



Why do we need the early detection of Type 1 Diabetes in Europe?

Type 1 diabetes (T1D) is an autoimmune disease in which the immune system destroys the pancreas' insulin-producing beta cells, making people completely dependent on insulin for life. Without it, they cannot survive, and every day becomes a fight to manage this burden.

An estimated **2.7 million** people in the WHO Europe Region live with T1D.

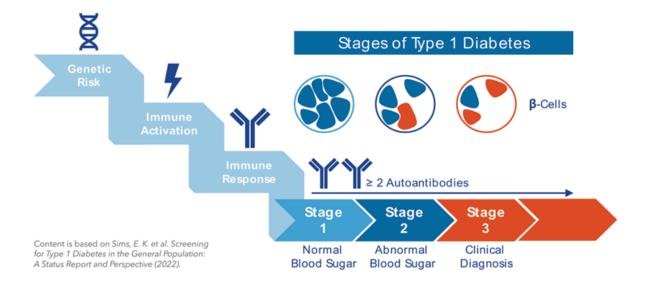
Each year around **31,000** people in the WHO Europe Region are diagnosed with T1D.

Despite progress in care, people with T1D live on average **11 years less** and face significantly higher risks of severe complications.



The Case for Early Detection

T1D develops in progressive stages: the beta cells are attacked by the immune system long before clinical symptoms appear. Without early detection, most children and adults are only diagnosed at the symptomatic stage 3 T1D, often during a life-threatening episode of diabetic ketoacidosis (DKA).







This can be changed by Early Detection:

- It enables the use of **disease-modifying therapies (DMTs)**, innovative treatments that can delay, and one day may prevent, the onset of stage 3 T1D.
- It provides **critical time** for families to understand the disease process, prepare for management of it, and reduce the likelihood of DKA when symptoms appear.
- It creates opportunities for **better long-term outcomes**, fewer complications, and improved quality of life.

Building on European Leadership

Europe is already leading the way in T1D innovation. Italy's population-wide screening programme (D1Ce) and the <u>EDENT1FI</u> project (an EU co-funded consortium screening 200,000 children) are demonstrating how early detection can be implemented, evaluated, and refined across diverse healthcare systems. These initiatives offer both a growing evidence base and practical models that can inform broader adoption across Europe.

Recommendations

To make early detection of T1D a reality for all European children and families, we recommend:

- **Progressive implementation** of early-stage T1D detection into care pathways, with an optout model, as evidence grows.
- **Expanding screening** beyond those with a family history, supported by clear standards on who to screen, how often, and how to act on results.
- **Embedding patient perspectives** in programme design, with full transparency about implications and treatment options.
- Psychological support for families to address the psychosocial impact of early diagnosis.
- **Awareness campaigns** to inform parents and young people, encouraging participation in screening, such as the 'It's in your hands' campaign.
- **Removing financial barriers**, ensuring reimbursement for autoantibody testing and equitable access across countries.
- **Clarifying responsibilities** among general practitioners, endocrinologists, and specialists to ensure smooth integration into health systems.

