

## ISPAD Clinical Practice Consensus Guidelines 2014 Compendium

# Introduction to the limited care guidance appendix

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This article is a chapter in the *ISPAD Clinical Practice Consensus Guidelines 2014 Compendium*. The complete set of guidelines can be found for free download at [www.ispad.org](http://www.ispad.org). The evidence grading system used in the ISPAD Guidelines is the same as that used by the American Diabetes Association. See page 3 (the Introduction in *Pediatric Diabetes* 2014; 15 (Suppl. 20): 1-3).

The substantial number of children and young people affected with diabetes mellitus (DM) has resulted in DM now being recognized as a disorder of global significance, with many of these patients and families cared for in health care systems with limited resources at their disposal.

Resource limited conditions for holistic diabetes care are handicapped not only by poor access to insulin, other materials for good glycemic control (e.g., insulin syringes, pens, and equipment for self-monitored glucose), but also by inexperience and poor knowledge of practitioners and poor support services, including lack of educators and other allied health care personnel. Furthermore, little or no clinical research has been conducted in these environments that assist in developing an appropriate evidence base.

While this latest 2014 compendium edition of the ISPAD Clinical Practice Consensus Guidelines have been written with an evidence-based 'recommended care' approach, we acknowledge that achieving these standards of care are only possible in those nations with a well developed service base, and where health

care funding systems consume a significant part of the national wealth. Nevertheless, we believe that 'recommended care' levels should be available to all young people with diabetes, and should be the aim of any health care system, irrespective of its current organizational status and wealth.

We acknowledge that there are considerable variations in resources throughout the world and that levels of care that take into account low resource situations are required. The decision to include a Limited Care appendix in the 2014 guidelines reflects this fact. It aims solely to provide a 'basic' guidance for the attainment of the major objectives of diabetes care in those health care settings with restricted resources affecting the availability of drugs, personnel, technologies, and procedures. Our limited care guidance therefore assumes the minimum level of care that anyone with diabetes should receive. This level of care should aim to achieve with limited and cost-effective resources a high proportion of what can be achieved by standard 'recommended care', but should not be considered a substitute for the latter.

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With the publication of these limited care guidelines in mind, ISPAD also strongly urges all governments to step up in their efforts to make available the resources necessary to deliver 'recommended care' levels of support to all children and young people with diabetes. Initiatives such as the International Diabetes Federation's 'Life For a Child' ([www.idf.org/lifeforachild](http://www.idf.org/lifeforachild)) and the Changing Diabetes in Children ([www.cdic-data.net](http://www.cdic-data.net)) programs are helping this process by facilitating the improved provision of materials such as insulin, blood glucose test strips, and other support. Governments and their health authorities need to make the care of children with diabetes a priority as soon as possible and should assist diabetes organizations by waiving export/import taxes and by clearing administrative obstacles so that these resources can reach patients as quickly and efficiently as possible.

'Life For a Child' has created a pocket handbook for the treatment of childhood diabetes and CDiC has produced teaching materials in English and French. Links are available from ISPAD's home page [www.ispad.org](http://www.ispad.org)

Finally, we emphasize that this Limited Care appendix was developed to assist practitioners in resource constrained environments to improve the quality of care with available resources at hand. It is, by no means, an endorsement of a lesser level of, or commitment to, care. On the contrary, it highlights the differences in current practice and access to resources that currently exist worldwide and emphasizes the urgent need to address these inequities.