bcdiabetes.ca
Patient Care + Research + Clinical Trials

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Glycemic Outcomes as of 2026-Apr-15

BCDiabetes provides interdisciplinary diabetes care for children, adolescents, adults and seniors living with diabetes from British Columbia as well as Automated Insulin Delivery (AID) clients **using Loop** from across Canada. The following outcomes reflect real-world clinical data from individuals referred to BCDiabetes who were followed for a minimum of 6 months and had at least two A1c measurements available - one prior to referral and another post-referral, the most recent being used in this analysis.

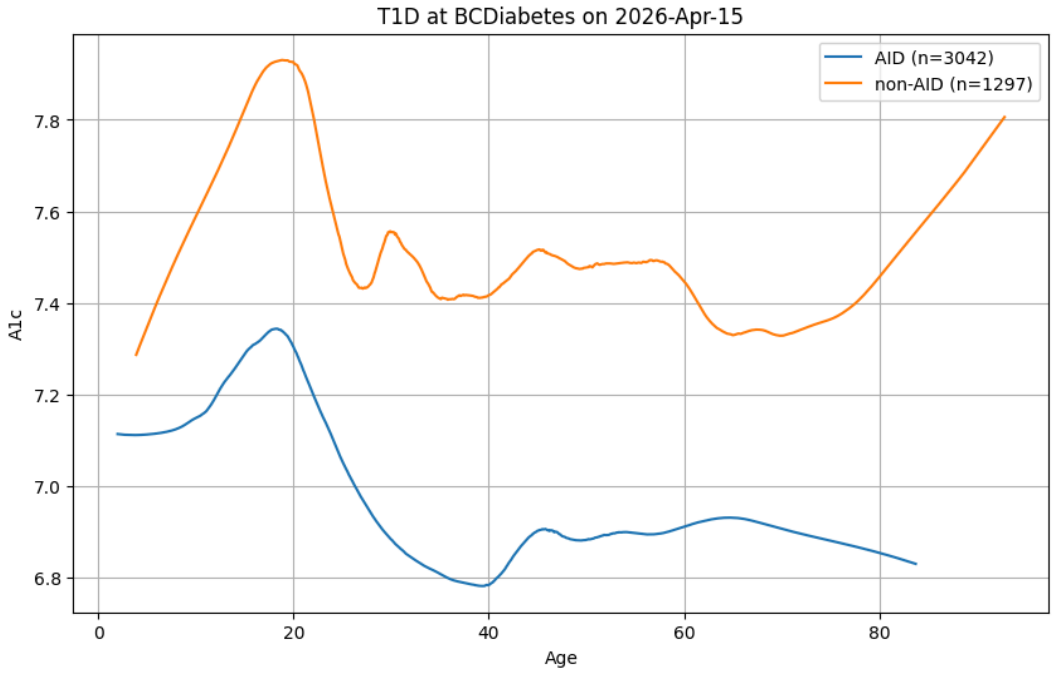
All individuals included in these analyses provided written permission for their clinical outcome data to be used in a de-identified and anonymized format for scientific, educational and quality improvement purposes.

Type 1 Diabetes (T1D)

Individuals using Automated Insulin Delivery (AID) systems demonstrated consistently lower average A1c values across all age groups. The difference between AID and non-AID groups was most pronounced during adolescence and young adulthood and after age 70.

Group	Number of Individuals
AID users	3,042
Non-AID users	1,297
Total T1D cohort	4,339

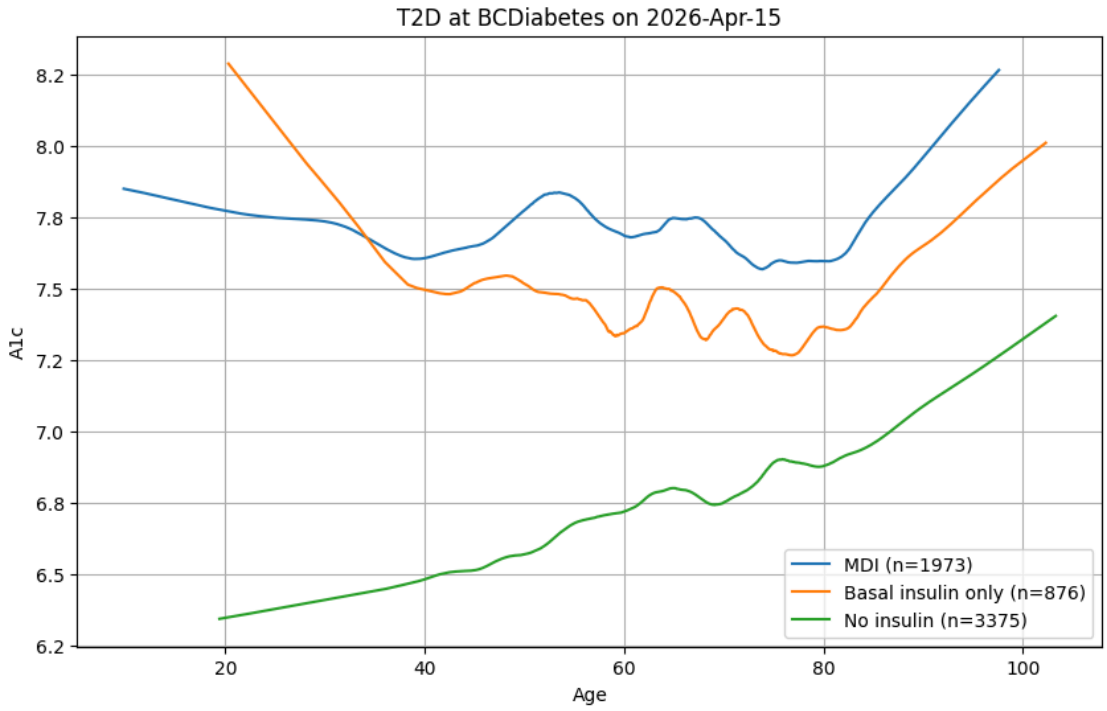
For changes in A1c since referral see **AID** and **non-AID**. For n at each age **click here**.



Type 2 Diabetes (T2D)

Individuals managed without insulin demonstrated the lowest average A1c values overall. Basal insulin-only regimens generally demonstrated lower A1c values than individuals treated with multiple daily injections (MDI).

Group	Number of Individuals
Multiple Daily Injections (MDI)	1,973
Basal insulin only	876
No insulin	3,375
Total T2D cohort	6,224



For changes in A1c since referral see **no insulin**, **basal insulin** and **MDI**. For n by age **click here**.

Why These Data Matter

These outcomes provide insight into real-world diabetes care across a large and diverse referral population. The findings support earlier access to specialized diabetes care, broader adoption of advanced diabetes technologies where appropriate, and multidisciplinary models of care.

Important Considerations

These data are observational and reflect routine clinical practice. A1c is only one measure of diabetes outcomes and does not capture all dimensions of quality of life, hypoglycemia burden or time-in-range.

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