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TITLE: (block letters) **Authors:** (surname initials, qual, title if other than nurse), institution, town,country. **Text** (Background: Aim: Method: Result: Conclusion:)	**IMPACT ON GLYCAEMIC CONTROL OF A THERAPEUTIC EDUCATIONAL PROGRAMME TO OPTIMIZE INSULIN PUMP TREATMENT IN TYPE 1 DIABETES**

Roca D, Boswell L, MD, Jansà M, PhD, Vidal M, Viñals C, MD, Giménez M, MD, PhD, Quirós C, MD, Conget I, MD, PhD.

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BACKGROUND: Around 30-40% of type 1 diabetes patients (T1D) initiating continuous subcutaneous insulin infusion (CSII) due to poor metabolic control cannot maintain the short/medium term improvement obtained over the long term.

AIMS: To determine the impact on metabolic control of a therapeutic educational programme (TEP) in T1D patients on CSII (TEP-CSII-Optimization) and analyse the difficulties/barriers for optimizing control.

METHODS: T1D patients on CSII >5 years with HbA_{1c}>8% were included. TEP-CSII-Optimization included 4 visits: on a weekly basis during the first month in a 4-patient group (2h/session). An interdisciplinary team evaluated the difficulties/barriers and improvement proposals to achieve optimum control. The topics identified and the specific knowledge and skills for CSII treatment self-management were assessed. Specific technological support allowed personalized schedules and modification algorithms. The variables studied were: demographic, T1D duration and time with CSII, reasons for initiation of CSII and the TEP-CSII-Optimization programme, metabolic control, perception of hypoglycaemia (Clarke test), T1D knowledge (DKQ2 questionnaire) and quality of life (DQoL questionnaire). The parameters were evaluated at 6 months.

RESULTS: 22 patients were included (63% women, age 49±13 years); T1D duration: 25.4±9.2y; time on CSII: 8.7±3.7y; Reasons for CSII initiation: poor control (77%), severe/frequent hypoglycaemias (5%) and both (18%). Reasons for inclusion in TEP-CSII-Optimization: poor control (57%), severe/frequent hypoglycaemia (19%) and both (24%); baseline HbA_{1c} 8.4±0.65%. Two patients had presented severe hypoglycaemias in the previous 2 years. 21% had impaired hypoglycaemia awareness (Clarke >4R). T1D knowledge: 29±4 (maximum DKQ2 score 35). DQoL: satisfaction 35.5; impact 30.6; social concern 3.2; T1D concern 8.3. The most frequent difficulties/barriers identified were: insecurity with algorithms; carbohydrate meal calculations; lack of adherence to downloading data for analysis; lack of adaptation to physical exercise. At 6 months HbA_{1c} improved by -0.5% (7.9±0.58%, *p*=0.014). The level of knowledge (p=0.12) and the perception of hypoglycaemia (p>0.05) did not change. The QoL satisfaction scale significantly improved (p=0.047).

CONCLUSIONS: The TEP-CSII-Optimization programme is effective for short-term improvement in T1D patients with poor glycaemic control on CSII. The difficulties/barriers identified allowed proposals for programme improvement.

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