PARTIAL REMISSION PHASE AND METABOLIC CONTROL IN TYPE 1 DIABETES MELLITUS IN CHILDREN AND ADOLESCENTS
A. Buyukgebiz¹, B. Ece²
¹0-18 Klinik, Pediatric Endocrinology, Turkey ²Dokuz Eylul University, Pediatric Endocrinology, Turkey

A better understanding of the remission phase, while residual beta cell function is still present in recently diagnosed type 1 DM, is very important because of the potential for pharmacological intervention to preserve this function. To evaluate the natural course and characteristics of the remission phase, a retrospective study was performed on patients diagnosed as type1 DM under age 18 in 8 years period. 62 patients were included in the study from the time of diagnosis through the first 24 months after diagnosis. The duration of symptoms and history of infection prior to presentation, diabetic ketoacidosis at diagnosis, length of hospitalization, initial glucose level, basal C peptide levels at diagnosis, daily insulin requirements per kg body weight and HbA1C at diagnosis and in each visit were recorded. 35 patients (56.5%) entered partial remission. Similar remission rates were observed in those aged 10 and 10 years at diagnosis and in boys and girls. History of infection and presentation with diabetic ketoacidosis were associated with a lower rate of remission (p<0.001, p<0.0001 respectively). The length of time until remission was 1.36±1.03 months and positively correlated with insulin requirements at discharge from the hospital(r=0.63,p<0.0001). 6 patients, all boys, entered total remission for 3.08±3.73 months. HbA1C levels in the first year of the disease were significantly lower in patients who underwent a remission phase, however the difference was not observed during the second year of the disease.