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**TABLE 1** Highlights of the Chinese Expert Consensus

Patients with diabetes have a compromised bone quality and increased fracture risk
Patients with diabetes, especially those at high risk of fracture, should avoid TZDs and use the SGLT-2 inhibitor canagliflozin with special caution
Metabolic surgery-related bone loss should be evaluated and monitored
DXA measurements and the fracture risk calculator FRAX will underestimate the fracture risk in patients with diabetes, but changes in these measures are still indicative of fracture risk in diabetes
When the FRAX tool is used in patients with diabetes, it is suggested that "Diabetes" is used instead of "Rheumatoid Arthritis" in the tool
DXA can still be used for BMD measurements, especially for monitoring and following-up changes in BMD in diabetes
Fracture management in diabetes should follow the same principle as primary osteoporosis and antiosteoporotic therapy can be initiated when the BMD T-score measured by DXA is less than -2.5
The choice of antiosteoporotic medications should be individualized; both antbone resorption and bone anabolic agents can be used in diabetes but, if sequential therapy is considered, begin with the anabolic agent first, followed by the antiresorptive drug

BMD, bone mineral density; DXA, dual-energy X-ray absorptiometry; SGLT-2, sodium–glucose cotransporter 2; TZDs, thiazolidinediones.

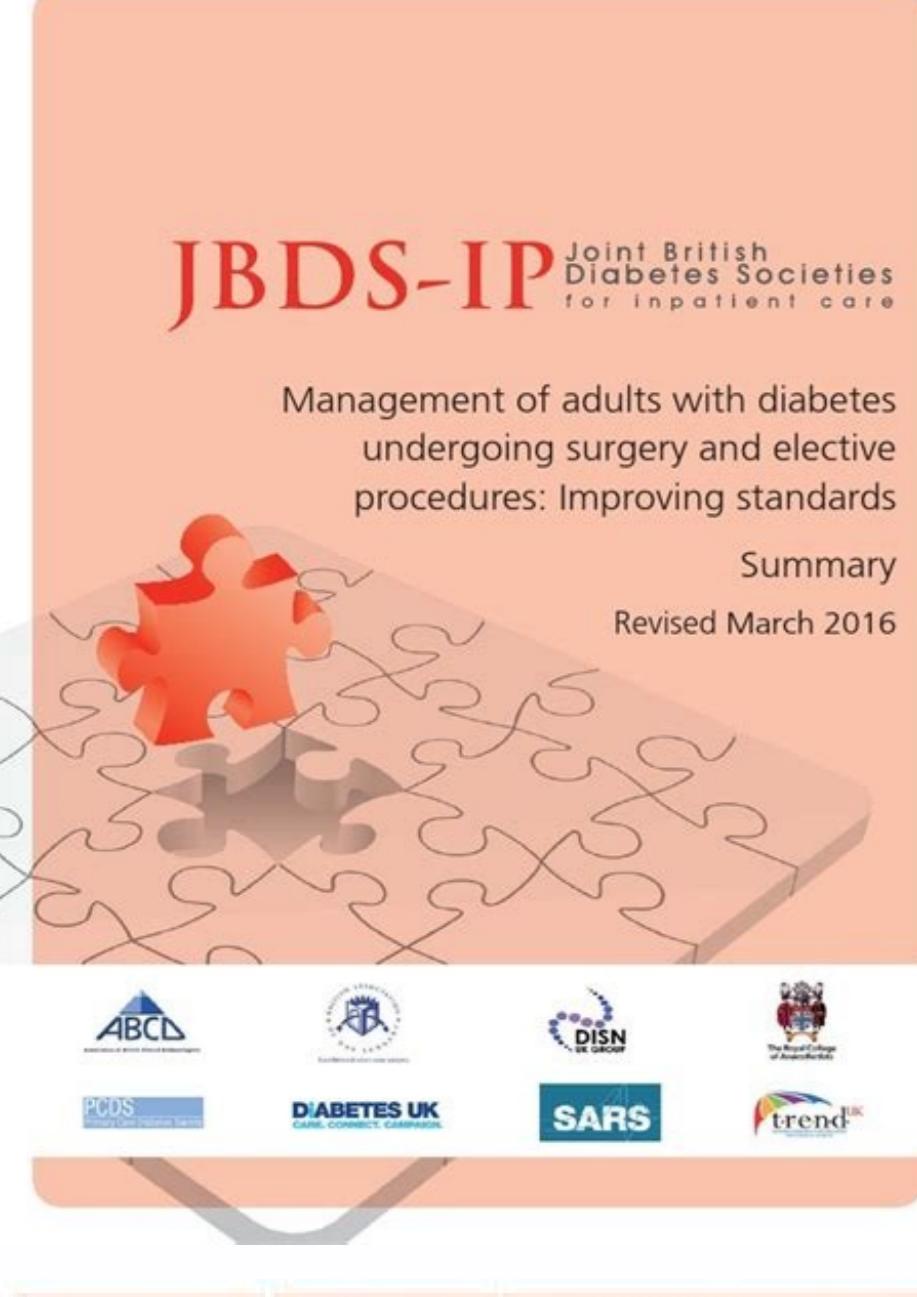
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# Gestational Diabetes

## Case Study

## Background

- ▶ 31 year old G5T3P0A1L3
  - ▶ Height: 5'6" Weight: 212 BMI: 34
  - ▶ Previous deliveries: Male 8#2oz, Female 9#1oz, Male 10#1oz, SAB 8weeks.
  - ▶ Mode of delivery: Vaginal Complications: No hx of PPH or No hx of GDM, No shoulder dystocia?
  - ▶ Family hx: Obesity, Type II DM on mother's side.



The diagram illustrates the classification of diabetes based on etiology/mechanism, blood glucose levels, and insulin needs.

Etiologies (mechanism)	Normal blood glucose		Hyperglycemia	
			Diabetic area	
			Non-insulin-dependent state	Insulin-dependent state
	Normal area	Borderline area	Need of insulin	
		not needed	for glycemic control or survival	
Type 1				
Type 2				
Other types				

Of the right-pointing arrows → describing the worsening of impaired glucose metabolism (including onset of diabetes), the solid/broken lines ———— are used to show states consistent with the definition of "diabetes", while, of the left-pointing arrows ← describing the improvement of impaired glucose metabolism, the broken lines ----- are used to describe events of low frequency. For example, individuals with type 2 diabetes developing ketacidosis at onset of infection may require temporary insulin therapy for survival. Again, given that individuals developing diabetes may be handled as such despite improvements in glucose metabolism, the left-pointing arrows are shown in solid line ← — with the broken lines suggesting that glucose metabolism is unlikely to be completely normalized in these patients.

Acog gestational diabetes

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Chronic inflammation induces the synthesis of xanthurenic acid, which is associated with the development of pre-diabetes and gestational diabetes mellitus.[5]The past medical obstetric outcomes and family history of type 2 diabetes mellitus are important components of the history taking in GDM. Gestational diabetes mellitus in South Asia: Epidemiology. Efforts and strategies are necessary to recognize them effectively. If youÃÄre diagnosed with gestational diabetes, close monitoring of the babyÃÄs growth and development is vital. If the values are abnormal, greater than or equal to 130 mg/dL (7.22 mmol/L), or greater than or equal to 140 mg/dL (7.77 mmol/L), a confirmatory test is necessary with a 100-g, 3-hour oral glucose tolerance test, with the following values: first hour over 180 mg/dL, second hour over 155 mg/dL, third hour more than 140 mg/dL. After removing the placenta insulin resistance tends to improve, this can help escalate down insulin or hypoglycemic agents. Glycemic therapy will point towards achieving a euglycemic glucose level. Gynecol Obstet Fertil. In 1973 a significant study suggested the use of the 50 g 1-hour oral glucose tolerance test as a screening for gestational diabetes; this is a very reliable method for screening, and it is used for approximately 95% of obstetricians in the united states of America as a method for screening GDM during pregnancy. 2015 Dec 07;451(Pt A):14-20. 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The clinical characteristics of gestational diabetes can be varied. The therapy with insulin has been considered the standard therapy for gestational diabetes management when adequate glucose levels are unachievable with diet and exercise. Insulin can help achieve an appropriate metabolic control, and it is added to the management if fasting blood glucose is greater or equal to 95 mg/dL, if 1-hour glucose level is greater or equal to 140 mg/dL, or if 2-hour glucose level is greater than 120 mg/dL. The oral hypoglycemic agents, metformin and glyburide, are increasingly being used among women with gestational diabetes, despite the lack of FDA approval. [Level 5]Review QuestionsOverview of the most significant possible symptoms of diabetes. [PMC free article: PMC5572161] [PubMed: 28844206]14.Ashwal E, Hod M. Occasionally, people may report excessive thirst or increased urination, but these are often common symptoms of pregnancy itself. The definition of gestational diabetes mellitus (GDM) is any degree of glucose intolerance with onset or first recognition during pregnancy. Contributed by Wikimedia Commons (Public Domain) The process of clinical islet transplantation for the treatment of diabetes. [PubMed: 28283913]8.Brzozowska M, Bieniek E, Szosland K, Lewinski A. 2016 Sep;66(9 Suppl 1):S5-7. 2017 Oct;40(10):1027-1033. Thus, today, gestational diabetes requires an interprofessional team approach, including physicians, specialists, specialty-trained nurses, and pharmacists, all collaborating across disciplines to achieve optimal patient results and prevent further complications. Gestational diabetes mellitus: an updated overview. Access free multiple choice questions on this topic. By taking good care of yourself before and during pregnancy, you can minimize the risks to yourself and your child. [PubMed: 26824237]4.ACOG Practice Bulletin No. 190: Gestational Diabetes Mellitus. The development of prevention strategies would facilitate the treatment of gestational diabetes would help improve the results of the health. The following molecular variations appear to have ligaments to decrease glucose absorption in peripheral tissues: 1) Molecular change of beta-subunit insulin receptor, 2) phosphorylation f o Diminated from tyrosine kinase, 3) Remodelion in the insulin-1 and phosphatidylinositol receptor substrate 3-Kinase. The raised maternal glucose cross the placenta and produce fetal hyperglycemia. Clin Chem. Because there is no symptoms, all granted parents are monitored for gestational diabetes at some point during pregnancy. 2016 Jan; 16 (1): 7. [Pubmed: 28401529] 10.Alfadhl Em. Neuro Endocrinol Lett. [PubMed: 25655741] Even if it was åº, it was not appropriate. GDM can classify as A1GDM and A2GDM. 2017 August 28; 15 (1): 163. However, just because someone develops gestational diabetes does not mean that they also develop diabetes later in life. Saudi Med J. Contributing by Wikimedia Commons, Giovanni Maki (CC by 2.5) 1.coustan DR. This hormone is capable of provoking changes and modifications to insulin receptors. Understanding, thank you! COURSESY PHOTO JOSÃ © Luis by End./Digital Vision / Getty Images Gestational Diabetes is the term used to describe ranging high blood to pregnancy. Women with gestational diabetes were an increased risk of developing type 2 diabetes over 10 to 20 years after pregnancy. [14] [11] Many grain women who develop diabetes are not diagnosed at all late, which significantly increases the morbidity of the disease. Many institutes of health is now operating pharmacy or clinical schools diabourning of the nurse who offer diabomic education for granted women. By eating the right foods, it is possible to avoid peaks of blood to the blood. J Pak Med Assoc. Gynecol Clin North AM Obstet. 2017 Jun; 44 (2): 207-217. 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The diagnosis of gestational diabetes usually occurs in the second half of pregnancy. ADA recommends nutritional counseling by a registered nutritionist and development of a customized plan based on the BMI of patients. Pharmaceuticals need to carry out drug reconciliation, check the dosage of insulin or other antihyperglycemic medications and help in patient advice on medicines and lifestyle adhesion. Managed gestational diabetes without medication and responsive to nutritional therapy is diet-controlled gestational diabetes (GDM) or A1GDM. 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