Important updates for clinical practice and health policy

his issue of the *MJA* features several articles that provide new guidelines and insights into the management and consequences of important clinical conditions.

Updated guidelines on the management of gestational diabetes are now published. The 2025 consensus recommendations from the Australasian Diabetes in Pregnancy Society (ADIPS) update the guidance for the screening, diagnosis and classification of hyperglycaemia in pregnancy based on available evidence and stakeholder consultation.² These consensus recommendations, from Sweeting and colleagues, are important; the last time these guidelines were updated was in 2014.1 These updated recommendations raise the diagnostic glucose thresholds for gestational diabetes mellitus and clarify approaches to early pregnancy screening for women with risk factors for hyperglycaemia in pregnancy. An HbA_{IC} measurement is now recommended with first trimester antenatal blood tests to assist practitioners with risk stratification. There is also guidance on considerations that need to be made for early oral glucose tolerance testing in high risk women. As rates of gestational diabetes continue to rise, diagnosis and management of this condition are likely to be within the scope of practice for most generalist medical practitioners, especially in regional and remote areas with poor access to specialist teams. These recommendations are a welcome update for medical practitioners.

Diabetes features in an article by Zhang and colleagues, which examined information from Diabetic Foot Services and linked it to Queensland Hospital Admitted Patient Data to assess the incidence, risk factors and length of stay for hospitalisations, with and without amputations, of people with diabetes-related foot ulcers (DFU).³ This is again an increasingly common condition in the population as rates of diabetes and its related complications increase. The incidence of DFU-related hospitalisations among people with DFU was high, although most did not involve amputations. The risk of DFU-related hospitalisation was higher for people with deep ulcers or severe peripheral artery disease. The authors argue that these findings could assist services determine which people with DFU would benefit most from intensive interventions, potentially averting large numbers of diabetes-related hospitalisations.

In another clinically focused article in this issue, Seeley and colleagues analysed data from the Australian postural orthostatic tachycardia syndrome (POTS) Patient Registry to assess the symptom burden, quality of life, and diagnosis history of people with POTS in South Australia. This is the first Australian study based on data from a registry of people with physician-confirmed POTS. The key findings were long delays between symptom onset and diagnosis despite seeing several physicians, reduced social engagement, high unemployment, and low quality of life for the relatively young people with POTS. The mean diagnostic delay in this study was longer than reported overseas, suggesting unique barriers in Australian health care. This will become more relevant in the future as

infection with SARS-CoV-2 was the most common reported trigger for development of the condition.

An article with important advice for physicians who support patients with genetic diseases is a summary of the recently updated guidance from the Office of the Australian Information Commissioner (OAIC) clarifying clinicians' discretion to assist patients with notifying their relatives about genetic risk without breaching federal privacy laws.^{5,6} Tiller and Otlowski examine the clinician's role in this scenario.⁵ The authors discussed the challenge from the point of view of the patient, of their relatives and the clinician's role in managing expectations both from an ethical perspective but within an acceptable medico-legal framework while practising in Australia. The authors conclude that "Now that the OAIC has clarified that relatives' contact details can be collected from patients and used to notify them about their genetic risk, without breaching the Privacy Act, the development of a clinical guideline to assist clinicians would be timely. Consideration and guidance from privacy regulators in each state and territory about the interpretation of local laws would assist with this".

The MJA continues to be at the forefront of publishing guidelines and research that directly affect health policy and clinical practice. \blacksquare

Aajuli Shukla Deputy Medical Editor, *Medical Journal of Australia*, Sydney, NSW. doi: 10.5694/mja2.70011

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- 2 Sweeting A, Hare MJL, de Jersey SL, et al. Australasian Diabetes in Pregnancy Society (ADIPS) 2025 consensus recommendations for the screening, diagnosis and classification of gestational diabetes. *Med J Aust* 2025; 223: 161-167. https://www.mja.com.au/journal/2025/223/3/australasian-diabetes-pregnancy-society-adips-2025-consensus-recommendations
- 3 Zhang Y, Cramb SM, McPhail SM, et al. The incidence and risk factors for hospitalisations and amputations among people with diabetes-related foot ulcers in Queensland, Australia; 2011-19: an observational cohort study. *Med J Aust* 2025; 223: 149-158. https://www.mja.com.au/journal/2025/223/3/incidence-and-risk-factors-hospitalisations-and-amputations-people-diabetes#:~:text=In%20our%20large%20cohort%20of,did%20not%20involve%20amputation%20procedures
- 4 Seeley MC, Wilson G, Ong E, et al. Symptom burden, quality of life, and diagnostic journey of people with postural orthostatic tachycardia syndrome, Australia, 2021–24: a descriptive patient registry data study. *Med J Aust* 2025; 223: 159–160.
- 5 Tiller J, Otlowski MFA. Clinicians' discretion to contact patients' at-risk relatives about their genetic risk: new guidance from Australia's privacy regulator provides timely clarification. *Med J Aust* 2025; 223: 123-126.
- 6 Australian Government Office of the Australian Information Commissioner. Guide to health privacy. https://www.oaic.gov.au/privacy/privacy-guida nce-for-organisations-and-government-agencies/health-service-providers/guide-to-health-privacy/chapter-8-using-and-disclosing-genetic-infor mation-in-the-case-of-a-serious-threat (viewed July 2025). ■