

**Background:** For the treatment of DM and prevention of acute and chronic complications, it is necessary that the patient achieve good glycemic control, which is possible through self-care actions that are based on changes in lifestyle and correct use of medications and insulins.

**Objective:** To describe self-care practices in the use of NPH and Regular Insulins in an ambulatory of the Unified Health System of Goiânia-GO-Brazil.

**Methods:** Cross-sectional study with type 2 diabetic patients. Data from nursing consultation sheets were collected during the period from October 2015 to March 2016. Patients whose insulin therapy data were complete were included. The data were analyzed in STATA 12.0, using descriptive statistics: means, absolute and relative frequency. The project was approved in the CEP of the HC/UFG.

**Results:** From 107 DM2 patients taking insulin, 57% were female and 46% female, with a mean age of 56 years ( $\pm 11.3$ ). As for comorbidities, 64.7% were hypertensive, 41% had dyslipidemias, 18% had thyroid diseases. The mean values of fasting, postprandial and glycated hemoglobin were respectively 219 mg/dl, 303 mg/dl and 9.8%. As for the use of insulin 80% applied without help and 17% needed another person, being mostly elderly. As for sites, 45.9% apply only in one place, being: 16.7% in the arm, 30.0% in the abdomen, 13% in the legs and 1% in the gluteus. In addition, 86.4% applied cold insulin and 35.4% kept it in the refrigerator door, 21.5% reused needles 1 to 2 days and 71.8% discarded them in household trash.

**Conclusion:** The results showed that some care taken by diabetics is not consistent with the recommendations of the Brazilian Society of Diabetes (SBD, 2014) and the Ministry of Health (BRASIL, 2013). Despite the evolution of the practices regarding insulin therapy, practices such as material reuse, lack of rotation, inadequate preservation and disposal are still frequent. The health services need to invest in permanent education of professionals and actions to manage matters that allow better treatment to users.

### A316

#### Preeclampsia and maternal hospital admission in women with pregestational diabetes

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**Introduction:** Pregestational diabetes has been recognized as a risk factor for adverse pregnancy results. Our objective was to evaluate maternal outcomes in women with pregestational diabetes, either type 1 or type 2 diabetes.

**Methods:** We analyzed 220 women, 85 (39%) with type 1 diabetes and 135 (61%) with type 2, attended in a specialized prenatal care facility. Preeclampsia and maternal hospital admission were the outcomes; type and duration of diabetes and maternal characteristics were studied as risk factors. Simple and multiple Poisson robust regression were performed with SPSS version 18; results are expressed as relative risk and 95% confidence interval (RR, 95% CI, p).

**Results:** The Table presents baseline maternal characteristics according to the type of diabetes. Preeclampsia was diagnosed in 38.1% of type 1 women and in 24.8% of type 2 women ( $p = 0.056$ ); hospital admission occurred in 78.3% of type 1 women and in 67.2% of type 2 women ( $p = 0.111$ ), with median duration of 14 days [interquartile interval 8-24]. Multivariable regression models showed that risk for preeclampsia was associated with gestational age at booking (1.032, 1.003-1.062,  $p = 0.033$ ), duration of diabetes (1.032, 1.001-1.064,  $p = 0.041$ ) and chronic hypertension (2.100, 1.274-3.462,  $p = 0.004$ ). Previous diagnosis of preeclampsia and type of diabetes did not impact in current preeclampsia risk. Hospital admission was associated with duration of diabetes (1.018, 1.006-1.030,  $p = 0.003$ ), gestational age at booking (1.010, 1.001-1.020,  $p = 0.042$ ) and the initial A1c test (1.110, 1.056-1.167,  $p < 0.001$ ). Each 1% increase in the A1c test conferred a 10% higher risk of hospital admission; each year of diabetes

conferred a 3% increased risk for preeclampsia and a 2% risk for hospital admission. Pregestational body mass index was found to be a protective factor for hospital admission (0.981, 0.965-0.998,  $p = 0.025$ ): each lower kg/m<sup>2</sup> reduced 2% the risk.

**Conclusion:** Preeclampsia and hospital admission were frequent events in pregnancies with previous diabetes and were related to duration, but not to the type of diabetes. Hospital admission was mainly related to poor glycemic control; and preeclampsia, to previous maternal hypertension. Management strategies for preeclampsia prevention and intensive metabolic control should be firmly encouraged in this population (Fig. 1).

Table. Baseline characteristics in 220 women with pregestational diabetes

Characteristic	Type 1	Type 2	p
	N=85 (39%)	N=135 (61%)	
Age (years)	27.3 (5.7)	33.5 (5.5)	<0.001
Ethnicity (white)	88.2	76.3	0.044
Education >11 years	22.4	5.2	<0.001
Years from diagnosis	13.0 (6-20)	3.0 (1-7)	<0.001
	[84]	[133]	
With DM complications	25.9	11.1	0.008
Family history of diabetes	21.2	39.5	0.008
	[85]	[124]	
GDM antecedent	1.2	34.1	<0.001
Current smoking	11.8	9.7	0.795
	[85]	[134]	
Gravidity	2.0 (1-2)	3.0 (2-5)	<0.001
Previous preeclampsia	8.2	20.7	0.023
Chronic hypertension	14.1	29.6	0.013
Macrosomia antecedent	4.7	21.5	0.001
GA at booking	13 (6.8)	18 (8.1)	<0.001
Prepregnancy BMI categories			<0.001
Normal	69.4 <sup>a</sup>	4.0 <sup>b</sup>	
Overweight	25.9 <sup>a</sup>	21.4 <sup>a</sup>	
Obese	4.7 <sup>a</sup>	74.6 <sup>b</sup>	
	[85]	[126]	
A1c (initial)	8.4 (1.8)	7.6 (1.6)	<0.001
	[83]	[129]	

DM: diabetes; GDM: gestational diabetes mellitus; GA: gestational age; BMI: body mass index

[ ] indicates numbers evaluated for each variable; a, b:  $p < 0.001$ ; data presented as number (standard deviation) or %

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**Fig. 1** See text for description

### A317

#### Pregnancy after kidney transplant in patients with type 1 diabetes

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**Clinical case:** AFG, 34 years old, with type 1 diabetes mellitus (DM) for 21 years (prepregnancy HbA1c:8%), systemic arterial hypertension, proliferative diabetic retinopathy, neovascular glaucoma (left amaurosis), previous kidney transplanted, currently with ClCr:80 ml/min and proteinuria:630 mg/24 h, 2 previous stillbirths (32 and 34 weeks). In a new pregnancy, patient developed a hypertensive peak and decreased