

Bölüm 22

GEBELİK VE DİYABET



Barış SEVER¹

Gebelikte diyabet için hastalık mekanizmasına dayalı olarak aşağıdaki sınıflandırma sistemi önerilmiştir:

- Tip 1 diyabet (beta hücre tahribatından kaynaklanır, genellikle mutlak insülin eksikliğine yol açar):
 - a. Vasküler komplikasyonlar olmadan.
 - b. Vasküler komplikasyonlarla (nefropati, retinopati, hipertansiyon, arteriosklerotik kalp hastalığı).
- Tip 2 diyabet (artan insülin direnci ortamında yetersiz insülin sekresyonundan kaynaklanan):
 - a. Vasküler komplikasyonlar olmadan.
 - b. Vasküler komplikasyonlarla (nefropati, retinopati, hipertansiyon, arteriyosklerotik kalp hastalığı, transplant).
- Gestasyonel diyabet (gebelikte ilk kez başlayan diyabet).
- Diğer (Genetik köken, ilaç veya kimyasal kaynaklı).

| A. GESTASYONEL DİYABET

Giriş

Gebeliğe; esas olarak büyüme hormonu, kortikotropin salgılayan hormon, placentar laktojen (koryonik somatomammotropin), prolaktin ve progesteron dahil

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part araştırılmış ve kabul edilebilir güvenlik profillerine sahip olduğu, plasentada minimum transfer olduğu gösterilmiştir. Uzun etkili insülin analogları (insülin glarjin, insülin detemir) hamilelikte kapsamlı bir şekilde çalışılmamıştır. Detemir veya glargin'in gebelikte kullanımı güvenli görünmektedir (72). Mevcut verilere dayanarak, gebelik diyabeti olan gebe kadınlarda çoklu enjeksiyon rejiminin bir parçası olarak insan NPH insülininin kullanılmasını tercih edilir, özellikle sabah dozundan sonraki dört-altı saat arasında, ek bir hızlı etkili insülin dozu öğle yemeği sonrası kan şekeri seviyelerini düşürmeye yardımcı olabilir. Gebelikte NPH'nin güvenliğini ve etkinliğini destekleyen iyi veriler vardır ve gebe kadınlarda değişen gereksinimlere yanıt olarak dozlar sık ve hızlı bir şekilde ayarlanabilir. Bununla birlikte, daha uzun etkili bir insülin analogu kullanılırsa, detemir insülini tercih edilir, çünkü NPH'ye benzer şekilde, hastalar arasında daha tutarlı emilim ve emilimde daha az değişkenlik avantajıyla birlikte günde iki kez kullanılabilir. İnsülin detemir, insülin glarjine göre daha çok tercih edilir çünkü gebelikte daha kapsamlı olarak çalışılmıştır ve daha önce bahsedildiği gibi, glarjinden daha öngörülebilir şekilde günde iki kez kullanılabilir.

SONUÇ

Gebelikte oluşan glukoz regülasyon bozuklukları, günümüzde giderek artan sıklıkta görülmeye başlanmıştır. Beslenme alışkanlıklarının değişmesi, gebelik yaşının ileri yaşlara ertelenmesi ve birçok daha başka etken bu artışa yol açmış olabilir. Gebelikteki bu glukoz regülasyon bozukluklarının etkin takibi ve tedavisi ile başarılı gebelik sonuçları alınabilmektedir. Bu nedenden dolayı, gestasyonel-pre-gestasyonel gebeliklere yaklaşımın ayrıntılı bir şekilde bilinmesi gerekmektedir.

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