

Think T1D: The Correct Diagnosis of Type 1 Diabetes



What Is T1D?



T1D is a **chronic, progressive, autoimmune disease** attacking the insulin-producing **beta cells** in the **pancreas**¹



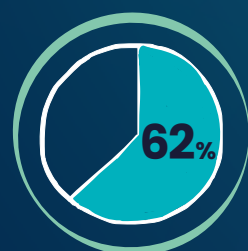
Adults with suspected T1D should be tested for the presence of **IABs**. Individuals with multiple IABs are **diagnosed with T1D**²



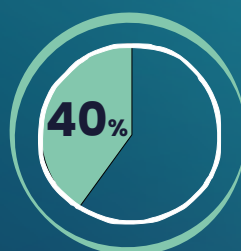
Staging of T1D progression is defined by **glycemic status** in individuals with multiple IABs²⁻⁴



Achieving Correct Diagnosis in Adults



T1D is not just a childhood disease: ~62% of new cases were in adults in 2021⁵



Up to 40% of adults with T1D are initially misclassified, mostly with T2D⁶

Adults with T1D often present with T2D features – older age, higher BMI, gradual onset, and metabolic syndrome – meaning T1D may be overlooked^{6,7}

Without correct diagnosis, individuals may face long periods of inappropriate care:



Real-world evidence from **147,419** people with T1D initially **misclassified as prediabetes or T2D** found **nearly 20% were reclassified >3 years post-diagnosis**^{8*}

Why Think T1D? Correct classification of T1D versus T2D is needed to:



Avoid inappropriate treatment for diabetes type, which may lead to **prolonged insulin deficiency and, consequently, prolonged exposure to preventable/avoidable hyperglycemia**^{2,6,9}



Reduce the risk of individuals presenting with **diabetic ketoacidosis** as the disease progresses⁹



Offer the **opportunity to participate in T1D clinical trials** if the correct diagnosis is made shortly after T1D onset/presentation⁹

When to Think T1D? Consider T1D in individuals with:

Glycemic Red Flags

- Unexpectedly high or deteriorating HbA1c despite T2D management^{2,10}
- Rapid progression to insulin requirement¹⁰
- Recurrent diabetic ketoacidosis²

Patient Profile Red Flags

- Personal history of autoimmune disease or an autoimmune comorbidity identified since diagnosis (e.g., Hashimoto's thyroiditis, celiac disease)²
- Unexplained weight loss¹⁰

While T2D is typically associated with higher BMI compared with T1D, it is not enough to distinguish between them: ~50% of adults with T1D are overweight or obese^{9,11}

How to Differentiate and Correctly Diagnose T1D



IAb testing for the diagnosis of T1D using the 'rule of twos':
Confirmatory testing for multiple IAb+ status, preferably via two different IABs testing methods using two different samples¹²



The AABCC[†] clinical tool may be a first step to help to decide if IAb testing might be warranted²

If IABs are then absent, C-peptide testing may be used to support differentiation of T1D and T2D²

*Despite most reclassifications occurring within the first 3 years of diagnosis, typically in the first year.⁸

[†]AABCC (Age, Autoimmune, Body habitus, Background, Control, Comorbidities) is a clinical tool for suspecting, not diagnosing, T1D; not all adults with T1D may fit into this framework.²

BMI, body-mass index; C-peptide, connecting peptide; HbA1c, glycated hemoglobin; IAb, islet autoantibody; T1D, type 1 diabetes; T2D, type 2 diabetes.

1. DiMeglio LA, et al. Lancet. 2018;391(10138):2449–62. **2.** American Diabetes Association Professional Practice Committee. Diabetes Care. 2026;49(Suppl 1):S1–371. **3.** Insel RA, et al. Diabetes Care. 2015;38(10):1964–74. **4.** Besser REJ, et al. Pediatr Diabetes. 2022;23(8):1175–8. **5.** Gregory GA, et al. Lancet Diabetes Endocrinol. 2022;10(10):741–60. **6.** Muñoz C, et al. Clin Diabetes. 2019;37(3):276–81. **7.** Leslie RD, et al. Diabetes Care. 2021;44(11):2449–56. **8.** Pettus JH, et al. Presented at ATTD Congress; March 2026; Barcelona, Spain. **9.** Wagner R, et al. Diabetes Res Clin Pract. 2026;231:113047. **10.** Thomas N & Jones A. Diabetologia. 2023;66:220. **11.** Buzzetti R, et al. Diabetes Obes Metab. 2020(7):1009–13. **12.** Philip M, et al. Diabetes Care. 2024;47(11):2033.

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