Introduction: Type 1 diabetes in children may have severe acute and long-term health complications. Although the direct relationship between the quality of glycemic control and the onset of complications remains to be established, dialectologists and/or pediatricians ensure a better glycemic balance in diabetic patients. The purpose of this study was to identify the predictive factors of glycemic control in children with type1 diabetes followed in the home of the young diabetic in Rabat.

Methods: This is a transversal analytical epidemiological study conducted with a sample of diabetic children of type 1 and followed for at least two years at the level of the House of the young diabetic McFarland in Rabat. The data were collected through the patient records of the MJD. Glycemic control was measured by referring to the recommendations of the International Society for Pediatric and Adolescent diabetes ISPAD: "Good glycemic control" if HbA1c < 7.5%, "poor glycemic control" if HbA1c > 9%. The descriptive and analytical analysis was carried out by EpiInfo 7.

Results: This study explored a sample of 227 children with type 1 diabetes. The average age of the study participants was 10.33 ± 3.49 years with male predominance, sex ration H/F of 1.98. The average seniority of the disease was 5.47 ± 2.95 years. About 28.68% of the diabetic children in our study had achieved the objective of glycemic control recommended by ISPAD. The multi-variate analysis controlling a set of variables related to the characteristics of the child, the family, the disease, the care chain and the management of diabetes has identified several factors associated in a statistically Significant to a good glycemic balance namely: ≥ 3 consultations/year (P = 0.002); The injection made by the child accompanied by the parent in relation to the injection by the parents or the child alone (P = 0.008); The fact of having self-glycemic monitoring (P = 0.0001) had episodes of hyperglycemia and/or hypoglycemia (P = 0.0001) and a good knowledge of diabetes management (P = 0.0001).

Conclusion: The glycemic control of children with type 1 diabetes is insufficient, on the one hand, is multifactorial, on the other hand. Hence the importance of educating health professionals, families and thematic associations on the different predictive factors of glycemic control in order to be able to make early detection of patients who are more likely To have poor glycemic control and to implement more effective measures to prevent the deterioration of health status and the well-being of diabetic children.
Key Words: Child, type 1 diabetes, predictive factors, glycemic control.