

T1D Parent/Caregiver Q&A

What is Type 1 diabetes?

Type 1 diabetes (T1D) is a lifelong autoimmune disease that attacks healthy insulin-producing cells in the pancreas needed to regulate blood sugar.¹ Without insulin, blood sugar can't get into cells and builds up in the bloodstream, which is damaging to the body.²



What is the difference between Type 1 and Type 2 diabetes?

Type 2 diabetes is a metabolic disease influenced by a range of genetic and lifestyle factors that impact the body's ability to use insulin. Unlike type 2 diabetes, T1D is an autoimmune disease that cannot be prevented by lifestyle or dietary changes.

What causes T1D?

While researchers don't know exactly what causes T1D, it can be triggered by a variety of factors, such as family history, viral infections, and changes in the environment.

What are the symptoms of T1D?

Typical symptoms of T1D include excessive thirst, frequent urination, unexplained weight loss, exhaustion, blurred vision, increased hunger and mood changes. If your child is experiencing any of these symptoms, talk to your healthcare provider.

When are most people diagnosed with Type 1 diabetes?

A T1D diagnosis can happen suddenly and unexpectedly. T1D develops in three stages. Today, most people are not diagnosed until Stage 3, when symptoms appear, blood sugar is higher than normal and insulin dependence begins. However, risk for T1D is detectable in Stages 1 and 2 as soon as proteins called autoantibodies start to attack healthy cells in the pancreas. A screening result of two or more autoantibodies indicates an almost 100% chance of progressing to symptomatic T1D, which may take months to years to show up in obvious ways.

Talk to your healthcare provider if you think your child may have symptoms of T1D. A variety of tests may be performed to confirm the diagnosis. Blood sugar levels are measured and, if elevated, may require insulin injections.

Testing may also include measurement of diabetes autoantibodies, which confirm T1D and signal that the body's immune system is mistakenly attacking the insulin-producing cells in the pancreas. Ketones can also be measured in the urine or in the blood, which are produced when your body cannot use sugar for energy and instead relies on fat. High ketone levels can cause diabetic ketoacidosis (DKA), which requires hospitalization for IV insulin and fluids.

1. JDRF. (n.d.) T1D Basics. <https://www.jdrf.org/t1d-resources/about/>

2. Centers for Disease Control and Prevention. (2024, May 15). About Type 1 Diabetes. <https://www.cdc.gov/diabetes/about/about-type-1-diabetes.html>

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Who is at risk for T1D?

T1D can affect people of all ages. Family history is the highest risk factor – having a parent, sibling, or child with T1D increases your risk of developing T1D by up to 15 times.

While those with a family history of T1D present a greater risk for developing the disease, approximately 90% of people diagnosed with T1D have no family history at all.¹



Why get screened for T1D?

While T1D cannot be prevented, early detection through autoantibody screening can help individuals to:

- Reduce risk of life-threatening complications and hospitalization
- Better plan for and manage potential diagnosis
- Potentially participate in research trials to advance management of the disease

Screening can also significantly reduce the incidence of diabetic ketoacidosis (DKA), a serious complication of T1D, among those newly diagnosed.

Where can I get screened?

There are several screening options – all done through a blood test to identify diabetes-related autoantibodies:

- **Commercial Labs:** Local commercial lab, such as LabCorp or Quest Diagnostics²
- **TrialNet:** TrialNet location, event or health fair – or test kit to use at home and bring to commercial labs (at no cost to relatives of people with T1D)²
- **Autoimmunity Screening for Kids (ASK):** Free screening available to U.S. residents aged 1+ with or without a family history of T1D – through Barbara Davis Center for Diabetes and at-home screening kits^{3,4}

**This is not an exhaustive list of screening options. Inclusion on this list does not imply an endorsement of a particular laboratory or screening method.*

What do my child's test results mean?

NEGATIVE (0-1 autoantibodies): If your child is under the age of 15, you may consider having them rescreened every year.

POSTIVE (2 or more autoantibodies): Talk to your child's healthcare provider about confirmatory testing, establishing a monitoring plan, and options for management.

How can I best manage a T1D diagnosis?

T1D can be effectively managed with the right tools and resources. If your child is newly diagnosed with T1D, talk to your healthcare provider about developing a monitoring and management plan. The plan should then be shared with your child's school nurse.

1. Sims, E.K., Besser, R.E.J., Dayan, C., Rasmussen, C.G., Greenbaum, C., Griffin, K.J., Hagopian, W., Knip, M., Long, A.E., Martin, F., Mathieu, C., Rewers, M., Steck, A.K., Wentworth, J.M., Rich, S.S., Kordonouri, O., Ziegler, A.-G., Herold, K.C. (2022). Screening for Type 1 Diabetes in the General Population: A Status Report and Perspective. *Diabetes* 71 (4): pp. 610–623. <https://doi.org/10.2337/dbi20-0054>

2. Scheiner, G., Weiner, S.M., Kruger, D.F., & Pettus, J.H. (2022). Screening for Type 1 Diabetes: Role of the Diabetes Care and Education Specialist. *ADCES in Practice*, 10, 20 - 25.

3. Barbara Davis Center for Diabetes (n.d.). Autoimmunity Screening for Kids: Screening Locations. <https://www.askhealth.org/locations>

4. McQueen, R.B., Rasmussen, C.G., Waugh, K., Frohnert, B.I., Steck, A.K., Yu, L., Baxter, J., Rewers, M. (2020). Cost and Cost-effectiveness of Large-scale Screening for Type 1 Diabetes in Colorado. *Diabetes Care* 43 (7): pp. 1496–1503. <https://doi.org/10.2337/dc19-2003>