### PROPOSAL FOR OF AN ITALIAN CONSENSUS FOR USE OF CSII IN TYPE 2 DIABETE: IS IT FEASIBLE?

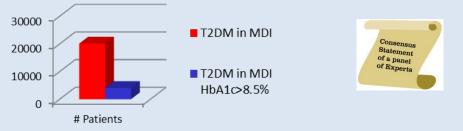
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## Background

Over 1/3 of insulin-treated type 2 diabetes (T2DM) patients do not achieve a good glycaemic control despite multiple daily injections (MDI) optimization.

An Italian group of XX expert Centers, through an internal survey, evaluated the number of T2DM patients in MDI with HbA1c≥8.5% that belonged to their centers and they were 4084 patients out of 20.074 T2DM in MDI (24%).



For this cohort of patients continuous subcutaneous insulin infusion (CSII) could represent a useful therapy<sup>1,2,3</sup>.

In some European countries, such as France, the therapy is fully reimbursed and largely adopted whilst in Italy the access to treatment is not guaranteed equally all over the country due to the actual Public Health System situation.

A recent review<sup>4</sup> highlighted that National and International Guidelines should explicitly consider the role of insulin pump therapy in selected patients with Type 2 diabetes.

Aim of a group of Italian expert consensus is to propose a patient pathway to discuss at Institutional level in order to guarantee an equal access to treatment.

# work Program

In order to highlight all the clinical and organizational aspects of CSII in type 2 diabetes patients, the consensus of experts will cover the following points:

- 1) why a consensus of experts is relevant according to clinical evidences
- 2) the Italian Public Health system situation
- 3) patients eligibility and Italian epidemiology
- 4) patients and physicians motivation: to look beyond the glycaemic control
- 5) CSII practice recommendation
- 6) is sensor augumented pump(SAP) useful in type 2 diabetes patients?
- 7) recommendations for therapy starting and follow-up
- 8) the role of data management and telemedicine
- 9) minimal requirements of a diabetology department



## expected results

The success of this consensus will be evaluated according to the level and equity of therapy penetration in Italy in the next years using as key metric the level of dissemination and adoption of the proposed patient pathway.

# References

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