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Investigating the T1D Increase: A Look at Rising Rates in Children Amid COVID-19

Dr. Wysham:

Welcome to *Diabetes Discourse* on ReachMD. I'm Dr. Carol Wysham, and joining me today is Dr. Jane Kim, a pediatric endocrinologist at Rady Children's Hospital in San Diego. She's also an professor in the Division of Pediatric Endocrinology at UC San Diego School of Medicine.

Dr. Kim:

When we think about viruses in the development of type 1 diabetes, you know, I generally think about it in 2 categories. The first is that a viral infection—so COVID but potentially any flu-like illness—can unmask symptoms of diabetes in those individuals who have preexisting beta cell loss. And so, when you're looking at the children in our particular report that are presenting within the first 12 months of the pandemic, typically the autoimmune process in type 1 diabetes is occurring months to years before the symptoms actually emerge, so I think it is likely that these children had existing autoimmune disease, and their symptoms became unmasked during the pandemic, and it may have been related to COVID virus, but it may not have been. The second way to think about viruses is their putative role in actually triggering or inducing the autoimmune process. So, there's just too little information for me to even speculate about that, but certainly that's something to think about as we continue to move into the later stages of the pandemic.

With regard to indirect factors, I think that those loom large. They are sometimes hard for us to parse and measure, but there are certainly factors that I can speak about that I think may be influencing what we're seeing. So, for example, as you know, many patients, many families, delayed seeking medical care particularly early on in the pandemic and certainly before the advent of vaccination. And frankly, honestly, even now with the recent Omicron surge, we have had families voice their concerns about going to their pediatrician's office or to an emergency room. So, for example, the increased rate of diabetic ketoacidosis, this may be due to delays in seeking medical care causing greater disease severity at the time of their presentation.

We certainly try to think about other indirect factors. For example, many people, including children, were much more sedentary during the pandemic, particularly when the schools were closed, and they had more rapid weight gain. As a generalization, about 1/3 of children within the United States are overweight or obese, so about 1/3 of children who present with type 1 diabetes are overweight or obese. And we certainly wondered if this rate of increased weight was exaggerated during the pandemic, so we did look at BMIz scores at the time of their presentation and actually did not see a difference.

Dr. Wysham:

I'd like to thank my guest, Dr. Jane Kim, for sharing her perspective. For ReachMD, I'm Dr. Carol Wysham. To access this episode and others from our series, visit reachmd.com/diabetesdiscourse, where you can be Part of the Knowledge. Thanks for listening.