

# **Path Breaking Concept for Primordial Prevention of Diabetes**

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Diabetes mellitus is a relentlessly evolving pandemic and a significant public health problem in recent decades. Efforts are underway all around the world to detect diabetes in its early stages and prevent its complications of diabetes.

***“Detection of Diabetes does not mean prevention of Diabetes”***. What we need is the **PRIMORDIAL PREVENTION OF DIABETES**, that is disease should not develop.

GDM IS THE MOTHER OF NON-COMMUNICABLE DISEASES. The most important concern is about the PREDICTION of GDM, so the development of GDM and its Consequences can be prevented. National Institute of Health (NIH) study in 2018 suggested that HBA1c 5.3(2hr Post Prandial Blood Glucose (PPBG) >110 mg/dl) in the 10th week predicts GDM.

Maternal 2hr PPBG Should not cross  $>110$  mg/dl at the 10th week as fetal beta cells start secreting insulin around the 11th week of pregnancy. Hence blood glucose must be brought to  $<110$  mg/dl as fetal beta cells start secreting insulin around 10-11 weeks. With Fetal Insulin secretion, changes in maternal metabolism starts.

In this study  $N=82$ , Group A- Antenatal Women (ANW) with 2hr PPBS  $<110$ mg% at 8 weeks, and in them, one developed GDM in third trimester as she happens to be a multipara (3%).  $N = 70$  Group B - ANW with PPBS at 8 wks  $>110$ mg% in them, who were put on metformin, one showed GDM (5%) since she discontinued intervention.

For the "Diabetes Free Generation," we should concentrate on offspring development. **"Focus on the Fetus for the Future."**