

## EDITORIAL

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The current growths in economic and social development in Thailand have led to improvements in living conditions, nutritional level and the standard of public health. Medical advances, including the expansion of antibiotics and discovery of new vaccines, have contributed to mortality decline worldwide. These affected the epidemiological transition of the disease patterns. The major health problems were evolved from communicable disease to non-communicable disease, increasing due to culture, life styles and behavior changes in modernization era. In Thailand, although communicable diseases still dominate morbidity, the non-communicable morbidity is steadily rising, such as, DM, hypertension and metabolic syndrome. The metabolic syndrome in Thai climacteric women was investigated and published in this issue: "Mammographic density and metabolic syndrome in climacteric women" by Kankoon M, et al. Interestingly, the prevalence of metabolic syndrome in this study was 20.48%.

Gestational diabetes mellitus (GDM) is broadly defined as any level of glucose intolerance first recognized during pregnancy. The prevalence of gestational diabetes is between 2-5 percent<sup>(1)</sup> of the total pregnant population, and is increasing in a group of elderly gravidas. It imposes many risks on both the mother and the child, and the prognosis becomes even worse during pregnancy. Screening<sup>(2-4)</sup>, diagnosis and treatment of GDM can reduce adverse pregnancy outcomes, including stillbirth, neonatal macrosomia, neonatal hypoglycemia, birth trauma and neonatal respiratory distress syndrome as well as decrease the risk of preeclampsia in the mother. For the offspring there is evidence of potential lifelong metabolic programming as a consequence of exposure to a hyperinsulinemic fetal environment. These changes can predispose the offspring to obesity and metabolic diseases including GDM.

In this issue, many articles related to these problems were published such as, "The incidence of diabetes mellitus in pregnant women and its outcomes between pregnant women with diabetes and non-diabetes mellitus at Maharat Nakhon Ratchasima Hospital" by Dr. Warunpitikul R, et al., "The association between antenatal umbilical cord coiling index pattern and meconium-stained amniotic fluid in gestational diabetic mellitus" by Dr. Anusasanant K, et al. and "The comparative study of the large for gestational age prevalence in neonate of diabetic pregnant women between the optimal and suboptimal glycemic control groups" by Dr. Yensri K, et al.

Significant health advantages can follow from identifying and treating women who have GDM, including: protecting the fetus from macrosomia and a lifetime of excess body fat and obesity; avoiding birth injury, such as shoulder dystocia, and life-long paralytic disability; early recognition of a group of women at risk of type 2 diabetes mellitus<sup>(5)</sup>, which can result in cardiovascular disease and premature death when undertreated. Thus, GDM is a condition with great public health significance, both for identifying women and children at risk and early treatment for improving pregnancy outcomes.

### References

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