

Preface

The Evolving Landscape of Type 1 Diabetes Management



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Editor

Type 1 diabetes (T1D) care in the United States has evolved in the last decade.¹ The global incidence of T1D is estimated to be 15 per 100,000 people, while prevalence is 5.9 per 10,000.² By 2040, T1D is projected to impact 13.5 to 17.4 million people.³

I am privileged to serve as the guest editor for this March 2024 issue of *Endocrinology and Metabolism Clinics of North America* with a timely focus on *Type 1 Diabetes*. We explore the evolving landscape of T1D care in the United States and share practical insights for clinicians.

I thank T1D Exchange Quality Improvement Collaborative (T1DX-QI) faculty contributors for authoring the articles and T1DX-QI peer-reviewers and the publication committee for providing critical feedback.

T1DX-QI is a T1D population health research and quality improvement network of 55 US endocrinology clinics. T1DX-QI includes over 200 active faculty endocrinologists and care team members serving more than 85,000 people with T1D (PwT1D).⁴⁻⁶ In the first article of this series, I discuss clinical and population health improvement insights from the T1DX-QI network.

The screening and diagnosis of T1D have evolved especially with the approval of a new medication that can successfully delay T1D onset (Teplizumab). Gomez and Sanchez share the new state of science as it relates to screening, monitoring, and diagnosis of T1D.

Successful management of T1D across the lifespan has unique challenges, needs, and opportunities. Wu and colleagues discuss strategies to optimize outcomes in children; Mathias and colleagues explore the benefit of care customization for young adults with T1D, and Malik and colleagues review how an evidence-based framework can support the best practices in pediatric to adult care transition among PwT1D. Steenkamp and colleagues provide insights on successful approaches to support T1D care improvement among marginalized adults with T1D.

Diabetes technologies are revolutionizing T1D care outcomes.^{7,8} Akturk and McKee review diabetes therapies and technologies that can support the management of T1D. Diabetes technologies don't relieve all the burdens of T1D care; one major area of need that requires attention is the psychosocial care. In this issue, Shapiro and colleagues explore insights from the literature on T1D and psychosocial management.

Despite major innovations in T1D care, unfortunately PwT1D still experience major complications as deliberated by Longendyke and colleagues and Pesantez and colleagues in a comprehensive review of cardiovascular health for PwT1D.

T1D care, like other chronic diseases, was significantly impacted by the COVID-19 pandemic.^{9,10} Breidbart and Gallagher provide a synopsis on relevant clinical insights for managing PwT1D in the age of COVID-19.

COVID-19 amplified inequities in care outcomes^{11–13} and expanded the significance of addressing social determinants of health as addressed in the review by Jones and colleagues.

Finally, we can't improve outcomes for PwT1D without actively engaging them in care transformation. Rioles and colleagues review practical strategies on how best to engage PwT1D in research and quality improvement and to change processes in endocrinology clinics.

I hope you find these articles insightful and actionable. I am grateful to everyone that contributed to the success of the series, including the authors, editorial staff, and consulting editor, Dr Robert Rapaport.

Osagie Ebekoziien is a member of the Medtronic and Sanofi Advisory Board and receives consultation and speaker fees from Medtronic Diabetes, Sanofi, and Vertex Pharmaceuticals. He is PI on research supported by Medtronic Diabetes, MannKind Pharmaceuticals, Dexcom, Abbott, Vertex Pharmaceuticals, and Janssen Pharmaceuticals. All financial support from industry has been through his employer (T1D Exchange).

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