

DESCRIPTION OF TRANSITION PHASE AT CCC

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DIR.CLIN.RES.PROG: DEPT ENDOC & METAB DISEASES SCUH (1998-2022)

PRESO/CO-FOUNDER MENA-IDERA(ACADEMIC RESEARCH) 2022-2025

PAST EXECUTIVE BOARD MEMBER M.G.S.D 2008- 2020

PAST PRESO/CO-FOUNDER A.A.C.E. (LEBANON CHAPTER) 2017-2019

FORMER PRESO LEBANESE SOCIETY ENDOCRINOLOGY DIABETES & LIPIDS 2011- 2014

SOLFED 2025 OCT REIMS

AGENDA

- CHRONIC CARE CENTER
- FIGURES TYPE 1 DIABETES
- SOME RESULTS



**The Chronic Care Center , a specialized institution
for treatment of childhood chronic diseases**

DIABETES THALASSEMIA



**Member of the
International
Diabetes Federation**



31 YEARS OF COMMITMEN T

CHRONIC CARE CENTER-BEY/LB
NGO/NPO/(IDF-member)

*MULTIDISCIPLINARY APPROACH

*FOUNDED IN 1994

1994



Endocrinologist

Patients are clinically monitored and followed up at regular intervals by the Endocrinologist.

A General assessment is conducted during each check-up, insisting on the detection and early treatment of complications



Ophthalmologist



Dentist

Diabetic flow chart



Nurse educator

Providing patients with basic education concerning diabetes, helping them become self-sufficient with regards insulin injections, blood glucose testing and management of acute complications (hypo/hyper – glycemia, ketosis).



pharmacist



dietitian



Social worker

Working on acceptance of the child's situation, building trust with the families and promoting social integration.



psychologist

Moving from passivity to decision-making and self-reliance.

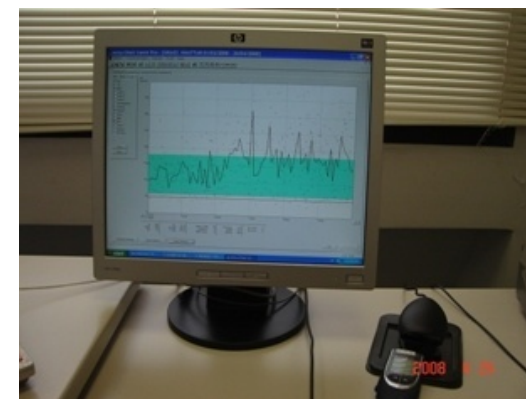


Specialists available on site include : Endocrinologists, Ophthalmologist, dentist, nurse educators, dietitian, social workers, psychologist and pharmacist

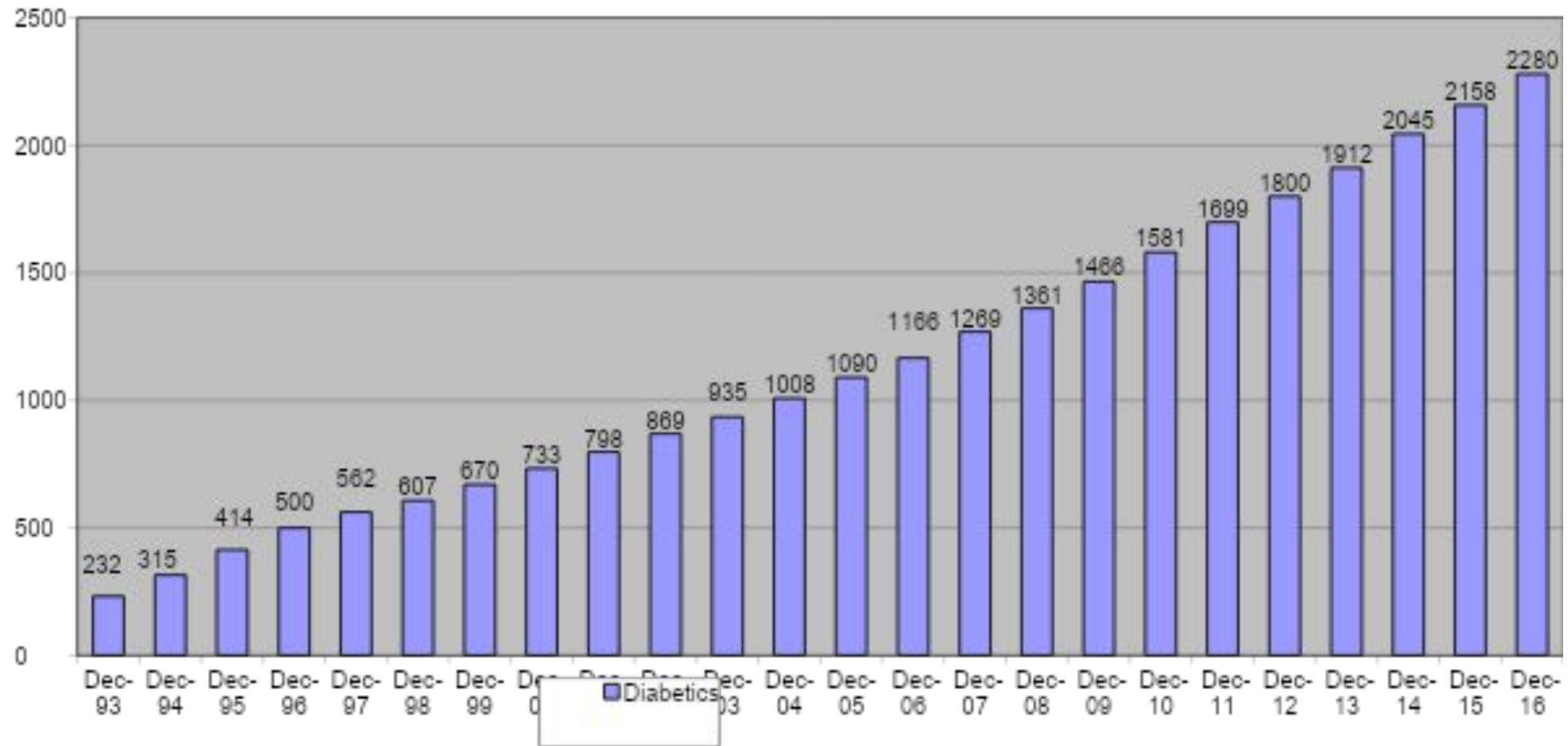
Services Provided:

Full treatment according to international recommendations

- Insulin Therapy
- Monitoring devices and glucose strips
- Monitoring devices CGMS for selective patients
- HBA1c Monitoring
- Access to 24h hotline services



Number of Registered Patients at CCC

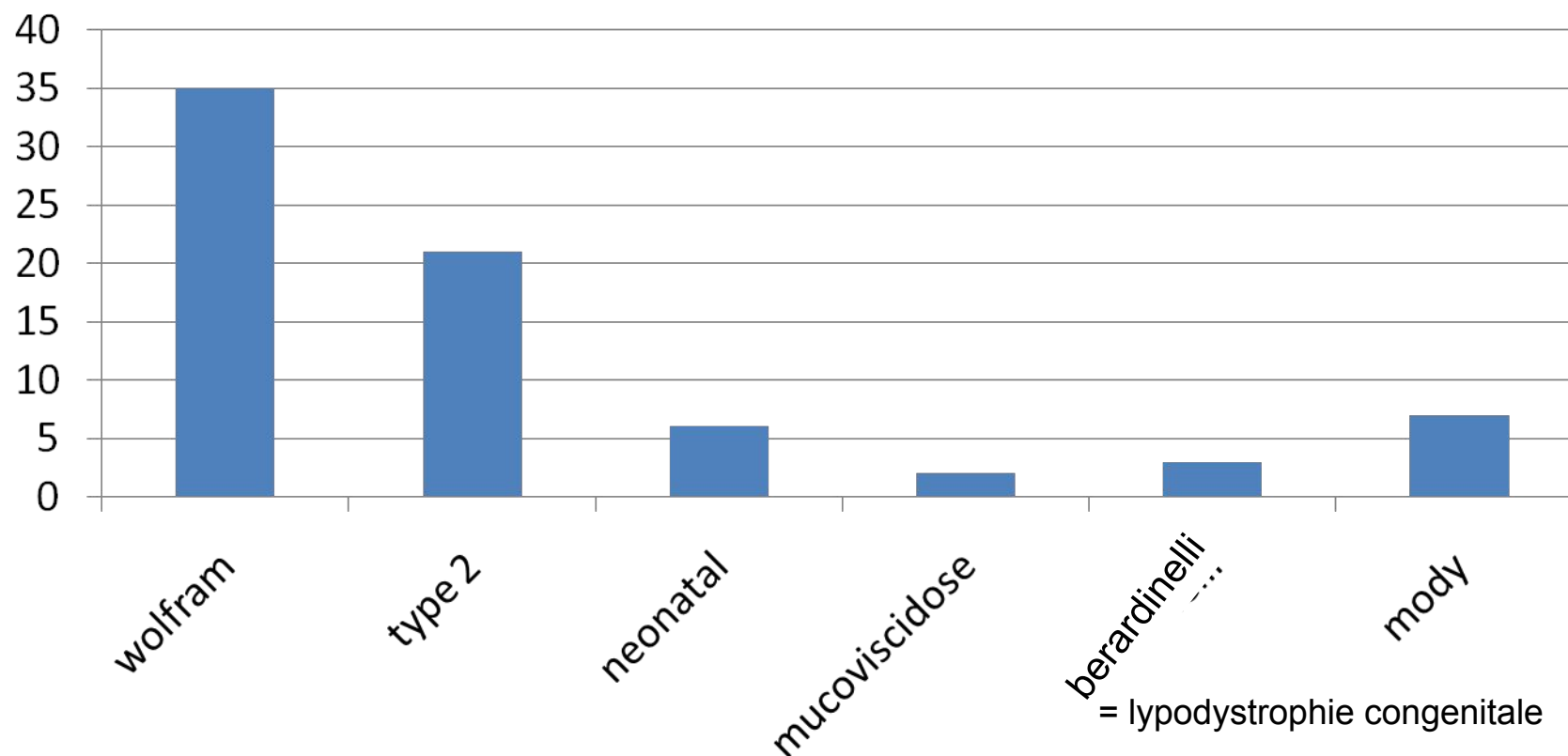


The current number of Registered Diabetics is **3550+** (SEPT 2025)

TYPE DE DIABETE JUVENIL EN 2016

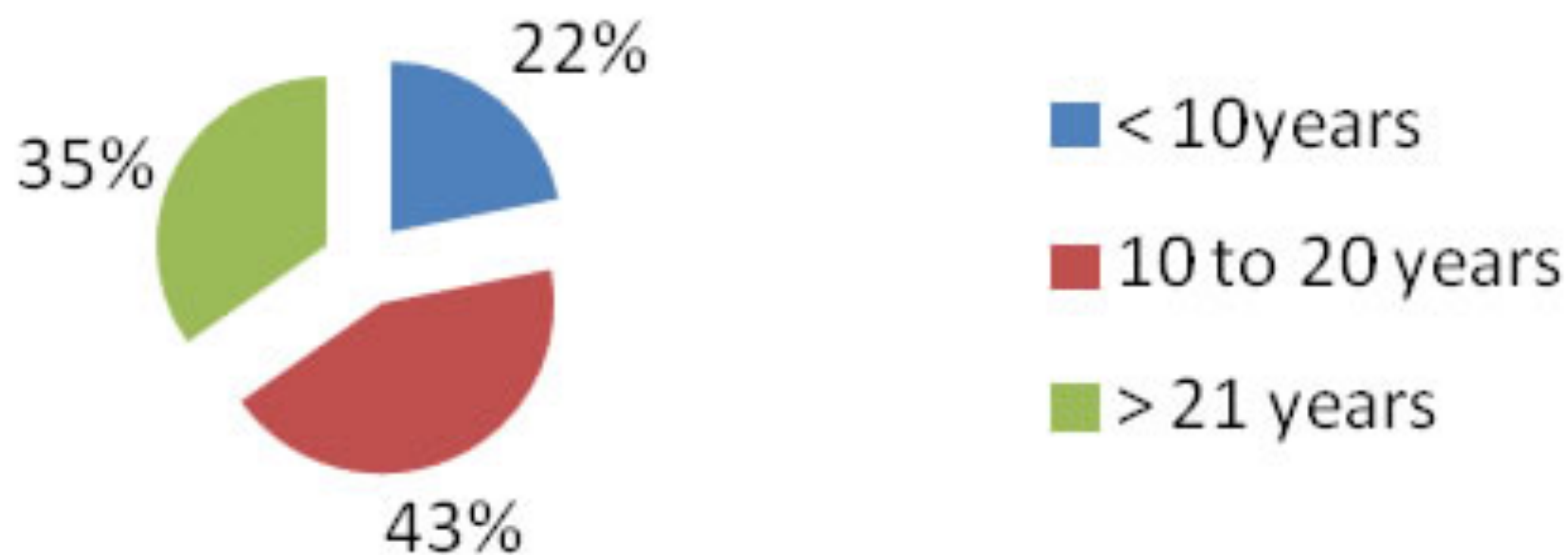
n=2359

nombre

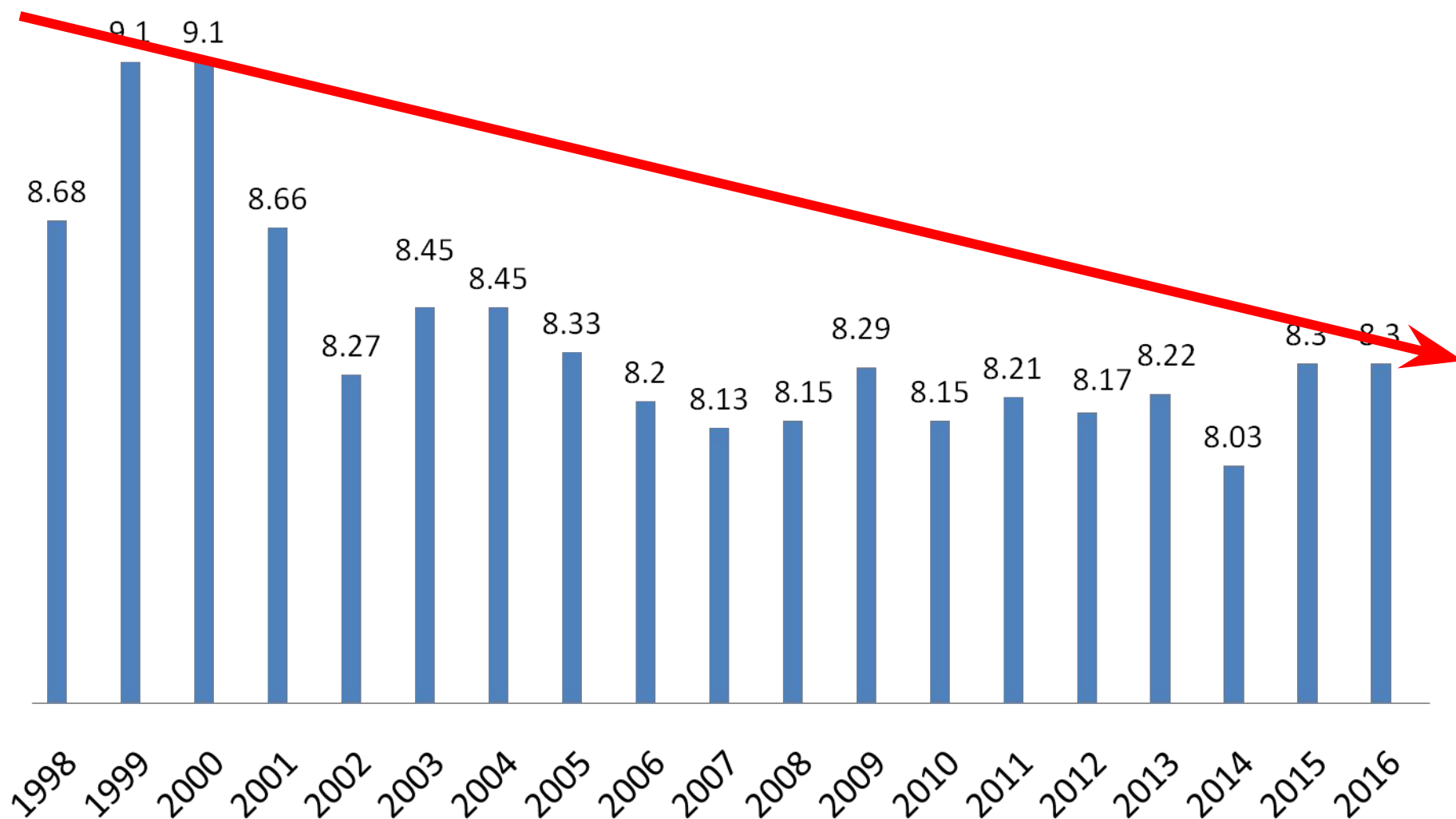


(90 %) ont des mutations du gène codant la Wolframine (Wolfram de type 1)
de transmission récessive ou semi-dominante.

Age Distribution of Diabetic Patients



Moyenne HbA1c de 1998-2016



CLINICAL TEAM

- NURSES

- CLAUDE,PASCALE,COLETTE,IBRAHIM

- DIETICIAN

- JOANNA

- OPHTALMO

- PATRICK

- DENTIST

- BLANDINE

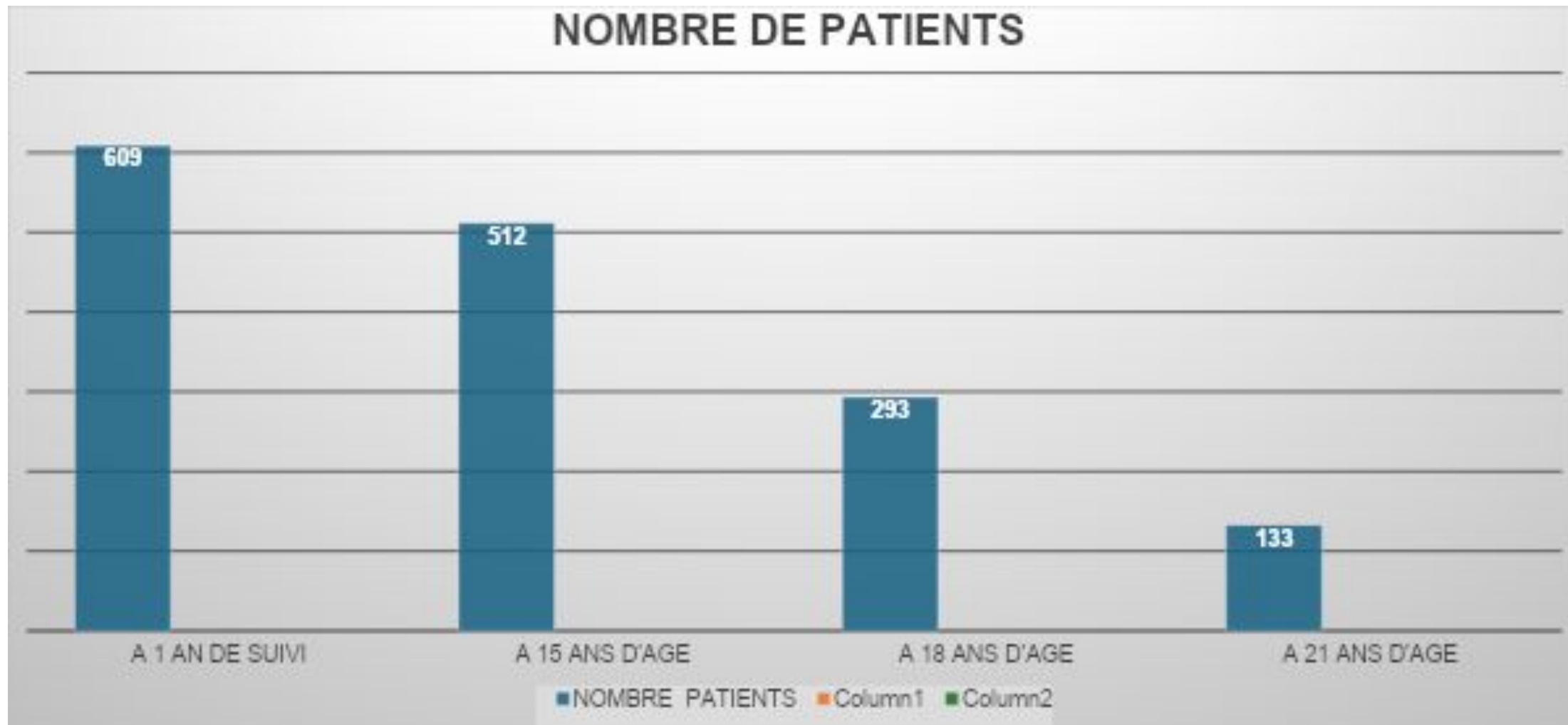
- PSYCHO

- NAZEK

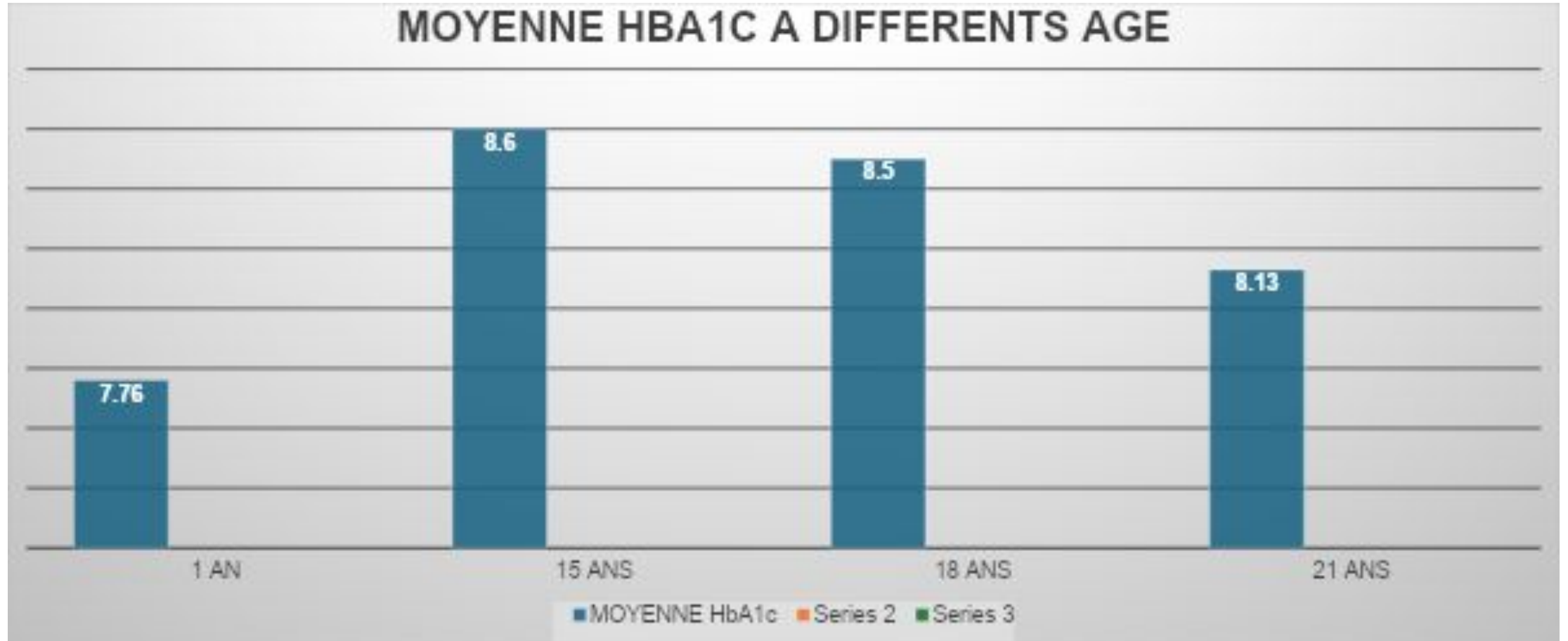
- ENDOS

(ELIANE,SAMY,GEORGES,RITA,HALA,MARIA,MIREILLE
,CHARLES)

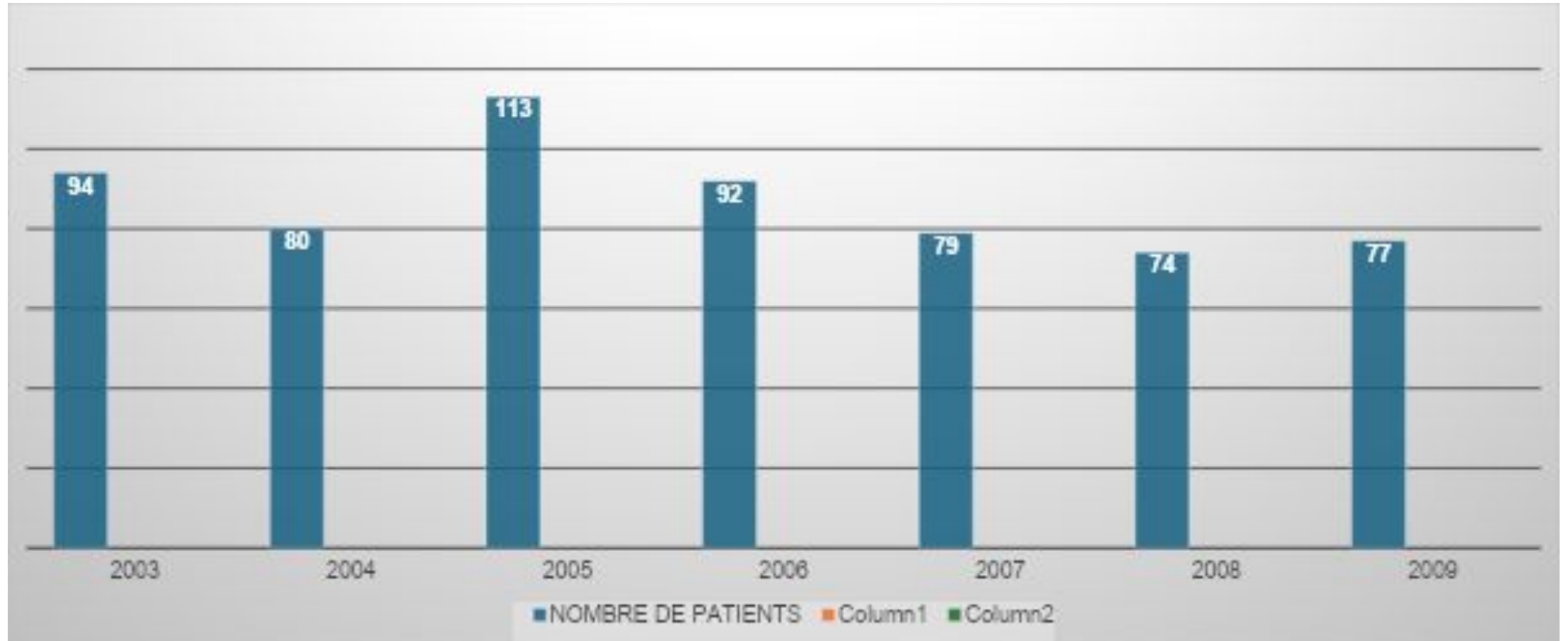
NOMBRE DE PATIENTS CIBLE ne 2003-2009+hba1c regulier



MOYENNE HBA1C A DIFFERENTS AGE



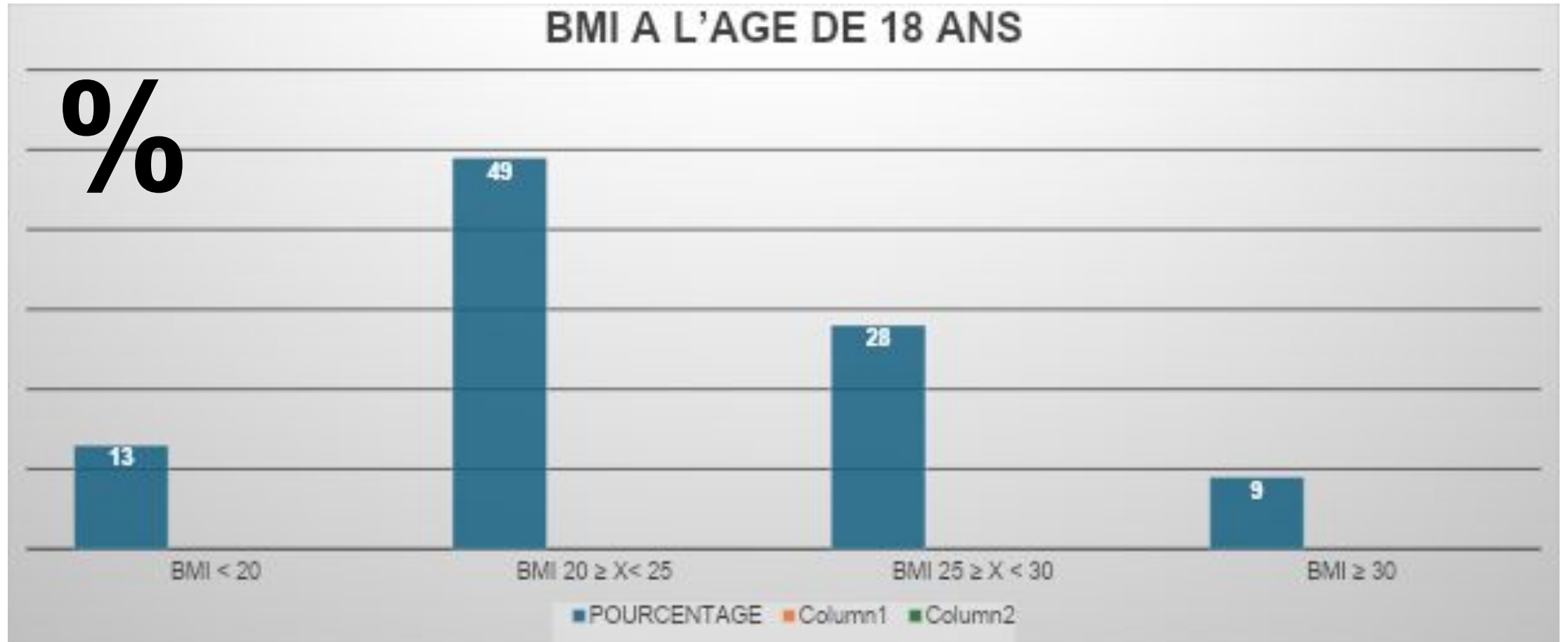
NOMBRE DE PATIENTS DISPERSÉS SELON L'ANNEE DE NAISSANCE



REPARTITION PAR TRANCHE D'AGE ET MOYENNE HBA1C (n=609)

REPARTITION PAR TRANCHE D'AGE ET MOYENNE HBA1C					
NOMBRE DE PATIENTS	ANNEE DE NAISSANCE	MOYENNE HBA1C A 1 AN DE SUIVI	MOYENNE HBA1C A L'AGE DE 15 ANS	MOYENNE HBA1C A L'AGE DE 18 ANS	MOYENNE HBA1C A L'AGE DE 21 ANS
94	2003	7.6	8.8	8.2	8.2
80	2004	7.6	8.8	7.9	8.01
113	2005	7.8	8.4	8.9	X
92	2006	7.9	8.2	8.6	X
79	2007	7.58	8.8	8.2	X
74	2008	7.8	8.6	X	X
77	2009	7.8	8.89	X	X

BMI A L'AGE DE 18 ANS POUR 320 PATIENTS (avec ou sans hba1c)covid/guerre



COMPLICATION AIGUE CHEZ 320 PATIENTS 18 ANS

	Nombre total 320 patients	pourcentage
Pas d'hypo severe	298	93.12%
Hypo severe avec coma	22	6.87%
Hypo severe avec coma sans hospitalisation	19	86.3%
Hypo avec coma et hospitalisation	3	13.6%
Pas de DKA	301	94%
DKA	19	5.93%
DKA sans hospitalization	4	21%
DKA avec hospitalisation	15	78.94%

COMPLIANCE DE 320 PATIENTS (18 ANS)

	NOMBRE TOTALE 320 PATIENTS	POURCENTAGE
REGULAR FOLLOW UP	304	95%
NO REGULAR FOLLOW UP	16	5%
ADHERANCE TO TRAITEMENT	251	78.43%
NO ADHERANCE TO TRAITEMENT	69	21.56%
INSULINE AUTONOME	315	98.4%
NO INSULINE AUTONOME	5	1.56%
CHO COUNTING	287	89.68%
NO CARB COUNTING	33	10.31%
CGMS	57	17.8%
DON'T USE CGMS	263	82.18%
POMPE	19	6%

COMPLICATIONS/ ASSOCIATION

	NOMBRE TOTALE 320 PATIENTS	POURCENTAGE
ACR POSITIF	16	5%
NO COMPLICATION	304	95%
HYPOTHYROIDIE	16	5%
THYROIDE NORMALE	304	95%
MALADIE COELIAQUE	7	2.18%
PAS DE MALADIE COELIAQUE	313	97.81%
SPORT	109	34%
PAS DE SPORT	211	65.93%

CONCLUSION

- ETUDE PRELIMINAIRE
- PLUS DE DETAIL EN COURS
- POPULATION PAR ANNEE ENTRE 15-18-21 ANS
- DS L ENSEMBLE IL N'Y A PAS A PRIORI DE DIFFICULTE DS LA TRANSITION PED-ADLT AU CCC

MERCI PR VOTRE ATTENTION

REPARTITION SELON LE SEXE

