To the Editor:

After carefully reading the article by Rovira et al. (1), published in the Colombian Journal of Obstetrics and Gynecology (Revista Colombiana de Obstetricia y Ginecología), vol. 74, No. 2, we would like to make a few observations.

At the present time, gestational diabetes mellitus (GDM) is a public health problem, with a global prevalence of approximately 16.2% (2), the main risk factors being those mentioned by the authors in the article (1). However, we find that there are relevant variables in the management of GMD which have not been considered as part of the risk factors for insulin requirement, as is the case with multiparity and a prior history of GDM (3,4). According to cohort studies like the one conducted by Ouzounian et al. (4) with the aim of assessing factors associated with insulin therapy initiation in 1,451 women with GDM, there is a significant association between multiparity and the presence of this condition in previous pregnancies, and the initiation of insulin. This information is supported by Méndez-Miguez et al. (3) in their study of 113 patients with GDM which found that a history of GDM during a previous pregnancy was among the only predictive factors for poor response to dietary treatment and the need for insulin therapy. We believe that in examining associations between risk factors and insulin therapy initiation, it is of the utmost importance to consider all possible variables as part of the analysis, thus reducing confounding factors. Additionally, the study of the degree of co-linearity between variables would contribute to further reduce the confounding factor of the adjusted analysis.

Additionally, the authors of the article used GDM patients who received non-pharmacological management as the control population. However, the article does not state whether patients who used metformin as part of the dietary plan were included,
Conflicts of interest: The authors declare that they have no conflict of interest.