Intervene Aggressively in 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 to 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 into 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. But diet and exercise alone would not make a significant difference in only 10 weeks, he warned. Although the results of the Diabetes Prevention Program and most other current studies show that lifestyle interventions produce the best results in preventing the development of diabetes, it is difficult to accomplish such results in a short time period, he said. ■