

Obesity in O&G – The new Tsunami

MONIQUE STRAVENS

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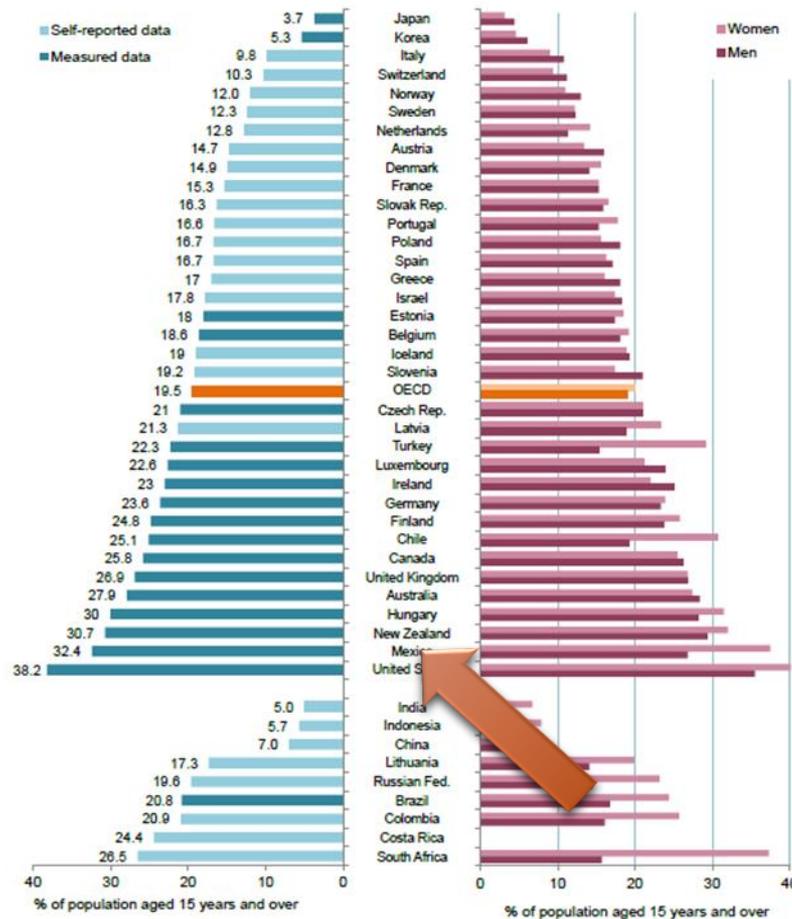
Weight Categories	BMI (kg/m ²)
Underweight	< 18.5
Healthy Weight	18.5-24.9
Overweight	25-29.9
Obese	30-34.9
Severely Obese	35-39.9
Morbidly Obese	≥40

New Zealand retains bronze in OECD obesity stakes

RACHEL THOMAS AND TOM HUNT
Last updated 13:39, October 12 2017



Figure 1: Obesity among adults, 2015 or nearest year



es obesity epidemic entry in the world

l Mexico for worldwide rates professionals are calling for of the food and beverage



ised as obese Photograph: Dominic Lipinski/PA

Newshub.

12 February 2018

hub HOME NZ WORLD P

Source: OECD (2017), OECD Health Statistics 2017 (Forthcoming in June 2017).
www.oecd.org/health/health-data.htm
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

AUCKLAND
28° 21°
MORE WEATHER >

RadioLIVE
LISTEN NOW

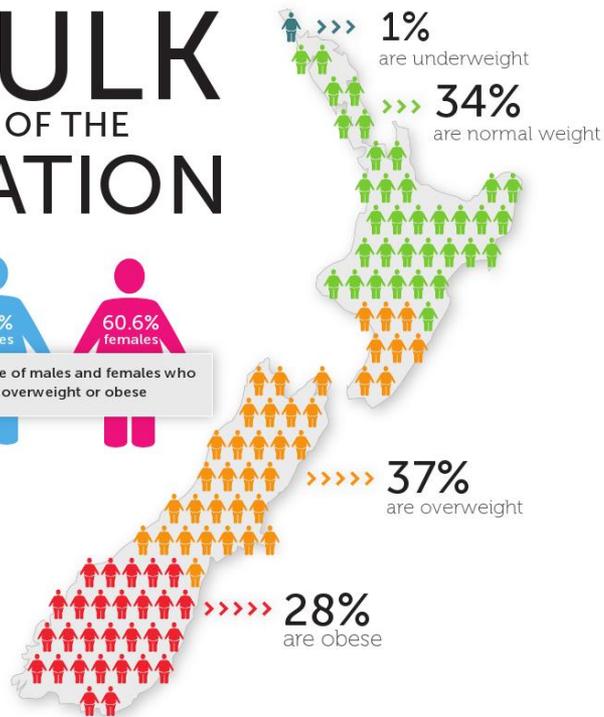
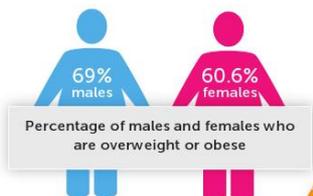
MONEY SHOWS OPINION

New Zealand the world's most obese nation

12/10/2017

Like 919

BULK OF THE NATION



TRENDS

1997 - 2008/09

(Percentage points)



SCIENCE MEDIA CENTRE
DATA: NEW ZEALAND ADULT NUTRITION SURVEY (2011) BASED ON BMI FOR ADULTS +15 YEARS

When and how affected?

- Childhood
- Adolescent
- Reproductive years
- Pregnancy
- Beyond the reproductive years
- Menopause transition

Obesity in childhood

- ❑ Maternal obesity and gestational weight gain associated with childhood obesity, and this effect extends into adulthood
- ❑ Increased chances of later life obesity and its complications
- ❑ 80% risk of childhood obesity if both parents obese vs 10%
- ❑ Maternal obesity independently associated with neurodevelopment delay (*Girchenko et al, 2018*)



Adolescent

- ❑ High BMI scores at age 3 risk factor for early onset of puberty
- ❑ Early puberty associated with diabetes cardiovascular events later in life
- ❑ Breast cancer risk
- ❑ Psychological risks

Reproductive years

- ❑ Longer time to conception due to ovulatory disorders
- ❑ PCOS often co-exists and obesity causes deterioration of hormonal and metabolic parameters
- ❑ Less favourable outcomes with assisted reproduction
 - respond poorly to ovulation induction
 - lower pregnancy rates with Gonadotrophins, need higher doses
- ❑ Higher miscarriage rates (spontaneous and assisted) including recurrent miscarriage

Pregnancy

FETAL RISK

- congenital abnormalities
- large for gestational age
- shoulder dystocia
- IUFD

MATERNAL RISK

- GDM
- HTN
- obstetric intervention
- Anaesthetic complications
- PPH
- Lactation difficulties
- VTE

And beyond

- ❑ Contraception difficulty
 - COCP – VTE risk, ? Less effective
 - Depot Provera – weight gain
 - Levonorgestrel implant – ? decreased effectiveness at 5 years
- ❑ Menstrual difficulties due to anovulatory cycles; irregular, heavier, longer
- ❑ Endometrial polyps
- ❑ Fibroids
- ❑ Stress urinary incontinence
- ❑ Pelvic organ prolapse

Menopause transition

- ❑ Longer menopause transition
- ❑ Final menstrual period later
- ❑ More symptomatic
- ❑ Weight gain
- ❑ Changes in fat distribution
- ❑ ??HMT



Risk of malignancy

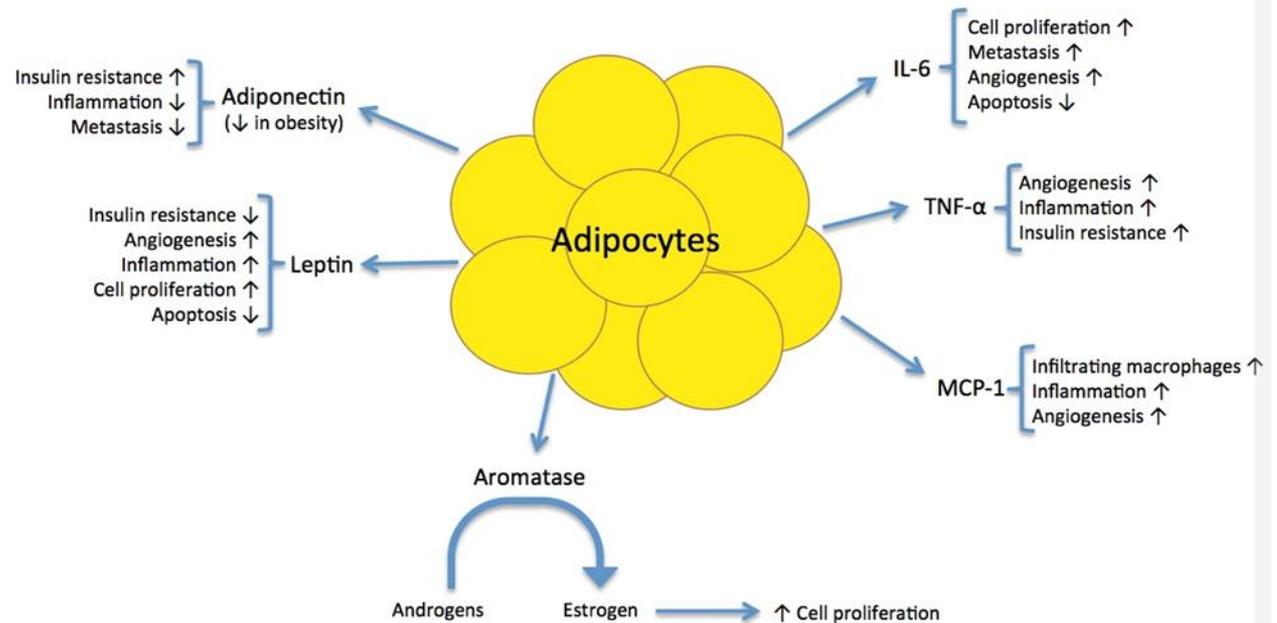
- Increased risk of endometrial, breast (postmenopausal), ovarian & colon cancer



Risk of malignancy

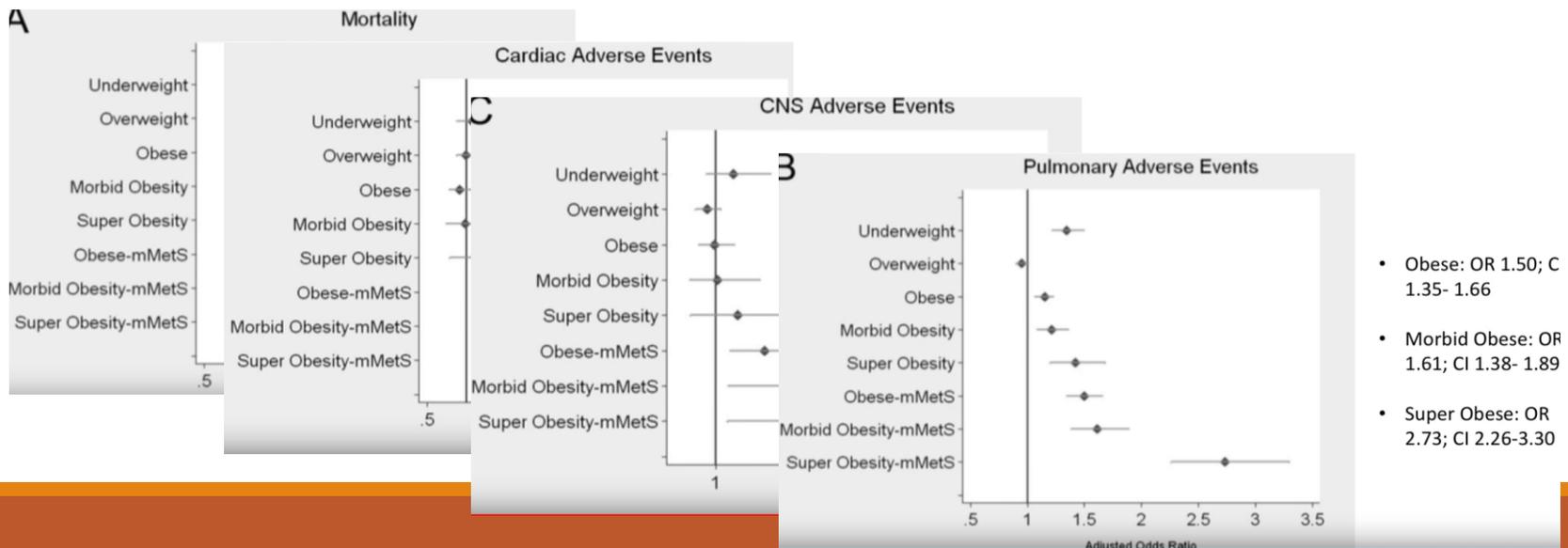
- Increased insulin resistance, hyperinsulinaemia, angiogenesis
- Adipokines
- oestradiol

Adipose's Secretory Activity



Treatment consideration

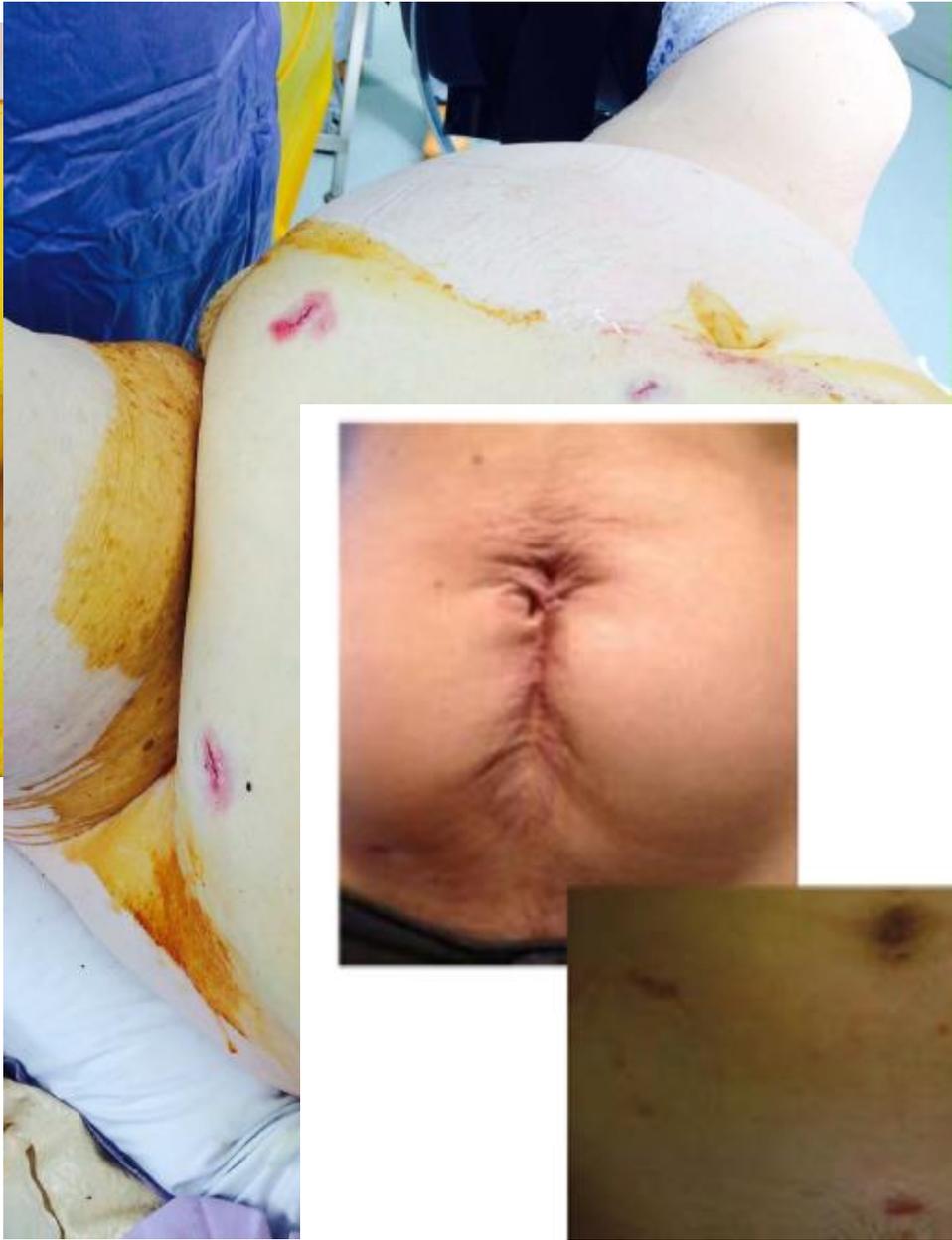
- High risk of perioperative complications – anaesthetic & surgical. Consider indication for surgery, inform patients of risk, careful planning
- Outcomes similar with increased weight but significant differences with BMI approaching 40. Risks particularly high if cardiovascular co-morbidities present (*Glance et al, 2010*)



Treatment consideration

- Minimal access surgery best. Improved outcome achievable with laparoscopic surgery in experienced hands





Questions?

