• Is characterized by hyperglycemia due to an individual's resistance to insulin; there is relative insulin deficiency.
• It is associated with strong genetic predisposition and not related to an autoimmune disease. It has been described as a geneticist's nightmare.
• The individuals are at risk of developing macrovascular and microvascular complications.
• It has milder symptoms as compared to type 1, however, untreated type 2 DM will result to nonketotic hyperosmolar coma – overproduction of glucose (>500mg/dL) severe dehydration, electrolyte imbalance and increased BUN and creatinine.

Risk factors: obesity, family history, advanced age, hypertension, lack of exercise GDM, impaired glucose metabolism.

➢ Gestational Diabetes Mellitus (GDM)
• A disorder characterized by impaired ability to metabolize carbohydrate usually caused by a deficiency of insulin, metabolic or hormonal changes, occurring in pregnancy and disappearing after delivery but, in some cases, returning years later.
• Screening should be performed between 24 and 28 weeks of gestation (1-hr glucose Challenge Test – 50g glucose load).

• GDM is diagnosed if 2 plasma values or more of the above glucose levels are exceeded.

★ Diagnosing Gestational Diabetes Mellitus
• GDM is diagnosed if 2 plasma values or more of the above glucose levels are exceeded.
• After giving birth, women with GDM should be evaluated 6 to 12 weeks postpartum.
• GDM converts to DM within 10 years in 30%40% of cases.

➢ Impaired Fasting Glucose
• It is characterized by fasting blood glucose concentrations between normal and diabetic values.