**ISPAD guideline education chapter 2018 response to comments:**

**Ragnar Hanas:** Thank you for these new guidelines, which read very well. I have a few comments:
- Please add page numbers, as this makes commenting easier.
- You write “All team members should provide consistent advice and promote common goals in diabetes education”. I would like to add to the Executive summary: “It is important that goals and targets for blood glucose and HbA1c align with ISPAD’s. A major task during the first 2 weeks of diabetes is to get the family onboard to encompass the same targets.” This needs to be included in the initial “survival skills” (as mentioned in Table 2) as it is difficult to relearn target levels. The importance of target levels in education can be emphasized more: “NICE in 2015 set a new and lower target for HbA1c that deliberately was lower than what they believed everyone could achieve, as research has shown that healthcare professionals who aim for tighter glycemic control achieve tighter glycemic control in the children and young people they care for (1, 2).


- Do you want to include the continued education implied by the feedback of wearing a CGM device that can display glucose data for parents over Internet?

**Response:**

- Page numbers will be given in the final version.
- We agree, that it is important to aim for the same goals. We have included your suggestion in the executive summary in the text.
- We have included although evidence is still lacking that new technology like CGM and APP use might be helpful to understand glucose variability better – please see executive summary mobile and web-based.
applications can be viable tools for diabetes self-management education to improve management.

**Thomas Kapellen:** Dear all, thank you very much for this very good readable guideline addressing to many aspects of Diabetes education. Due to actual developments in Europe, we have much more Diabetes cases in refugees coming from countries, no or sparse educational material is available and language barriers are to cope with. Therefore it would be possibly good to add some sentences on how to cope with these situations (i.e. use of professional translators is better than Family members or friends) Educational material should be developed for these cases.

**Response:**

- We agree that cultural and language differences influence diabetes education. We have therefore included – ‘Due to increased mobility and migration cultural and language differences might hinder communication and diabetes education. We recommend to provide diabetes education with professional translator services and offer educational material in native language where available.’ - in the text.