IMPLICATIONS OF THE NEW CRITERIA FOR DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS IN PORTUGAL

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INTRODUCTION

Based on the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) and the review of other studies, the International Association for Diabetes in Pregnancy Study Group (IADPSG) was created to formulate recommendations for glucose tolerance testing in pregnancy, to try, consensually, an international uniformity on the screening and diagnosis of GDM. After the publication of their recommendations (2010), the Pregnany and Diabetes Study Group of the Portuguese Society of Diabetology, met with other relevant portuguese scientific societies interested in this field and in January 2011 was delivered the new recommendations of screening and diagnosis of GDM in Portugal. This clinical consensus was politically reinforced throughout the publication of a statement on the diagnosis and management of GDM by the Portuguese Health Authority, adopting the IADPSG recommendations.

AIMS

As the new criteria proposed would diagnose 18% of all women in pregnancy as having GDM and the portuguese prevalence has been <5%, we aimed to evaluate the implications of this change not only on the burden of the outpatient clinic, but also on the materno-fetal outcomes.

MATERIALS AND METHODS

Retrospective study enrolling the portuguese centers with GDM outpatient clinic which were invited to send their data concerning maternal parameters and perinatal outcomes. The data should refer to the GDM women which 1st appointment occurred along the 2nd and 3rd trimester 2010 (group A) and data concerning the same period of 2011 (group B). All women in group A was positive for the former criteria of GDM while the group B’s GDM patients were diagnosed using the IADPSG criteria (table 1).

RESULTS

Among 39 centers invited, 22 (56.4%) sent their data. Five centers were excluded because they have not sent data of the homologous semesters (Fig. 1). Overall, data from 863 women were eligible for the group A and 1010 for the group B, revealing an increment of 147 cases (17%) from the first to the second group where the new GDM diagnostic criteria were applied (figure 2). Relative differences between both groups concerning the maternal features and materno-fetal outcomes are illustrated in tables 2-5.

CONCLUSIONS

The new criteria for diagnosis of GDM caused a further increment in its incidence and an earlier referral of these pregnant women to the pregnancy and diabetic clinics, so we can expect an increase in their first and second appointments. Pregnant women with GDM diagnosed in the first trimester seem to have a worst metabolic scenario according to the post partum OGTT results. However, with an earlier and more aggressive treatment, there seems to have no significant differences in the outcome of the offspring.

REFERENCES