **diabetic ketoacidosis** — the latter occurring in approximately 20–30% of cases at diagnosis[11]. The objective of early detection is to prevent diabetic ketoacidosis at the time of diagnosis.

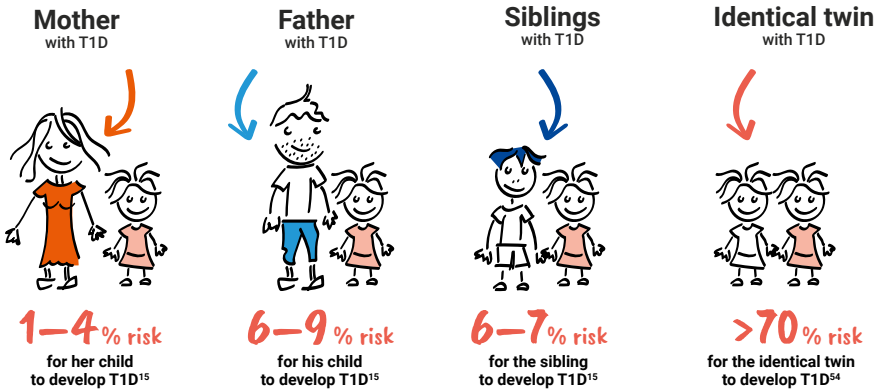
WHAT IS DIABETIC KETOACIDOSIS?

Diabetic ketoacidosis is a severe metabolic disorder. It occurs as a serious complication of diabetes, particularly in type 1. It develops when the body **has no or significantly too little insulin available** to utilise glucose in the blood.[12]

When diabetic ketoacidosis occurs, **treatment in an intensive care unit** at a hospital is usually necessary.[12]

In children, diabetic ketoacidosis can result in **memory problems and mental impairment**[13] and blood glucose levels may be more difficult to control for a prolonged period afterwards.[14]

TYPE 1 DIABETES CAN AFFECT ANYONE



In the general population, the risk of developing type 1 diabetes (T1D) is 0.4 %. People who have a close family member with type 1 diabetes run a higher risk of developing it themselves.[15]

Type 1 diabetes is the most common chronic metabolic disorder in children and adolescents.[16]

In Germany, approximately **1 in 425 children and adolescents** is affected by type 1 diabetes.[17]

Up to 90 % of those affected have **no close relatives with type 1 diabetes**.[1] In other words, type 1 diabetes can affect anyone.

The onset of **type 1 diabetes is prompted by various factors** – genetics is just one of them.[1]

Approx. 62 % of people with **type 1 diabetes** are diagnosed **after the age of 20**.[16]

THE BENEFITS OF EARLY DETECTION

In the early stages of type 1 diabetes, no symptoms are yet apparent, but the **autoimmune disease can already be diagnosed at these stages**.[1,2]

Roughly 1 out of 350 children has early-stage type 1 diabetes without knowing it.[18]

The objective of early detection is to **prevent diabetic ketoacidosis at the time of diagnosis**, while also **determining the best time to start insulin therapy**.[6]

Early detection enables families to gradually adjust to the diagnosis and **facilitates a smoother transition to insulin therapy**.[19, 20]

T1D: type 1 diabetes.

Autoantibodies against beta cell autoantigens (insulin, glutamate decarboxylase [GAD65], insulinoma-associated antigen 2 [IA-2] or zinc transporter 8 [ZnT8]) detected in patient serum.[4] † Fasting plasma glucose 100–125 mg/dl (5.6–6.9 mmol/l) or 2-hour plasma glucose during an oral glucose tolerance test (oGTT) 140–199 mg/dl (7.8–11.0 mmol/l) or HbA_{1c} 5.7%–6.4% (39–47 mmol/mol) or ≥ 10% increase in HbA_{1c}.[2] ‡ Common symptoms of T1D include excessive thirst, frequent urination, extreme fatigue, blurred vision, and weight loss.[1,21] § Some individuals with previously confirmed multiple autoantibodies may revert to a single or negative autoantibody status.[22] & Some patients may lack autoantibodies in T1D stage 3.[2]

1. Insel RA *et al. Diabetes Care* 2015; 38: 1964–74. **2.** American Diabetes Association Professional Practice Committee. Diabetes Care 2026;49(Supplement_1):S27–S49. https://breakthrought1d.org.au/what-is-t1d/stages/. Last accessed on 15.09.2025. **3.** Haller MJ *et al. Horm Res Paediatr* 2024; 97: 529–45. **4.** van Belle TL *et al. Physiol Rev* 2011; 91: 79–118. **5.** Breakthrough T1D. The stages of type 1 diabetes. Available at: https://breakthrought1d.org.au/what-is-t1d/stages/. Last accessed on 15.09.2025. **6.** Besser REJ *et al. Pediatr Diabetes* 2022; 23: 1175–87. **7.** Gubitosi-Klug RA *et al. Diabetes Care* 2017; 40: 1010–6. **8.** Aiello LP *et al. Diabetes Care* 2014; 37: 17–23. **9.** Braffett BH *et al. Diabetes Care* 2025; 48: 1089–1100 **10.** Hardigan T *et al. Clinical Science (London)* 2016; 130: 1807–22. **11.** Auzanneau M *et al. Diabetes Care* 2022; 45(8): 1807–1813. **12.** Dhatariya, K.K., Glaser, N.S., Codner, E. *et al. Diabetic ketoacidosis*. Nat Rev Dis Primers 6, 40 (2020). **13.** Jaser SS & Jordan LC. *Curr Diab Rep* 2021; 21: 12. **14.** Duca LM *et al. Diabetes Care* 2017; 40: 1249–55. **15.** Redondo MJ *et al. Pediatr Diabetes* 2018; 19: 346–53. **16.** Gregory GA *et al. Lancet Diabetes Endocrinol* 2022; 10: 741–760. **17.** Buchmann M *et al. J Health Monit* 2023; 8: 59–81. **18.** Hummel S *et al. Diabetologia* 2023; 66: 1633–42. **19.** Besser REJ *et al. Arch Dis Child* 2022; 107: 790–5. **20.** Smith LB *et al. Pediatr Diabetes* 2018; 19: 1025–33. **21.** diabinfo: Was ist Diabetes Typ 1? Available at: https://www.diabinfo. de/leben/typ-1-diabetes/grundlagen/krankheitsbild-und-symptome.html. Last accessed on 15.09.2025. **22.** Phillip M *et al. Diabetes Care* 2024; 47: 1276–98.

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