

GEBELİK ve DİYABET

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GİRİŞ

Diyabet, gebeliğin en sık görülen medikal komplikasyonlarından (1). Gebelikte diyabet prevalansı obesitenin artışına paralel olarak tüm dünyada her geçen gün yükselmektedir (2). Gebelikte diyabet, hiperglisemi derecesi ile orantılı olarak maternal ve fetal riskte önemli ölçüde artışı neden olmanın yanında uzun dönemde kronik komplikasyonlar ve komorbiditelerle de ilişkili olması açısından toplum sağlığı açısından önemli bir hastalıktır. Gebelikte diyabet, spontan abort, fetal anomaliler, preeklampsi, fetal ölüm, makrozomi, neonatal hipoglisemi, hiperbilirubinemi ve neonatal respiratuvar distres sendromu gibi durumlarla ilişkili iken hayatın ilerleyen yıllarında diyabetik anne bebeklerinde obezite, hipertansiyon ve tip 2 diyabet gelişme riskini de artırır (3,4).

Sınıflanma

1. *Gestasyonel diyabet mellitus* (GDM) gebelik sürecinde gelişen ve ilk kez gebelikte tanısı konulan karbonhidrat intoleransıdır. Glukoz regülasyonunda medikal tedavilerin kullanılmadığı, diyetle kontrolün sağlanabildiği GDM olguları, A1GDM olarak sınıflanırken,

medikal tedavi ile ögliseminin sağlandığı GDM olguları, A2GDM olarak sınıflandırılır.

2. Gebelikten önce tip 1 veya tip 2 diyabeti olan kadınlar ise *pregestasyonel (aşikar) diyabet* olarak tanımlanır. Birçok kadın gebelikten önce diyabet taramasına girmediği için gebelikte, ilk tanı anında, GDM ile pregestasyonel diyabetin ayrımını yapmak her zaman kolay olmayabilir (1). Bu ayrımı yapmak komplikasyonların daha sık görüldüğü pregestasyonel diyabet olgularının takibini planlamak için önemlidir (2).

Tarama ve tanı testleri

Taramanın amacı, belirli bir hastalığa sahip olma veya geliştirme olasılığı yüksek olan asemptomatik bireyleri belirlemektir. Tarama, iki aşamalı bir süreç olarak gerçekleştirilebilir. Hastalık için yüksek risk altında olan kişilerin belirlendiği ilk aşama sonrası, tarama testinden genellikle daha karmaşık veya daha maliyetli olan tanı testi ile ikinci aşamaya geçilir. Bu yöntemde tanı testi herkese değil sadece tarama testi ile saptanan yüksek riskli kişilere uygulanmış olur. Alternatif olarak, tek adımlı bir süreç ile tüm bireylere sadece tanı testi de uygulanabilir.

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