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International Society for Pediatric and Adolescent Diabetes Clinical Practice Consensus Guidelines 2024: Glycemic Targets

Martin de Bock[a, b] Juliana Chizo Agwu[c] Matt Deabreu[d] Klemen Dovc[e] David M. Maahs[f] M. Loredana Marcovecchio[g] Farid H. Mahmud[h] Yeray Nóvoa-Medina[i] Leena Priyambada[j] Carmel E. Smart[k, l] Linda A. DiMeglio[m]

[a]Department of Paediatrics, University of Otago, Christchurch, New Zealand; [b]Department of Paediatrics, Te Whatu Ora, Waitaha, New Zealand; [c]Department of Paediatrics, Wye Valley NHS Trust, Hereford, UK; [d]Parent and Advocate of Child with Type One Diabetes, Toronto, ON, Canada; [e]University Medical Centre Ljubljana, University Children's Hospital, Department of Endocrinology, Diabetes and Metabolic Diseases and University of Ljubljana Faculty of Medicine, Ljubljana, Slovenia; [f]Division of Endocrinology, Department of Pediatrics, Stanford University, Stanford, CA, USA; [g]Department of Paediatrics, University of Cambridge and Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK; [h]Division of Endocrinology, Department of Pediatrics, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada; [i]University Institute of Biomedical and Healthcare Research (IUIBS), University of Las Palmas de Gran Canaria, Las Palmas de Gran Canaria, Spain; [j]Department of Pediatric Endocrinology, Rainbow Children's Hospital, Hyderabad, India; [k]Paediatric Endocrinology and Diabetes, John Hunter Children's Hospital, Newcastle, NSW, Australia; [l]School of Health Sciences, University of Newcastle, Newcastle, NSW, Australia; [m]Division of Pediatric Endocrinology and Diabetology, Department of Pediatrics, Riley Hospital for Children, Indiana University School of Medicine, Indianapolis, IN USA

Summary of What Is New or Different

1. This chapter recommends a target hemoglobin A1c (HbA1c) of ≤6.5% (48 mmol/mol) for those who have access to advanced diabetes technologies like continuous glucose monitoring (CGM) and automated insulin delivery (AID). This target should be encouraged for all children and adolescents living with diabetes when safely achievable. In other settings, the HbA1c target is ≤7.0% (53 mmol/mol). The emphasis on the lower HbA1c target is deliberate, based on the growing evidence that achieving HbA1c levels below previous targets can significantly reduce the risk of developing diabetes complications and that, when adequate technology and healthcare professional support are available, these lower glycemic targets can be safely achieved without increasing the risk of hypoglycemia or adding to the care burdens.
2. These glycemic goals may be individualized based on an assessment of the potential challenges for the person with diabetes and their caregivers.
3. The relationship between glycemic targets and rates of excess body weight is discussed.
4. The glycemic target chapter is also more succinct compared to previous iterations. This chapter is meant to provide updated guidance on overall glycemic management alongside other International Society for Pediatric and Adolescent Diabetes (ISPAD) consensus guidelines that provide further context and information, including specific populations (e.g., pre-school children, limited care settings) or situations (e.g., exercise).

karger@karger.com
www.karger.com/hrp

Correspondence to:
David M. Maahs, dmaahs@stanford.edu