

CLINICAL AND METABOLIC OUTCOMES IN PREGNANT WOMEN AT RISK FOR GDM SUPPLEMENTED WITH MYO-INOSITOL.  
A SECONDARY ANALYSIS FROM 3 RCTS

**Obiettivo:**

To evaluate clinical and metabolic outcomes in women at risk for gestational diabetes mellitus (GDM) supplemented with myo-inositol since first trimester.

**Metodi:**

A secondary analysis of databases from 3 randomized, controlled trials (595 women enrolled), in which women at risk for GDM (a parent with type 2 diabetes, obese or overweight) were supplemented with myo-inositol (4g/day) throughout pregnancy. Main measures were the rate of adverse clinical outcomes: macrosomia, Large for Gestational Age (LGA) babies, Fetal Growth Restriction (FGR), pre-term birth, gestational hypertension and GDM.

**Risultati:**

A significant reduction was observed for pre-term birth (3.4% vs 7.6%,  $p=0.03$ ), macrosomia (2.1% vs 5.3%,  $p=0.04$ ), LGA babies (4.8% vs 8.9 %,  $p=0.04$ ) with only a trend to significance for gestational hypertension (1.4% vs 3.9%,  $p=0.07$ ). GDM onset was also decreased when compared to control group (11.0% vs 25.3%,  $p<0.001$ ). At univariate logistic regression analysis myo-inositol treatment reduced the risk for pre-term birth (OR 0.44, CI 0.20 – 0.93), macrosomia (OR 0.38, CI 0.14 – 0.98) and GDM onset (OR 0.36, CI 0.23 – 0.57).

**Conclusioni:**

Once administered early in pregnancy, myo-inositol prevents preterm birth and macrosomia in women at risk for GDM.