Determination of the optimal timing for postprandial glucose measurement in pregnant women with gestational diabetes evaluated by the Continuous Glucose Monitoring System IPro® **Radermecker RP.*;Philips J.C.;Franck M** Diabetes, Nutrition and Metabolic disorders CHU Liege Belgium, University of Liege



Background and aims

Using the Continuous Glucose Monitoring System (IPro®; Medtronic Minimed) for a group of pregnant women with gestational diabetes (GD) based on IADSPG criteria (fasting, 5.0 mmol/L; 1-h, 10.0 mmol/L; 2-h, 8.6 mmol/L).We attempted to answer the following question: when does the physiological peak of postprandial glucose occur in real life for the 3 meals and after a standardized breakfast.

Results

The postprandial glucose peak was reached after $68 \pm 23 \text{ min}$, $79 \pm 30 \text{ min}$ and 109 ± 28 for breakfast, lunch and dinner respectively. The postprandial glucose peak was observed earlier with a standardized breakfast (70 gr carbohydrates): 52 \pm 11 min.

	IADPSG
	75g OGTT
Fasting glucose, mg/dL	<u>></u> 92
1-hour glucose, mg/dL	<u>></u> 180
2-hour glucose, mg/dL	<u>></u> 153
3-hour glucose, mg/dL	-
Criteria for diagnosis	At least 1



We included 13 pregnant women in our study (31 ± 3 years old, 6/13 primipara and 2/13 with GD history). Patients received an IPro ®CGMS[1] for use over 5 days after an educational program and dietary advises. This was calibrated at least 4 times a day. No problem of intolerance occurred during this trial. The last day of the trial, patients received a standardized breakfast at hospital.



Conclusions

Our results show that the optimal time for testing in pregnant women with GD is between 45 and 120 min postprandial. Based on a practical approach, it seems to be easier to advise a 60-min interval. In real life, results depend on the type of meals but the earliest peak remains always at breakfast which could be more discriminant.





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