

Be Practical When Treating Gestational Diabetes

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NEW YORK — Physicians should take an aggressive approach in treating obese women with gestational diabetes because they have a relatively short time in which to make a difference, Dr. Oded Langer advised at the annual meeting of the Diabetes in Pregnancy Study Group of North America.

Gestational diabetes is generally recognized late in pregnancy, at around 26-28

weeks, and many of these women will deliver by 38 weeks, which means that physicians have only a 10-week window to put an effective treatment plan in place, said Dr. Langer, chairman of the department of obstetrics and gynecology at St. Luke's-Roosevelt Hospital Center in New York.

He suggested that physicians take a practical approach and target the factors that can lead to large-for-gestational-age (LGA) babies and other obstetric complications, and that can be changed within 10 weeks.

An analysis of the possible factors that result in LGA babies among obese mothers with gestational diabetes showed that treatment modality, obesity, mean blood glucose, severity of the disease, parity, previous macrosomia, and weight gain were all independent contributors to LGA births (*Am. J. Obstet. Gynecol.* 2005;192:1768-76). But among those factors, only three—treatment modality, mean blood glucose, and weight gain—can be modified within 10 weeks, he said.

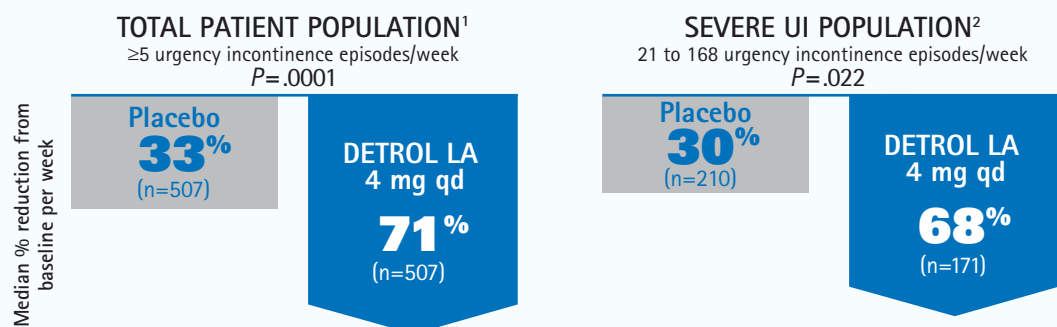
Physicians need to treat those three factors through the use of insulin or glyburide, as well as modifications in diet and exercise, he said.

However, diet and exercise alone would not make a significant difference in only 10 weeks, Dr. Langer cautioned.

Although lifestyle interventions are known to produce the best results in preventing the development of diabetes, such results are difficult to accomplish in a short time period, he explained. ■

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Van Kerrebroeck et al. *Urology*. 2001;57:414-421.¹
A 12-week, placebo-controlled study.
See full study description on next page.

Landis et al. *J Urol*. 2004;171:752-756.²
A post hoc subgroup analysis of the Van Kerrebroeck study.
See full study description on next page.

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* Source: IMS Health, NPA data, based on total US prescriptions of antimuscarinics for OAB from October 2001 to November 2006.

† Source: IMS Midas Global Sales Audit, Verispan longitudinal data, based on total prescriptions of DETROL and DETROL LA for OAB from April 1998 to October 2006.

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