Gestational diabetes

Gestational diabetes

- Affects 3.5% of pregnancies in the UK.
- Risk of developing type 2 diabetes is estimated at between 2 and 70% depending on the population tested.

Pregnancy is a stressor which may reveal an individual’s predisposition to impaired glucose tolerance. This manifests itself as gestational diabetes and may not resolve in the post-partum period, at which point a woman may be diagnosed with type 2 diabetes. Even if fasting blood glucose returns to normal, a lifetime risk remains. For this reason, ongoing monitoring is recommended.

NICE guidelines on gestational diabetes: key messages

NICE updated its guidance on gestational diabetes in 2015 - here we focus just on the bits most pertinent to primary care - the headline changes are (NICE 2015, NG3):

- Change in threshold for diagnosis - now reduced to fasting glucose 5.6mmol/L or above and 2h glucose 7.8mmol/L or above.
- Specific guidance is offered on the follow-up of glycosuria.
- Thresholds for diagnosis of pre-diabetes post-partum have changed slightly in line with current NICE recommendations.

NICE on gestational diabetes

Screening for gestational diabetes

Women with previous gestational diabetes should have an oral glucose tolerance test (OGTT) at booking and self-monitor throughout pregnancy.

The following women should be offered testing for gestational diabetes:

- BMI >30kg/m2.
- Previous macrosomic baby >4.5kg.
- Previous history gestational diabetes.
- Family history of diabetes (first degree relative).
- Ethnic group with high risk of diabetes (south Asian, black Caribbean and Middle Eastern).

The only test that should be used is a 75g OGTT - this should be offered at 24-28w.

Glycosuria

Dipstick glycosuria is relatively common in pregnancy, NICE now recommend that:

- 2+ glycosuria on 1 occasion or 1+ glycosuria on 2 occasions should prompt definitive testing by OGTT.

Diagnosis of gestational diabetes

A diagnosis of gestational diabetes should be made if:

- Fasting glucose is 5.6mmol/L or above
- 2h glucose is 7.8mmol/L or above

These thresholds have been changed to reflect the levels at which adverse maternal and fetal outcomes have been seen.

All women with a diagnosis of gestational diabetes should be referred for shared hospital care and seen within 1w.

Management

This will be organised in secondary care. In simple terms:

- Diet and exercise are important - all women should see a dietitian and be encouraged to walk for 30min after each meal to improve glucose tolerance.
- Where targets are not met metformin or insulin will be offered first line depending on blood glucose levels.
- Glibenclamide is reserved for women who are unable to tolerate metformin or who decline insulin.

Post-partum follow-up

There is so much we don’t know in medicine that could make a difference, and often we focus on the big things, and the little things get forgotten. To highlight some smaller but important issues, we’ve put together a series of pearls that the Red Whale found at the bottom of the ocean of knowledge!
Women with gestational diabetes should have:

- Fasting plasma glucose check at 6-13w post-delivery (in practice the 6w check would seem a good time).
- If testing hasn’t occurred by 13w, an HBA1c may be used.
- Annual fasting plasma glucose checks for the rest of their lives.
- Dietary advice, weight management and exercise advice should be offered.

NICE now specifically recommend that OGTT should not be used for post-partum assessment.

**Effectiveness of post-partum primary care follow-up**

Two papers in the BJGP have looked at whether this was being achieved in UK general practices and secondary care.

In the first paper, the authors surveyed GPs (random sample across the UK) and obstetric consultants responsible for every diabetes maternity team in the UK (BJGP 2011;61:609). They found there was a lot of confusion over who should do the test and which test should be done. They also highlighted the fact that GPs found it hard to identify women with gestational diabetes from the hospital letters.

The second paper looked at the electronic primary care records of women in England who had been diagnosed with gestational diabetes (BJGP 2014; DOI:10.3399/bjgp14X676410). They found poor post-partum follow-up with only 18.5% of women having a blood glucose test documented within 6m of delivery. Long term follow-up with annual blood glucose testing was also poor (around 20% followed up each year) and this did not improve after the introduction of the NICE guidelines in 2008.

**What does this mean in practice?**

This is an area where we could do better. Diabetes may be prevented or diagnosed earlier in these women if we have a robust coding and recall system.

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**Gestational diabetes: oral hypoglycemics**

Many of us will remember when insulin was the only option for the management of gestational diabetes, but increasingly metformin and glibenclamide are being used instead. A recent meta-analysis compared metformin, glibenclamide and insulin looking at important maternal and fetal outcomes (BMJ 2015;350:h102). As meta-analyses go it was fairly small (2500 people) and there was significant heterogeneity between studies. The key findings were:

- Glibenclamide was inferior to both metformin and insulin, with higher rates of infant macrosomia and infant hypoglycemia.
- Where metformin was used as the primary agent, addition of insulin was need in 10-46% of cases.
- Comparing metformin (with insulin when required) with insulin alone showed that the metformin treatment was associated with
less maternal weight gain and was otherwise equivalent.

The authors conclude that glibenclamide should not be used as a first line treatment and this is reflected in the new NICE guidance.

**Gestational diabetes**

- High risk women should be identified at booking and offered an OGTT between 24 and 28w.
- Women with gestational diabetes in a previous pregnancy should in addition have an OGTT at booking and self-monitor throughout pregnancy.
- Diagnostic thresholds have changed - now reduced to fasting glucose 5.6mmol/L or above and 2h glucose 7.8mmol/L or above.
- Post-partum follow-up is important - offer a fasting plasma glucose test at 6-13w post-natal.
- Offer them annual fasting plasma glucose testing for the rest of their lives.
- Target this group for intensive lifestyle advice including diet, weight management and exercise.

**Do you have a practice protocol for follow-up of gestational diabetes - if not is it time to write one?**

Could you set up a recall system and resources for appropriate lifestyle advice?

Can you audit your current practice and reassess it in light of this learning?

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*We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.*

GP Update Limited

February 2016
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The GP Update Course – our flagship course!
As primary care practitioners we want to stay up to date across the board, and with all the evidence inundating us it can be hard to know which bits should change our practice, and how. Using a lecture based format, with plenty of time for interaction, the GP presenters discuss the results of the most important new evidence and guidance, and concentrate on what it means to you and your patients in the consulting room tomorrow.

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London  Sat 12 Mar
Oxford  Thur 17 Mar
Leeds  Fri 18 Mar
Birmingham  Sat 19 Mar
Bristol  Wed 11 May
Exeter  Thur 12 May
London  Fri 13 May
London  Sat 14 May
Newcastle  Wed 18 May
Sheffield  Thur 19 May
Manchester  Fri 20 May
Birmingham  Sat 21 May
Norwich  Tue 24 May
Chelmsford  Wed 25 May
London  Thur 26 May
Belfast  Wed 8 June
Oxford  Fri 30 Sep
Southampton  Sat 1 Oct
Cardiff  Wed 5 Oct
Exeter  Thur 6 Oct
London  Fri 7 Oct
London  Sat 8 Oct
Leeds  Wed 12 Oct
Liverpool  Thur 13 Oct
Manchester  Fri 14 Oct
Birmingham  Sat 15 Oct
Cambridge  Tue 18 Oct
London  Wed 19 Oct
Nottingham  Thur 20 Oct
Inverness  Wed 2 Nov
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Manchester  Fri 11 Mar
Edinburgh  Thur 23 Jun
Newcastle  Fri 24 Jun
Birmingham  Thur 30 Jun
London  Fri 1 Jul
Exeter  Thur 3 Nov
London  Fri 4 Nov
Leeds  Thur 10 Nov
Manchester  Fri 11 Nov

The Cancer Update Course
Since 2012, Red Whale | GP Update has joined forces with Macmillan Cancer Support to provide this course to give all GPs the knowledge and inspiration they need when dealing with cancer. This course covers the latest evidence and guidelines around cancer prevention, screening, diagnosis, treatment and palliative care, as well as simple ideas which we as GPs have found helpful in our consultations.

2015 has seen the biggest shake up in cancer in the last 10 years with the publication of the updated NICE guidelines on suspected cancer. If, like many of us in England & Wales, you are still finding your way around them, then this course will definitely help!

London  Thur 17 Mar
Manchester  Fri 18 Mar
Leeds  Thur 16 June
Birmingham  Fri 17 June
Bristol  Thur 23 June
London  Fri 24 June
Manchester  Thur 10 Nov
Birmingham  Fri 11 Nov
Cambridge  Thur 17 Nov
London  Fri 18 Nov
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With the increased importance of telephone consultations this course aims to deliver practical skills which can be put to use immediately. The telephone is being used more and more by nurses as well as doctors in primary care, for triage, consultation and follow-up; in the daytime as well as out of hours. Our goal is to help you overcome difficulties and leave you with concrete ideas to enhance your own telephone contacts with patients.

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**The Medically Unexplained Symptoms Course**

A significant proportion of patients who present to us will turn out to have symptoms that are medically inexplicable. We all know that there is no magic solution with these patients and sometimes they leave us feeling defeated and not sure what to do. However, there is evidence which can help address the issue.

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**Prices:**

**GP Update Course:**

GP £195 | GP Registrar £150 | Nurse £150

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£225 or £210 for members of [www.gpcpd.com](http://www.gpcpd.com)

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**The Effective Consultation Course**

The Course focuses on behaviours which enhance effective use of time in the consultation. Efficient consultations reduce clinical risk and lower the risk of complaints and lawsuits. The course uses the rich evidence base on which consultation behaviours enhance effectiveness and how to go about learning them. We focus on actions and you will leave with many practical tips to use in your consulting room the following day.

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