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TABLE 1 Highlights of the Chinese Expert Consensus

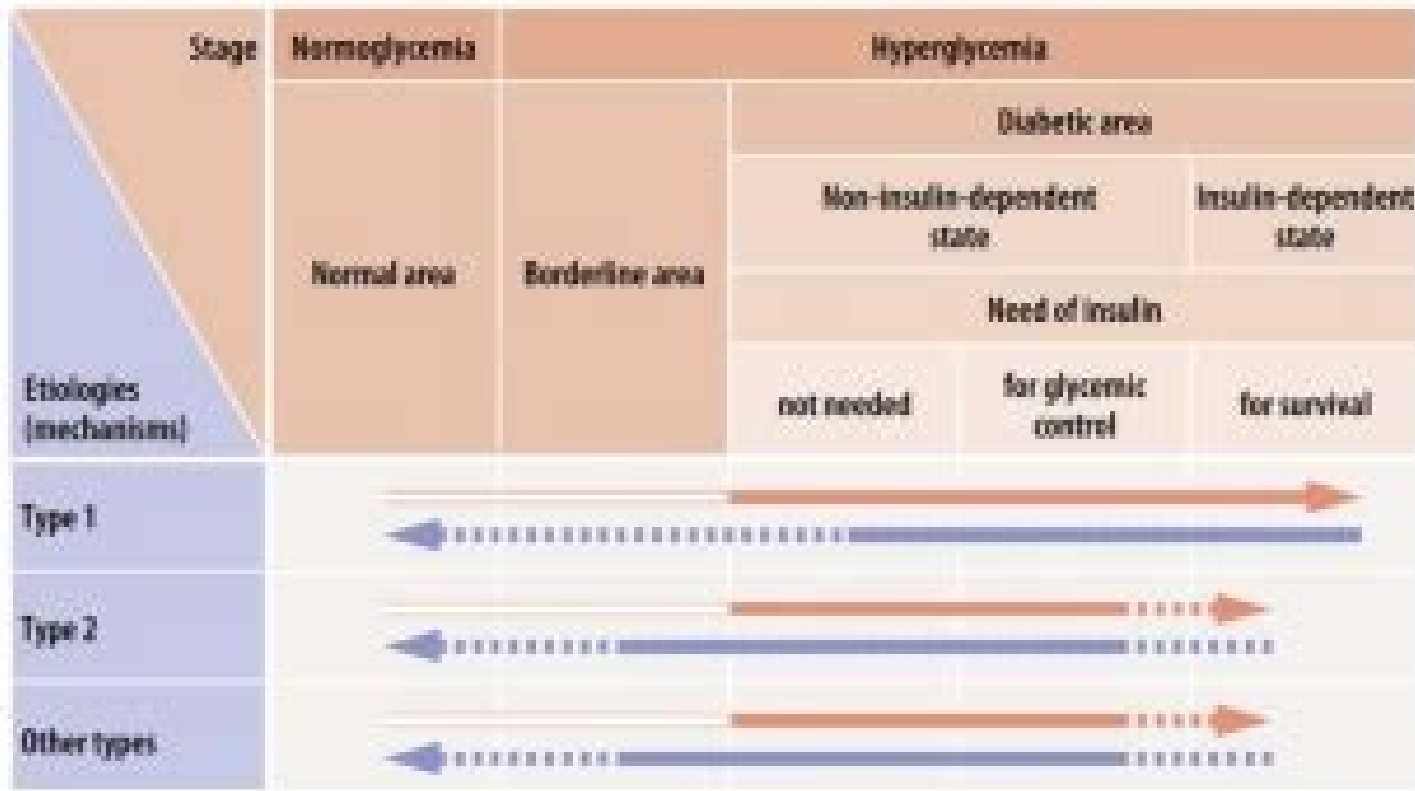
Patients with diabetes have a compromised bone quality and increased fracture risk
Patients with diabetes, especially those at high risk of fracture, should avoid TZDs and use the SGLT-2 inhibitor canagliflozin with special caution
Metabolic surgery-related bone loss should be evaluated and monitored
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 antibone 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.

Screening	Screening		OGTT
	Screening	threshold	glucose load (g)
			75
			75
50 g GCT	7.8		75
50 g GCT	7.8		75
			75
			75
			75

Case Study

- ▶ 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.



Acog gestational diabetes.

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