

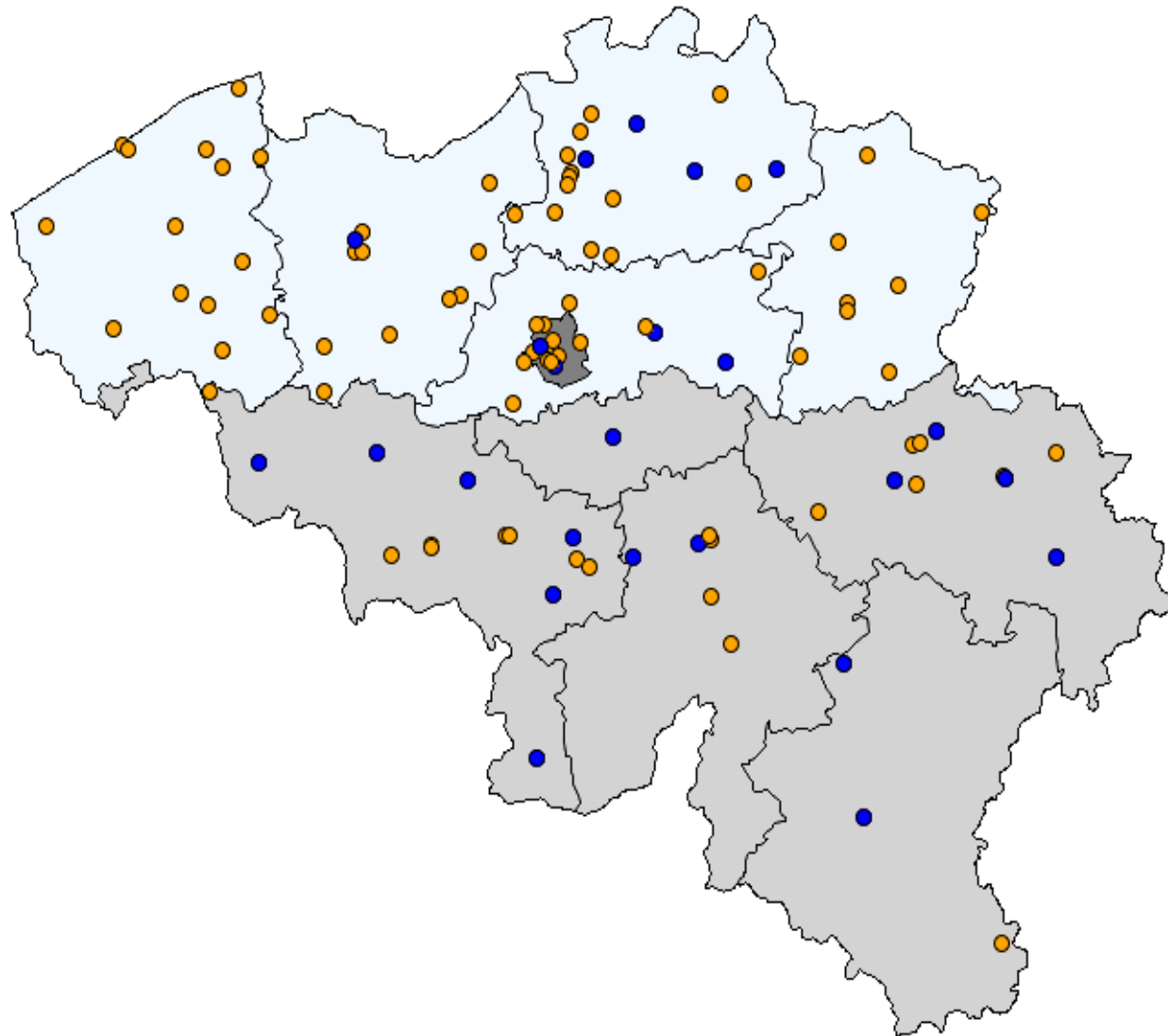
REUNION D'INFORMATION

TRAITEMENT PAR POMPE À INSULINE (CSII)

Prof. Dr. Crenier Laurent (HUB – Hôpital Erasme)

Le 14 Décembre 2023

Distribution des centres de diabétologie en Belgique (#94)



Centres avec convention pompe à insuline

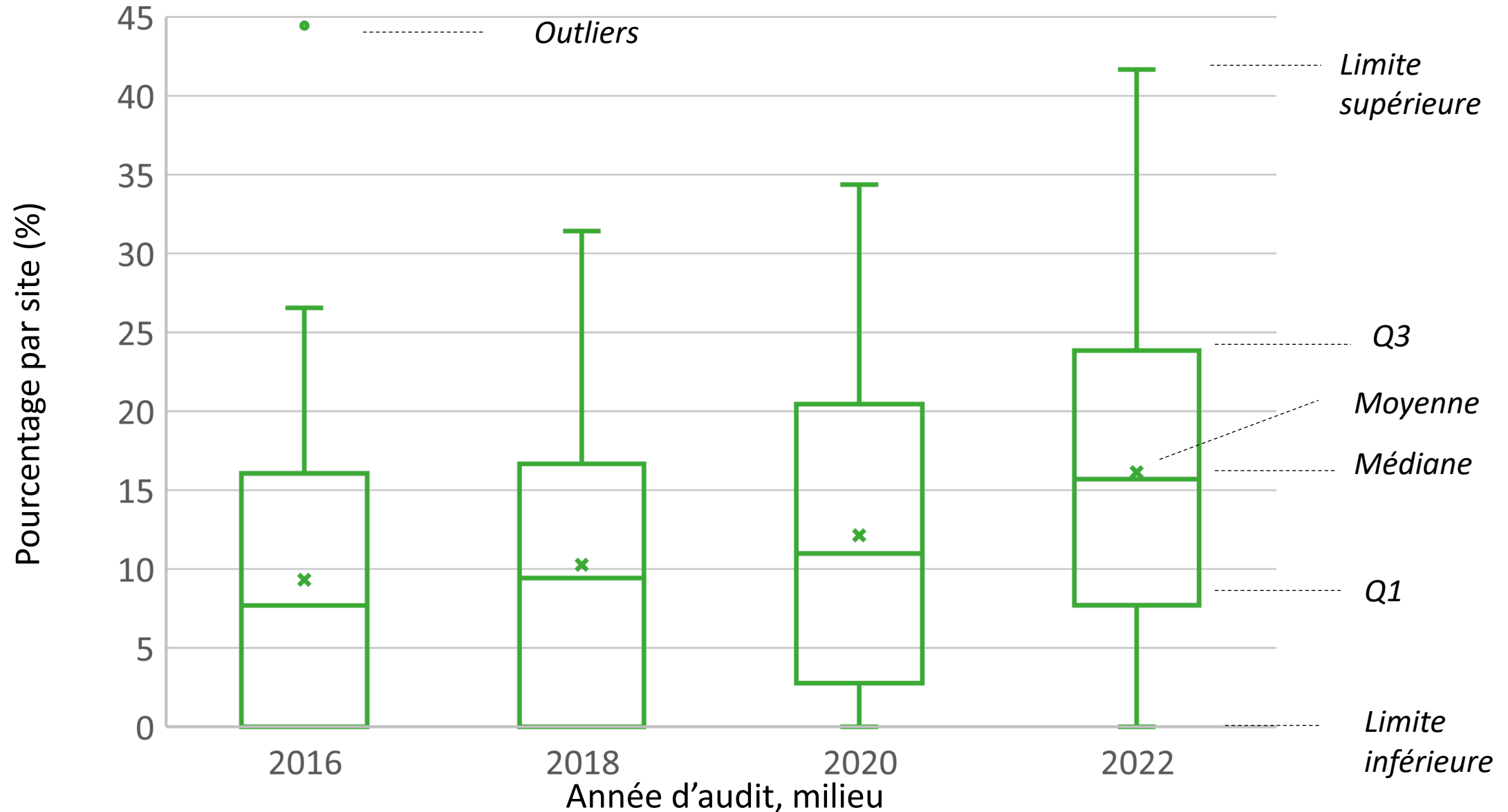
70 hôpitals (77 sites)

Proportion T1D-CSII utilisateurs enregistrés dans IPQED: 0% - 42% par centre

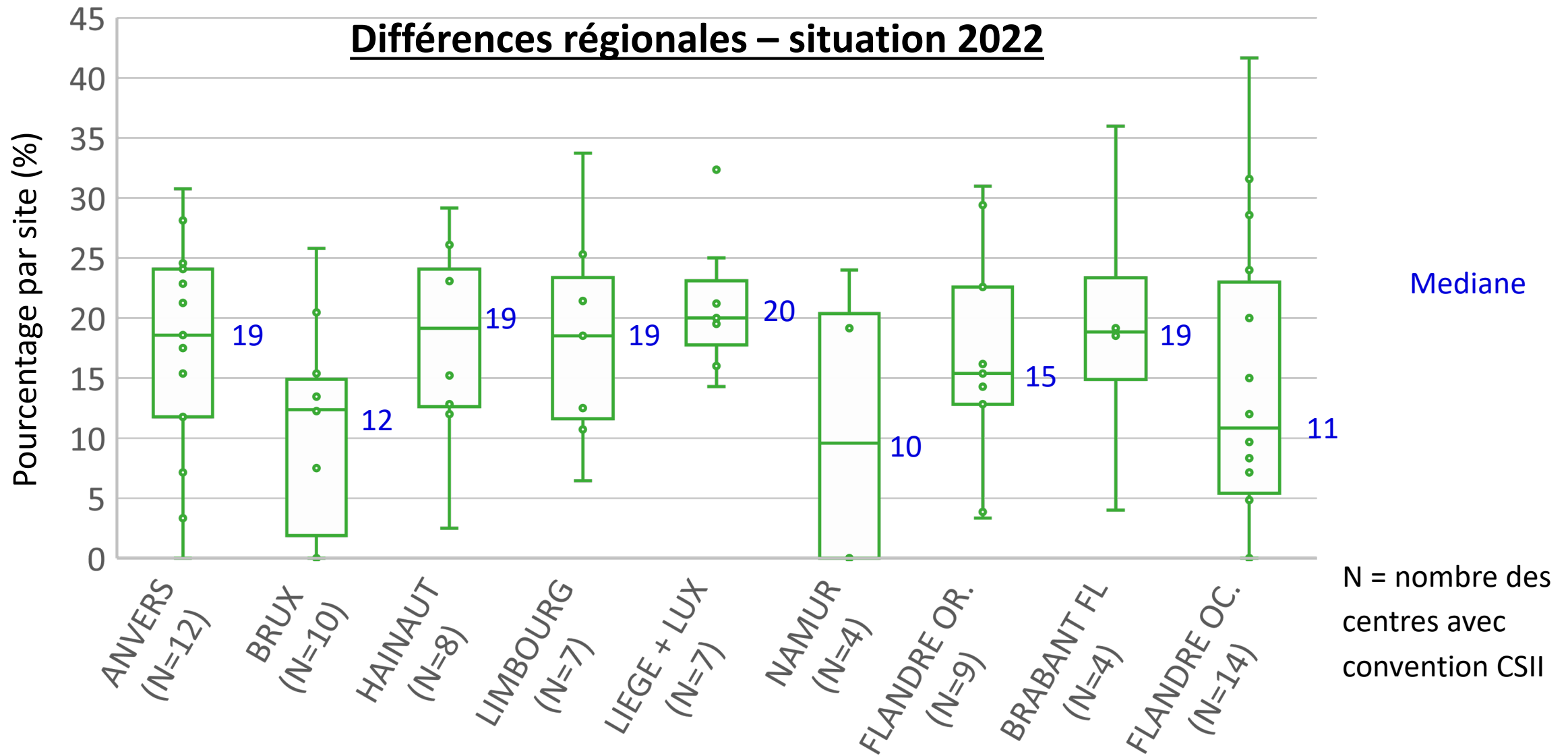


Centres sans convention pompe à insuline

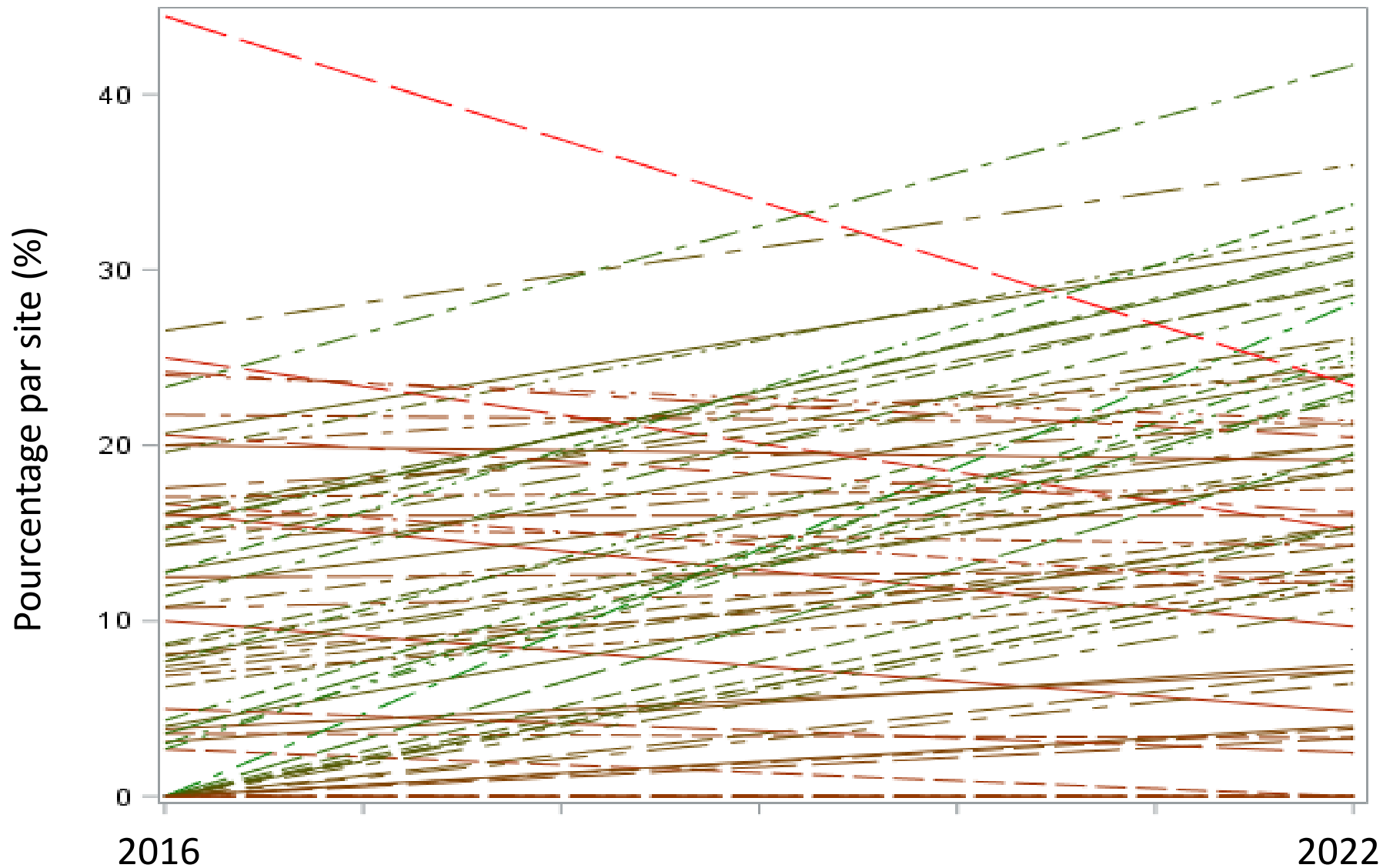
Evolution du traitement par pompe parmi la population DT1 dans les centres avec un convention pompe à insuline



Evolution du traitement par pompe parmi la population DT1 dans les centres avec un convention pompe à insuline



Evolution du traitement par pompe parmi la population DT1 dans les centres avec un convention pompe à insuline



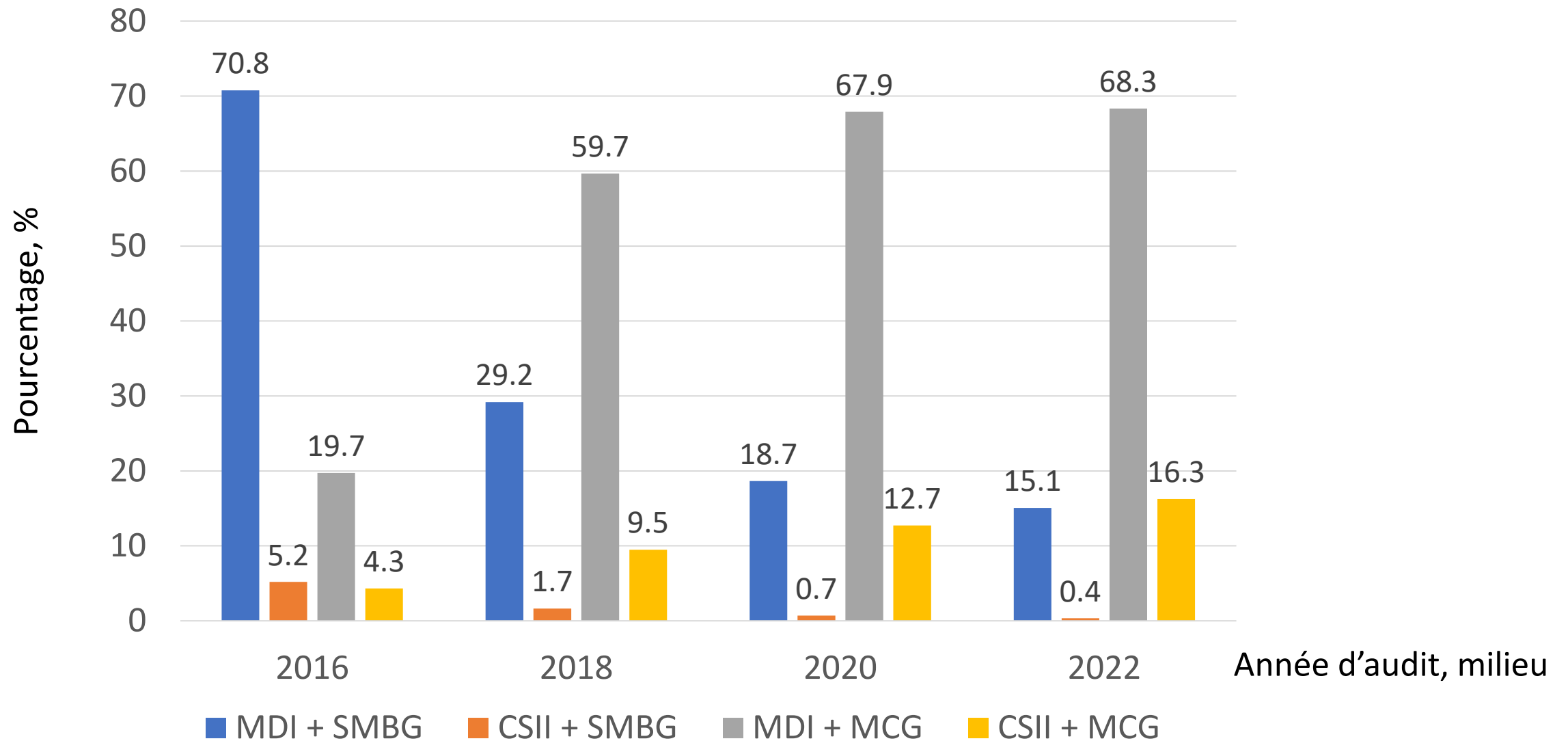
Caractéristiques des patients DT1 avec/sans pompe à insuline

		2016	2018	2020	2022
Sans CSII	L'âge (années), médiane	49.2 [36.2-61.2] (N= 3440)	49.2 [36.2-61.2] (N= 3515)	50.7 [35.7-62.7] (N= 3546)	51.2 [37.2-63.2] (N= 3511)
	Durée du diabète (années), médiane	18.6 [9.8-30.2] (N= 3387)	18.7 [9.8-30.2] (N= 3489)	18.7 [9.7-30.7] (N= 3524)	19.1 [10.0-31.2] (N= 3497)
	Homme, %	57.8% [55.7-60.0] (N= 3440)	57.1% [55.0-59.3] (N= 3515)	58.0% [55.8-60.1] (N= 3546)	58.9% [56.8-61.0] (N= 3511)

CSII		2016	2018	2020	2022
L'âge (années), médiane	CSII	40.2 [31.2-53.2] (N= 365)	41.2 [31.2-53.2] (N= 438)	43.7 [33.7-55.7] (N= 545)	43.2 [32.2-56.2] (N= 700)
Durée du diabète (années), mediane		20.5 [12.1-30.2] (N= 354)	20.7 [12.6-30.3] (N= 434)	23.7 [15.7-32.7] (N= 543)	22.7 [14.2-32.2] (N= 695)
Homme, %		33.7% [25.3-42.1] (N= 365)	37.9% [30.5-45.3] (N= 438)	41.3% [34.9-47.7] (N= 545)	41.7% [36.1-47.4] (N= 700)



Evolution de l'utilisation de la technologie parmi les patients DT1



Evolution de la santé métabolique des patients DT1 avec/sans pompe à insuline



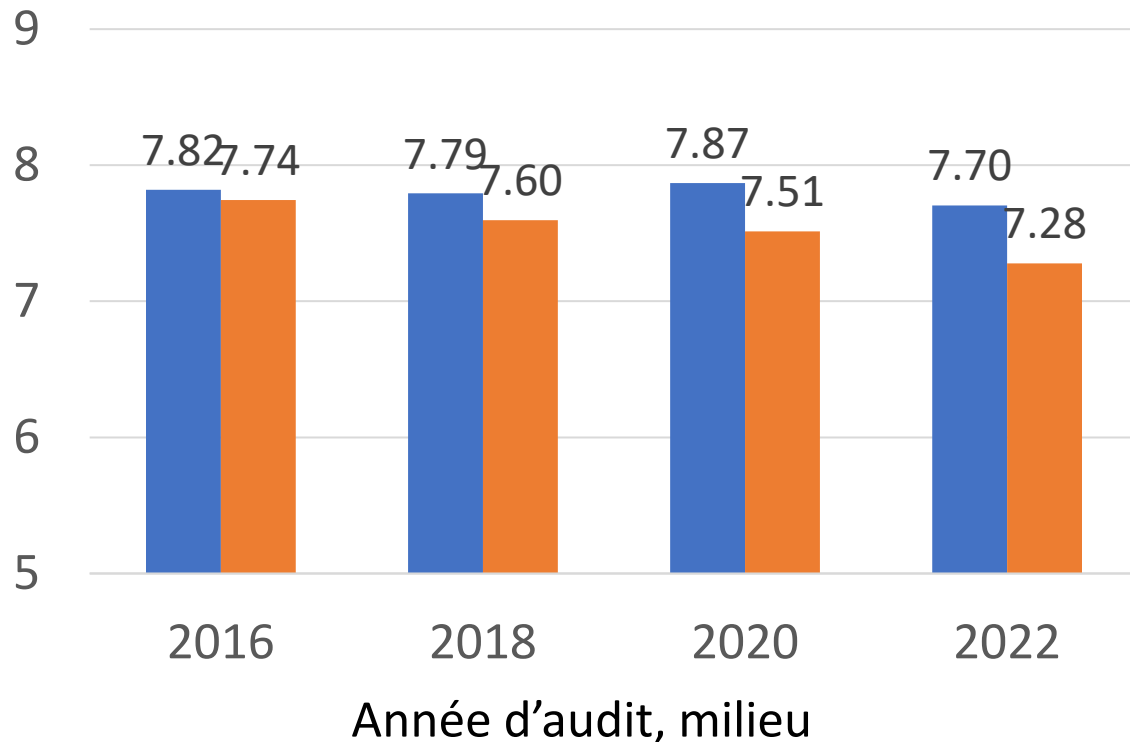
Pas nécessairement des mêmes personnes sous-jacentes

Début pas connu

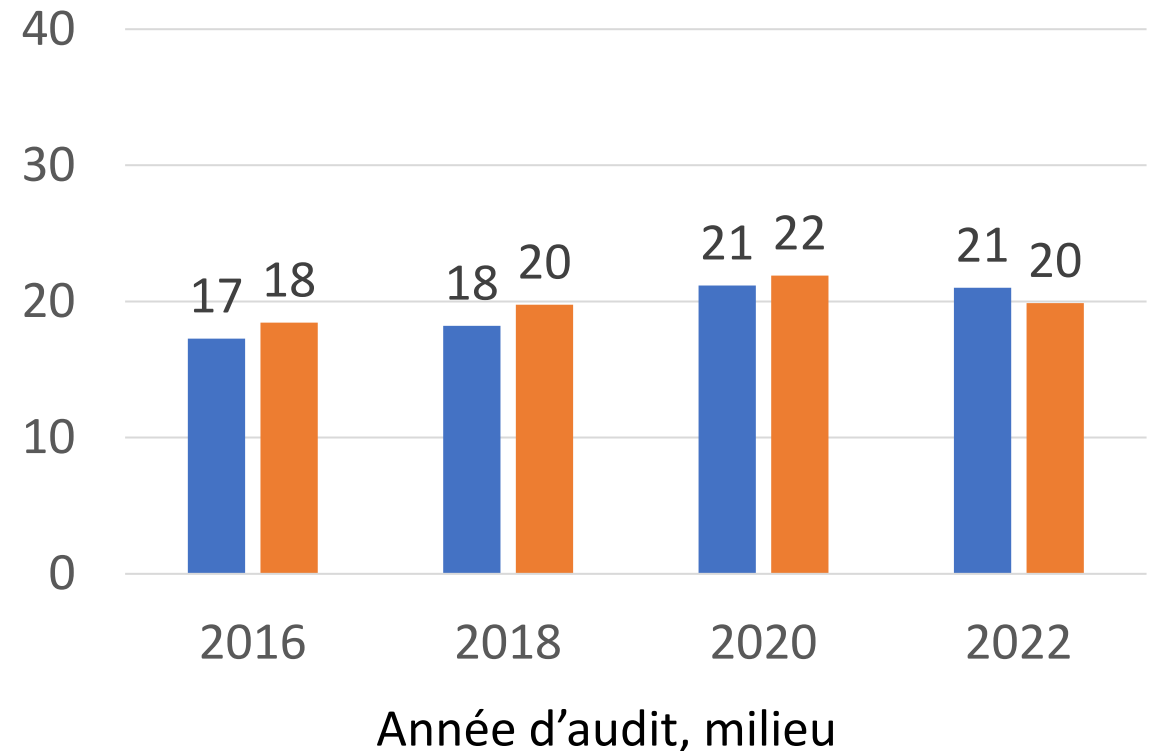
MDI

CSII

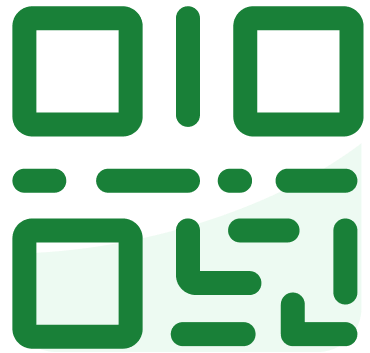
HbA1c (%)



L'obésité (IMC ≥ 30 kg/m², %)



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When do you start up CSII in you centre? (Or when do you refer a patient to a CSII convention center)

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Multiple Choice Poll 53 votes 53 participants

As a final option, in case of failure of intensive MDI (high HbA1c / frequent hypoglycemia) - 8 votes



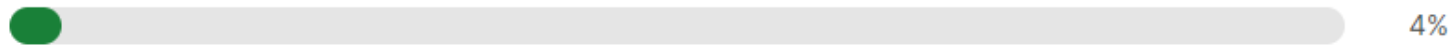
As early as possible in new patients with type 1 diabetes - 10 votes



You try to convert to the pump as much patients on MDI as possible - 31 votes



Only if the patient asks for it - 2 votes



Never - 2 votes





How do you switch your patients to CSII ?

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Multiple Choice Poll 54 votes 54 participants

The pump initiation is always conducted during a hospitalization - 24 votes



The pump initiation always takes place on an outpatient basis - 14 votes



A mix of both methods, depending on the patient's choice - 4 votes



A mix of both methods, depending on the convention team's choice - 11 votes



A mix of both methods, depending on the staff / hospital beds available - 1 vote





What type of pump do you initiate the most in your centre ?

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Multiple Choice Poll 54 votes 54 participants

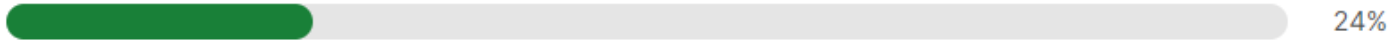
Stand alone pumps (the glucose sensor is not connected to the pump) - 8 votes



Hybrid closed loop systems (outside the TAO-GDT convention) - 33 votes



Hybrid closed loop systems (inside the TAO-GDT convention) - 13 votes



Patch (tubeless) pumps - 0 votes



You are waiting for newer systems to start ! - 0 votes





How many types of pump in your centre ?

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Multiple Choice Poll 56 votes 56 participants

Only one type of pump - 12 votes



2 to 3 types of pumps - 21 votes



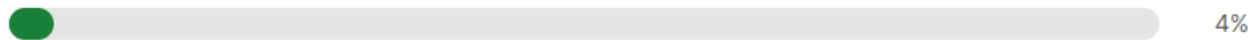
3 to 5 types of pumps - 17 votes



More than 5 type of pumps - 4 votes



We don't have insulin pumps - 2 votes





What about the knowledge of your educators ?

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Multiple Choice Poll 56 votes 56 participants

All our educators are well trained with all types of pumps - 20 votes



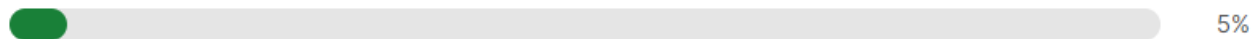
Only 50% of our educators are well trained to the pumps - but it is sufficient for us - 31 votes



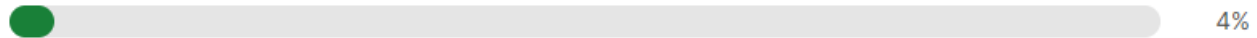
Only 10% of our educators are well trained to the pumps - but its is sufficient for us - 0 votes



We would like to offer more type of pumps, but we don't have enough well-trained educators - 3 votes



We do not have enough well-trained educators to the pumps - 2 votes





Who is mostly in charge of the pump education in your centre ?

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Multiple Choice Poll 55 votes 55 participants

Nurses - 38 votes



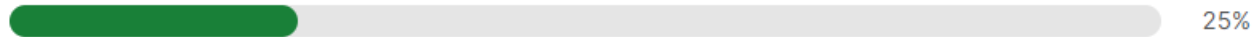
Dieticians - 3 votes



Webinars - 0 votes



Combination - 14 votes

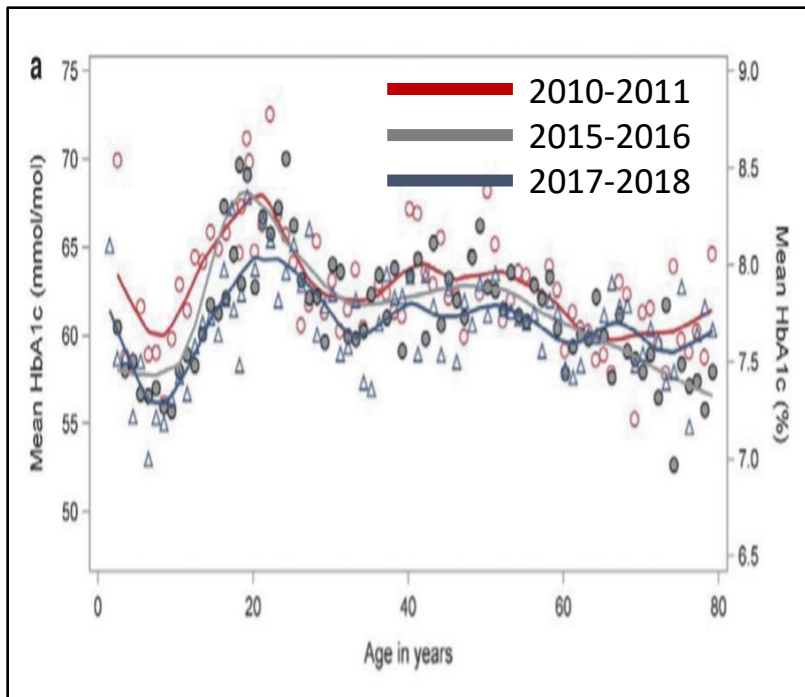


Le démarrage du traitement par pompe à insuline

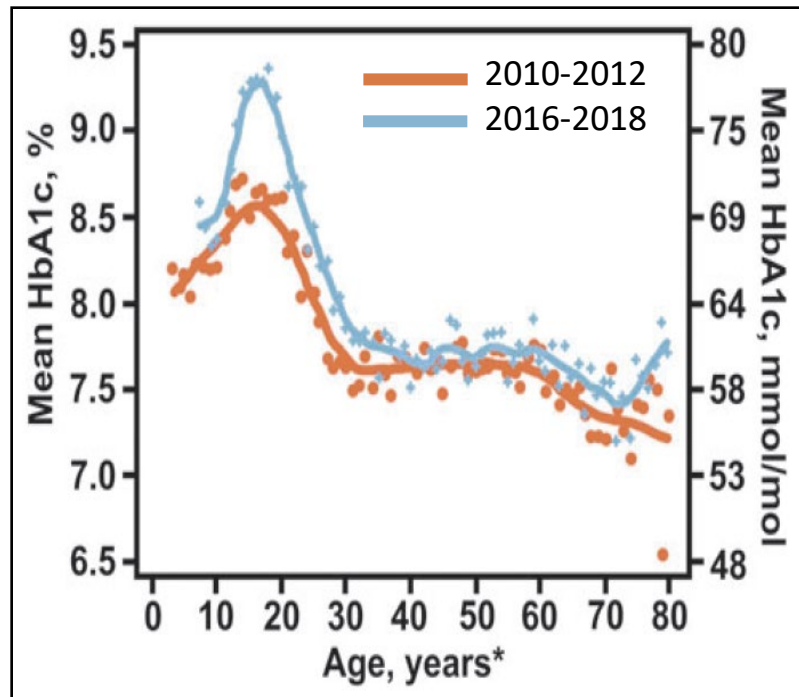
Situation à l'Hôpital Erasme

- **Tous nos patients sont mis sous pompe en ambulatoire**
nous ne pratiquons plus d'hospitalisation pour éducation depuis presque 10 ans
- **Nous privilégions la boucle fermée pour les nouveaux patients**
on passe à une pompe patch (stand-alone) seulement si c'est le souhait du patient
- **30% de nos infirmières éducatrices sont parfaitement formées aux pompes** (on vise 50% à l'avenir, ou plus en fonction évolution)
- **Actuellement 25% de nos patients DT1 sont traités par pompe**
avec une proportion de 75% sous boucle fermée

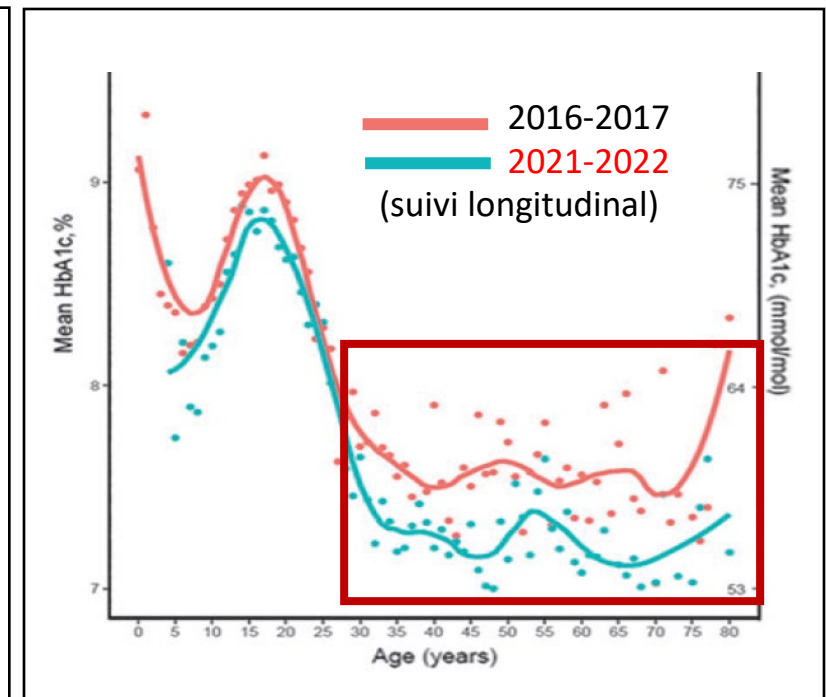
Passé, présent et futur du diabète de type 1 à l'ère des nouvelles technologies du diabète ? L'exemple du T1D Exchange Registry



Lavens A, et al. *Diabetes Technol Ther* 2021 Aug;23(8):565-576



Foster NC, et al. *Diabetes Technol Ther* 2019;21(2):66-72



Ebekozien O, et al. *Diabetes Technol Ther* 2023;25(2):765-773

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