## Intervene Aggressively in Gestational Diabetes

BY MARY ELLEN SCHNEIDER

New York Bureau

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.

## In the treatment of very high triglycerides (≥500 mg/dL)

- LOVAZA dramatically lowered triglycerides by 45%<sup>1</sup>
  - Treatment resulted in a median increase of 45% in LDL-C; treatment with LOVAZA resulted in an overall reduction of atherogenic cholesterol, as reflected by a 14% reduction in non–HDL-C (P=0.0013)<sup>1-5</sup>
- LOVAZA demonstrates an excellent safety profile and proven tolerability<sup>1</sup>
  - The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain

## Indication:

LOVAZA™ (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce very high (≥500 mg/dL) triglyceride (TG) levels in adult patients.

## **Usage Considerations:**

In individuals with hypertriglyceridemia (HTG), address excess body weight and alcohol intake before initiating any drug therapy. Diet and exercise can be important ancillary measures. Look for and treat diseases contributory to hyperlipidemia, such as hypothyroidism or diabetes mellitus. Certain treatments (e.g., estrogen therapy, thiazide diuretics and beta blockers) are sometimes associated with very significant rises in serum triglyceride (TG) levels. Discontinuation of the specific agent may obviate the need for specific drug therapy for HTG.

Consider lipid-regulating agent use only when reasonable attempts have been made to obtain satisfactory results with non-drug methods. Advise patients that lipid-regulating agent use does not reduce the importance of adhering to diet. (See PRECAUTIONS section of full prescribing information.) In patients with very high TG levels the effect of LOVAZA on the risk of pancreatitis has not been evaluated, nor has its effect on cardiovascular mortality and morbidity been determined.

Please see brief summary of full prescribing information on the adjacent page.

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The US Food and Drug Administration (FDA) has granted approval for the addition of new clinical data in the LOVAZA label. Please read our updated prescribing information for more details.

