(GDM) were included in the analysis. Patients were started on insulin therapy (faster acting insulin aspart ± basal insulin) once medical nutrition therapy for 2 weeks failed to achieve control, that is., fasting plasma glucose ≥90 mg/dL and/or 1.0 h postprandial plasma glucose ≥130 mg/dL. Basal insulin dose was titrated to achieve a fasting of 90-100 and the Faster aspart was titrated to achieve a post-meal of 120 and not exceeding 130. Patients were followed once every 4 weeks until the 28th week, then once every 2 weeks until 32nd week, then once every week until delivery, and the final visit was on 30 ± 7 days after delivery of the child. **Results:** Out of 37 full term deliveries, only two had macrosomia. No congenital defects were noted in the anomaly scan and at births. There were no episodes of neonatal hypoglycemia reported. Only one episode of post-meal symptomatic maternal hypoglycemia was reported. Mean number of FiASP injections per day was 2.88 ± 0.39. Mean daily dose of FiASP used was 22.7 ± 6 international units. A total of 89% of the patients received faster aspart thrice daily and remaining received it twice daily. **Conclusions:** Faster acting insulin aspart was found safe in pregnancy, however, more studies with double-blind, standard controlled studies are required to confirm the findings of this study.

Pediatric Endocrinology

PEDIATRIC ENDOCRINE CASE REPORTS II

Long-Term Developmental Impact of Withholding Parenteral Nutrition in Pediatric-ICU: A 4-Year Follow-Up of the Pepanic Randomized Controlled Trial

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Aim: Between 2012-2015, the PEPaNIC randomized controlled trial, which included 1440 critically ill infants and children, showed that withholding parenteral nutrition during the first week in the pediatric intensive care unit (PICU) (late-PN), as compared with initiating supplemental PN early (early-PN), improved PICU outcomes (1) and improved neurocognitive development assessed 2 years later (2). The latter was explained by avoiding early-PN induced adversely altered DNA-methylation of 37 CpG sites (3). As a large number of patients were younger than 1 year of age at randomization and given that assessment of most neurocognitive domains is only possible from 4 years of age onwards, we performed a 4-year follow-up to determine the impact of late-PN versus early-PN on physical, neurocognitive, and emotional/behavioral development. This pre-planned, 4-year follow-up study of the 1440 PEPaNIC patients and of 369 matched healthy children was blinded for treatment allocation (ClinicalTrials.gov-NCT01536275). Methods: Studied clinical outcomes included anthropometrics, health status, parent/caregiver-reported executive functions, and emotional/behavioral problems, and clinical tests for intelligence, visual-motor integration, alertness, motor coordination and memory. Univariable and multivariable linear and logistic regression analyses adjusted for risk factors assessed the impact of late-PN versus early-PN on the outcomes and investigated a potential mediation role of the adversely altered DNA-methylation of 37 CpG sites previously shown to be evoked by late-PN as compared with early-PN (3). Results: Overall, at 4 years follow-up, patients (356 late-PN patients, 328 early-PN patients) could be tested neurocognitively. They revealed worse anthropometric, health status, neurocognitive and emotional/behavioral developmental outcomes than the healthy control children. Outcomes of late-PN patients were never worse than those of early-PN patients. In contrast, late-PN patients had fewer internalizing (P=0.042) and externalizing problems (P=0.046), and fewer total emotional/behavioral problems (P=0.007) than early-PN patients, which were normalized by late-PN. Avoiding the early-PN induced adversely altered DNA-methylation status of the 37 CpG sites statistically explained its impact on the behavioral outcomes. Conclusion: Four years after randomization to late-PN or early-PN in the PICU, late-PN did not show harm, and was found to protect against emotional/behavioral problems, with altered DNA-methylation as a potential biological mediator hereof. These data further support de-implementation of PN-use early during critical illness in infants and children. (1) Fivez et al. N Eng J Med 2016 (2) Verstraete et al. Lancet Respir Med 2019 (3) Guiza et al. Lancet Respir Med 2020 (in press)

Reproductive Endocrinology

REPRODUCTIVE ENDOCRINOLOGY: REPRODUCTIVE FUNCTION AND DYSFUNCTION ON DEVELOPMENT

Assessment of Endothelial Dysfunction by Flow Mediated Dilation in Postmenopausal Women

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Menopause is defined by the World Health Organization as the permanent cessation of menses as a result of the loss of ovarian follicular Function or surgical removal of ovary. Menopausal health demands priority in Indian scenario due to increase in life expectancy and growing population of menopausal women. It is well known that cardiovascular risk is higher in postmenopausal women than in premenopausal women, but it is unclear how much of the elevated risk is related to aging, menopause itself or presence of other confounding factors. Endothelial dysfunction is one of the most important predictors for determining early atherosclerotic risks as it precedes overt vascular disease by years and may itself be a potentially modifiable risk factor. Although no gold standard for the measurement of endothelial function exists, the measurement of flow mediated dilation (FMD) in the brachial artery, assessed with Doppler ultrasonography, is the most