Gestational diabetes may indicate future subclinical renal issues

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(HealthDay)—Gestational diabetes mellitus (GDM) may be an early

indicator of subsequent subclinical renal dysfunction, according to a study published online May 4 in *Diabetes Care*.

Shristi Rawal, Ph.D., from the National Institutes of Health in Bethesda, Md., and colleagues used data from the Diabetes & Women's Health study (2012 to 2016) to examine the independent and joint associations of GDM and subsequent diabetes with long-term renal function among 607 women and 619 women without GDM participating in the Danish National Birth Cohort (1996 to 2002).

The researchers found that, compared with women without GDM or subsequent diabetes, women with a history of GDM had significantly higher estimated glomerular filtration rate, even if they had not subsequently developed diabetes. Women with a GDM history who later developed diabetes (183 women) also had a significantly higher urinary albumin-to-creatinine ratio (UACR) and an increased risk of elevated UACR (adjusted relative risk, 2.3) versus women with neither. When adjusting for prepregnancy body mass index and hypertension, among other potential confounders, GDM without subsequent diabetes was not related to UACR.

"These findings suggest that women with GDM-complicated pregnancies may represent a high-risk group that could benefit from regular monitoring for early-stage renal damage, timely detection of which may help clinicians initiate treatment to prevent or delay further disease progression," the authors write.

More information: Abstract/Full Text (subscription or payment may be required)