

# Procrastination and glycemic control of gestational diabetes – preliminary report

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## Introduction

Psychological dimensions of gestational diabetes mellitus (GDM) are not adequately studied and related research is limited.

Procrastination as a personality trait is involved in many aspects of daily life [1]; it has not been studied in relation to GDM.

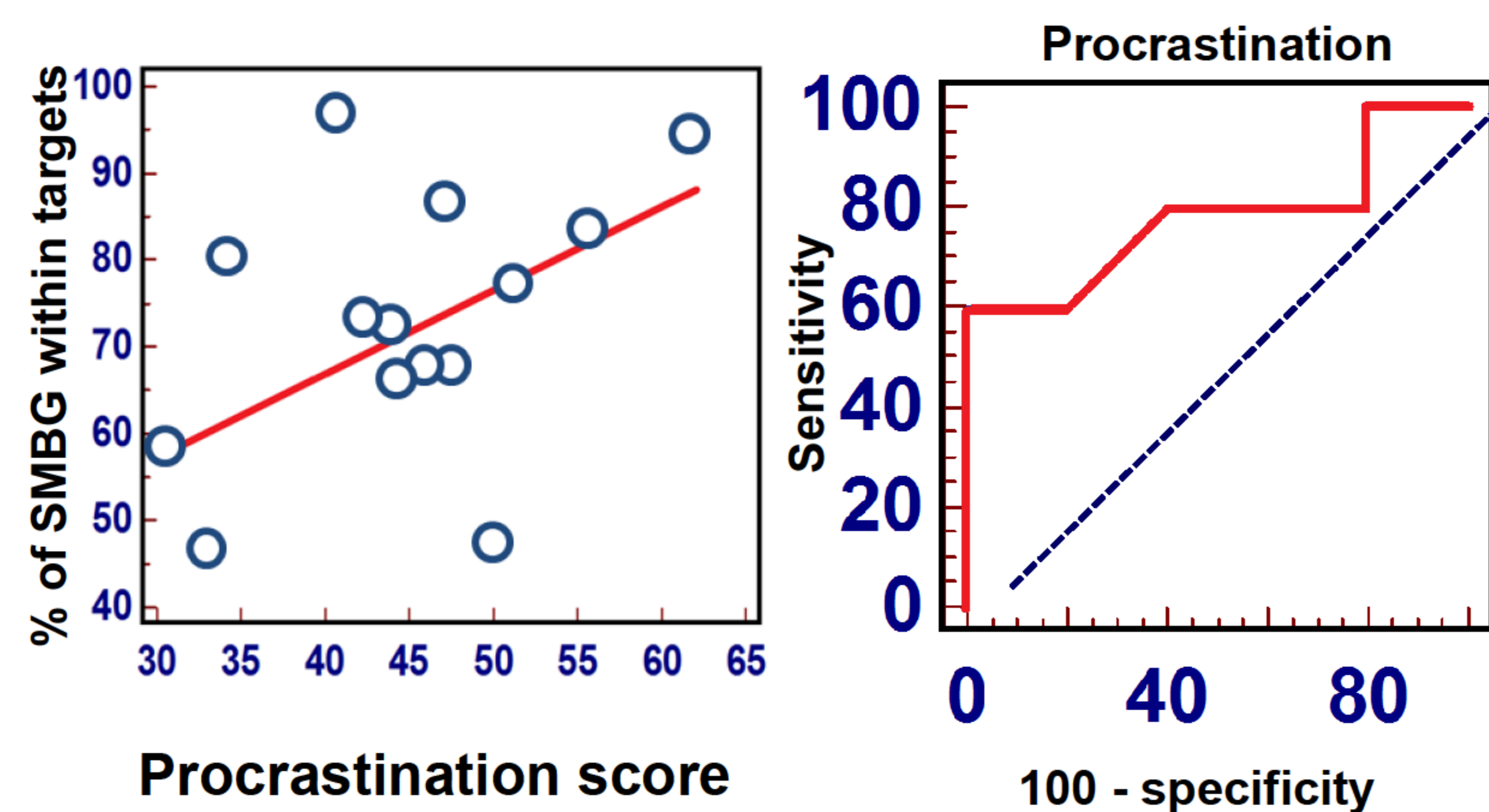
## Aim

To assess procrastination in insulin-treated women with GDM.

## Patients-Methods

15 women (mean age  $\pm$  SD: 33  $\pm$  4 years) diagnosed with GDM between 24 to 28 weeks of gestation (with a 75 g OGTT and the HAPO study criteria [2]) and treated with at least one insulin injection/day were studied. Over the last 4-5 weeks of pregnancy the women replied to Lay's questionnaire (General Procrastination Scale; validated Greek version) [3, 4]. The questionnaire consists of 20 questions, with five answers each (from "never" to "always"). The minimum possible score on the questionnaire is 20 and the maximum score is 100. Glycemic control of GDM was assessed by SMBG diaries covering a 1-3 week period. Glycemia was regarded as satisfactory with fasting glucose values  $<92$  mg / dL and postprandial values  $<130$  mg / dL (+1 hour) or  $<120$  mg / dL (+2 hours). Glycemic control was considered as being satisfactory when 75% of measurements were within targets. Data were analyzed by a ROC plot.

## Results



Less than half of the women (n=7) had satisfactory glycemic control. Women with low procrastination score ( $<50$ ) had worse glycemic control compared to those with high procrastination score ( $> 50$ ) (area under the ROC curve = 0.82).

## Discussion

The diagnosis of GDM creates tension and anxiety in pregnancy - especially in women treated with insulin - leading to increased obsessive-compulsiveness and stress [5]. Procrastination is a self-defeating behavior, characterized by short-term benefits but long-term problems [6]. This study shows that procrastination can, however, play a favorable role in the glycemic control of GDM.

## References

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