Many Pregnant Women May Be Iodine Deficient

BY HEIDI SPLETE
Senior Writer

WASHINGTON — More than 70% of women with access to dietary iodine may remain at risk for unrecognized iodine deficiency during pregnancy, based on results from an observational study conducted in 53 pregnant women in Canada.

The average urinary iodine concentration (UIC) was 111.3 mcg/L (range, 21.2-373.0 mcg/L) in this group of women. This average was below the range of 150-249 mcg/L that the World Health Organization recommends for pregnant women, said Dr. Pamela Katz, who presented the findings at the annual meeting of the International Society of Obstetric Medicine.

"Iodine receives little attention in North America," said Dr. Katz. Adequate iodine intake is not considered a problem in North America, but this assumption may be inaccurate, she said.

The results are consistent with those from larger studies. It may be that women in some iodine-sufficient areas are consuming less salt.

It is recommended that pregnant women consume 200-300 mcg of dietary iodine daily. Dietary intake of iodized salt is the most common source of iodine for pregnant women in North America, although many prenatal vitamins contain iodine.

To determine whether women living in areas considered iodine sufficient were consuming adequate iodine, Dr. Katz and her colleagues at the University of Toronto and Mount Sinai Hospital, also in Toronto, measured the UIC of 53 women with an average age of 33 years during standard prenatal visits to the hospital. The average gestational age was 26 weeks.

With a UIC range of 21.2-373.0 mcg/L, only 21% of the women had a UIC within the recommended range of 150-249 mcg/L, while 71% were below the range and 8% were above it.

The study was limited by its lack of information on maternal diet and fetal outcomes, and the results may not be generalizable to other regions.

The reason for the reduced UIC remains unclear, but the results are consistent with data from larger studies, and it may be that women in some iodine-sufficient areas are consuming less salt as part of their diets, Dr. Katz said.

The findings suggest a greater need for increased awareness of the importance of iodine for a healthy pregnancy, and the iodine content of prenatal supplements should be standardized to meet the increased requirements of pregnancy, she emphasized.

Physiological changes associated with pregnancy, including increased renal clearance of iodine and the iodine requirements of the fetus, require additional iodine intake. Maternal iodine deficiency has been associated with an increased risk of complications including stillbirth and spontaneous abortion, as well as developmental problems in children, including developmental delay and mental retardation, Dr. Katz noted. ■

Nearly 25% of U.S. Women Have Pelvic Floor Disorders

BY MARY ANN MOON
Contributing Writer

An estimated 25% of women in the United States have pelvic floor disorders including urinary incontinence, pelvic organ prolapse, and fecal incontinence, according to national survey results.

The prevalence of these disorders rises with increasing age and parity, so that as many as one-third of older women may be affected, said Dr. Ingrid Nygaard of the University of Utah, Salt Lake City, and associates.

The results are based on responses of a nationally representative sample of 1,961 nonpregnant women aged 20 years and older, included in the 2005-2006 National Health and Nutrition Examination Survey. The survey is conducted by the Centers for Disease Control and Prevention. Until now, no national survey has assessed the prevalence of moderate to severe pelvic floor disorders in these patients. Only moderate to severe symptoms were included in this analysis: at least weekly urinary leakage or leakage of substantial urinary volumes; at least monthly leakage of solid, liquid, or mucous stool; and/or seeing or feeling a bulge or "something falling out" in the vaginal area.

Overall, 24% of women reported at least one such symptom. Approximately 16% reported urinary incontinence, 9% reported fecal incontinence, and 3% reported pelvic organ prolapse, the investigators said (JAMA 2008;300:1311-6). Participants were interviewed in their homes and then were given standardized physical examinations in a mobile examination center.

The proportion of affected women rose with age. The prevalence was approximately 10% among women in their 20s and 30s, 27% among those in their 40s and 50s, 37% among women in their 60s and 70s, and 50% among women aged 80 years and older.

Women with more body mass and higher parity were more likely to have pelvic floor disorders than were women of less body mass and lower parity.

These prevalences are likely to be underestimates because the analysis excluded women who already had been treated for pelvic floor disorders. The analysis also used conservative definitions of leakage. Moreover, physical examination of a study subset showed that the prevalence of physically diagnosed pelvic organ prolapse was greater than that diagnosed by symptoms only.

The study findings indicate that as the population of older women increases, "the national burden related to pelvic floor disorders in terms of health care costs, lost productivity, and decreased quality of life will be substantial," Dr. Nygaard and her associates noted.

This study was funded by a variety of grants from public institutions. ■

Women Underreport Bowel Problems, Study Suggests

CHICAGO — Despite a high prevalence of most bowel symptoms among women seeking urogynecologic care, few tell their physicians about their symptoms, according to a study of 463 patients.

The finding indicates that "bowel symptoms should be evaluated in all women presenting for urogynecologic care," Dr. Fareesa Raza-Khan of Washington University, St. Louis, reported in a poster at the annual meeting of the American Urogynecologic Society. The study was conducted by researchers at Washington University and Loyola University Chicago, Maywood.

Although only 3% of patients presenting to a urogynecologic clinic had a bowel symptom as their primary complaint, 76% reported at least one bowel symptom on nonvalidated and validated questionnaires.

Researchers reviewed the charts of 463 consecutive new patients ranging in age from 19 to 94 years (median age, 56) with a body mass index range of 16-64 kg/m^2 (median, 27) presenting for care between 2006 and 2008. The women completed the Colorectal-Anal Distress Inventory (CRADI) subscale of the Pelvic Floor Distress Inventory and a questionnaire asking them about their experience with fecal/flatal incontinence, painful bowel movements, and other bowel movement difficulties.

The most frequent symptoms were difficult bowel movements (42%), flatal incontinence (34%), and fecal incontinence (19%). Dr. Raza-Khan reported that she had no conflicts of interest.

—Susan Birk

Consider Weight Loss as First-Line Tx for Urinary Incontinence in Obese Patients

BY SUSAN BIRK
Contributing Writer

CHICAGO — Obese and overweight women with urinary incontinence may be able to manage their condition by losing weight and maintaining the weight loss.

The more weight a woman had lost by the end of the 18-month Program to Reduce Incontinence by Diet and Exercise trial, the greater her likelihood of experiencing at least a 70% improvement in urinary incontinence (UI), Dr. Leslee L. Subak reported at the annual meeting of the American Urogynecologic Society.

The finding that even moderate weight loss yielded significant improvements indicates that "weight loss should be considered as a first-line treatment for overweight and obese women with UI," added Dr. Subak of the University of California, San Francisco.

The multicenter study consisted of 338 overweight and obese women who had at least 10 episodes of urinary incontinence weekly, as indicated by a 7-day voiding diary. The patients were randomly assigned to an intensive 6-month weight-loss program and a 12-month weight-maintenance program, or to an education program that did not include weight-reduction intervention.

The weight-loss program incorporated diet, exercise, and behavior modification. All of the participants kept diaries of the number and type of UI episodes.

At baseline, the intervention and control groups did not differ in mean age (53 years), weight (97 kg), body mass index (36 kg/m^2), or number of UI episodes per week (24). Of the total number of participants, 86% completed the trial.

After 18 months, participants in the diet and exercise group had lost a mean of 6.5 kg, and those in the education group had lost a mean of 1.7 kg. Although the two groups did not differ in frequency of total, stress, or urge incontinence episodes at the end of the trial, the data showed a strong relationship between the amount of weight lost and the likelihood of a significant reduction in UI.

Comparisons of UI frequency among women who gained weight during the study and among those who lost less than 5%, 5% to less than 10%, or 10% or more of their initial body weight showed a significant association between degree of weight loss and reductions in total, stress, and urge incontinence. The association persisted independently of treatment group or baseline BMI.

Compared with the participants who gained weight during the trial, the odds of experiencing at least a 70% reduction in overall total UI episodes were 1.8 in women who lost less than 5%, 2.0 in those who lost 5% to less than 10%, and 2.6 in those who lost 10% or more of their weight.

The trial was funded by the National Institute of Diabetes and Digestive and Kidney Diseases. ■

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