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NICE Technology Appraisal – Continuous subcutaneous insulin infusion for the treatment of diabetes

Royal College of Paediatrics and Child Health comments

Thank you for asking the RCPCH to comment on this Health Technology Appraisal Review.

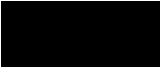
We feel that the guidelines for children younger than 11 years of age are now much more appropriate, and the recommendation that they do not need to have failed a trial of multiple injection therapy before being considered for a subcutaneous insulin infusion pump is very welcome.

For the children over the age of 11, it is a little disappointing that one of the definitions of failure of MDI is an HbA1 level as high as 8.5%. Since we are aiming for HbA1c levels less than 7.5%, this seems too high to allow children's levels to reach before an appropriate intervention. This seems to be based on the cost-effectiveness of using CSII to reduce HbA1c levels which is greatest when they start at high levels. However, it must be borne in mind that children will have a very long duration of diabetes and they should not be allowed to run at high levels if it can be avoided. The second criterion of failure of MDI in terms of hypoglycaemia is now very appropriate as it is often the persistent anxiety about the recurrence of hypoglycaemia that is the main issue.

I am particularly struck by the comments of the Department of Health 2007, in which it is stated that the key national issue is to reduce variation in access to CSII. It is crucial therefore that the implementation of these guidelines must be more consistent than previously, and that "the availability of CSII should be seen by every commissioner as an essential part of every service for Type 1 diabetes". This must be seen as the main aim of this Review.

I would therefore approve these guidelines as a fair and balanced review of the evidence, and find that they are a significant improvement on the current ones.

With thanks to:

, Consultant in Paediatric Endocrinology and Diabetes
, Professor of Paediatric Endocrinology