**Continuous Subcutaneous Insulin Infusion from Diagnosis of Type 1 Diabetes Improves Intermediate Glycaemic Variability in Children**

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Glucose variability (GV) may be reflected by variation in either the short-term glucose levels (assessed by continuous glucose monitoring (CGM)) or the long-term by HbA1c or intermediate by 1,5-anhydroglucitol (1,5-AG).

In patients with T1DM, management by continuous subcutaneous insulin infusion (CSII) is usually associated with improved glycaemia compared to multiple daily insulin injections (MDI). Serum 1,5-anhydroglucitol (1,5-AG) correlates with GV on CGM in adult and paediatric T1D groups. It is not known whether CSII therapy without CGM improves intermediate GV.

In this study, glucose variability was assessed measuring 1,5-anhydroglucitol (1,5-AG) in children treated with CSII or MDI, 3 months after T1D diagnosis.

The study found that 1,5-AG improved more (increased) in the CSII vs. MDI group, while there was no significant difference in the HbA1c improvement between the CSII and MDI groups. Early use of CSII post-T1D-diagnosis in a paediatric population is associated with a higher 1,5-AG than with MDI therapy implying reduced glycaemic variability.