

child (42.9%, n=15). Students living in the urban areas (10.3%) were more at risk of overweight than the rural (6.3%) students.

Nearly 11% had missed breakfast, while only 4.4 % and 5.9 % had missed lunch and dinner respectively. Parental characteristics did not show any marked associations with missing meals. More than 93% of the children usually have their lunch and dinner prepared at home while 52 % had breakfast outside home. Four hundred and sixty (72%) of the students consumed at least one snack a day, the common snacks being confectionaries. The trend of taking snacks increased with social class and the family income. Those avoiding meat, fish or eggs were 22%, 12.5%, 12.7% respectively.

Conclusions

Under nutrition and the risk of being overweight are problems among grade eleven school children in the Kalutara MOH area. Focused intervention to improve nutritional status through improvement of dietary habits is a timely requirement.

This study has been presented and published partly in the Journal of the College of Community Physicians of Sri Lanka

OP6 Diabetes in pregnancy among Lankan women: gestational or pre-gestational?

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Introduction

There is an exponential rise in the occurrence of diabetes during pregnancy in South Asia. But data is sparse on the actual pre-gestation diabetes (PGDM) *versus* gestational diabetes (GDM) case-mix. The applicability of the WHO gold standard diagnostic tool (75g Oral glucose tolerance test [OGTT]) to be performed in South Asians at the recommended 24-28 weeks gestation is unknown.

Objective

To assess optimal timing for diagnosis, determine the case-mix of PGDM and GDM and their specific risk profile, insulin needs and pregnancy outcomes among Sri Lankans.

Method

Prospective data of consecutive women diagnosed with diabetes in pregnancy, Professorial unit, De Soysa Hospital for Women Colombo from 1st January 2010- 28th Feb 2011. All were screened by 2hPPBS (postprandial) at antenatal clinic booking and risk stratified to determine the optimal timing of OGTT.

Results (Total $n=140$) GDM and PGDM occurred in 82% and 18% respectively.

GDM ($n=115$) Mean age 32.16 ± 5.26 ; booking POA 13.7 ± 5.8 weeks; booking BMI 26 ± 4.9 kg/m².

Risk factor profile –1(33%); 2(29.3%); ≥ 3 (29%);

64% were detected before 24 weeks. Those >30 years was 67% among early diagnosis *versus* 36% among those diagnosed $>24-28$ weeks ($p=0.02$).

Insulin was required in significantly less women detected early (25.64%) *versus* late (27.27%), ($p=0.019$) while the daily insulin requirement was similar.

Previous miscarriages were 36% among early diagnosed *versus* 18% among those diagnosed late ($p=0.145$).

Hypertension occurred in 13% (Pregnancy induced hypertension=6, chronic hypertension=9); with similar occurrence in both sub-groups.

Pregnancy outcome: were similar in the two subgroups (100% live births, mean birth weight 3.127 ± 0.50 kg, macrosomia 21%; LSCS 43%, pre-term 6.9%; neonatal hypoglycemia and jaundice 13%; congenital malformation=1(0.9%)

Pre-GDM ($n=25$) Mean age 32.92 ± 5.9 (63% >30 years); booking POA 12.7 ± 6.1 weeks; booking BMI 23.49 ± 3.52 kg/m², significantly less than GDM group ($p=0.03$)

Risk factor profile –1(28%); 2(28%); ≥ 3 (32%).

24% had previous miscarriages with more previous still births than GDM ($p=0.002$).

Previous GDM was significantly more than GDM group ($p=0.03$). Hypertension occurred in 20% (PIH =2, chronic HT=3).

Pregnancy outcome: 100% live births. Mean birth weight 3.014±0.56kg; macrosomia 20%; LSCS 44%; pre-term 16%; neonatal jaundice and hypoglycemia 32% (significantly more than GDM group, p=0.012); congenital malformation =1(4%).

Conclusion

Unequivocal PGDM occurs among 18% of pregnant diabetics, in older multiparous women with previous GDM and still births. GDM was diagnosed before the internationally recommended 24 weeks in 64%, although their insulin requirement is significantly less than those diagnosed after 24 weeks.

Recommendations

- 1) Current POA for screening by OGTT in Sri Lanka requires review.
- 2) Comprehensive pre-conception screening programme particularly for older women with previous GDM and/or previous pregnancy loss.

Part of this study was presented at the 6th International DIP symposium- 27th March 2011

OP7 Tobacco smoking amongst the teenage school children in Colombo district, Sri Lanka – the parental influence

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Objectives

Many children who smoke usually remain as adult smokers. Parental behaviour is known to influence the behaviour of children. This study aimed to assess the influence of parental smoking on the smoking behaviour of adolescents.