

# Obesity Does Not Complicate Medical Abortion

BY ALICIA AULT

Associate Editor, Practice Trends

NEW ORLEANS — Obesity was not found to increase the risk of adverse events in women undergoing medical abortion in a retrospective chart review of 1,193 procedures.

Medical abortion might be considered before surgical abortion in obese patients because of the additional risk obesity confers during surgical abortions, Dr. Melis-

sa Strafford said at the annual meeting of the American College of Obstetricians and Gynecologists.

Dr. Strafford and her colleagues reviewed charts for women who had medical abortions from 2005 to 2007 at Boston Medical Center. The investigators compared extremes of body mass index to detect any difference in complication rates. Overall, 1,398 charts were reviewed; the researchers excluded women with a body mass index between 30 and 35 and those who had repeat

abortions, leaving 1,193 procedures performed using mifepristone and misoprostol.

A total of 918 of those women (77%) had a BMI of less than 30 and 131 (11%) had a BMI of greater than 35.

Overall, 743 women (81%) with a BMI of less than 30 had a documented complete abortion, compared with 106 (81%) of those with a BMI of greater than 35. An equal number required surgical intervention—about 5% of each group. And the numbers requiring additional visits and

treatment also were similar—at 64 (7%) for those with a BMI under 30 and 6 (5%) of those with a BMI over 35.

While there was some difference in the composition of the two groups, multiple regression analyses did not change the results, said Dr. Strafford.

Medical abortion should be considered for obese patients because surgical abortion presents an increased risk. That makes early counseling and referral even more important for obese patients, she said. ■

FIRST AND ONLY ESTRADIOL TRANSDERMAL SPRAY

## Relief in a mist

Give her convenient relief of moderate-to-severe vasomotor symptoms with low-dose Evamist™

- Reduces the frequency and severity of hot flashes<sup>1</sup>
  - 69% reduction in frequency (vs 38% with placebo)\*
  - 41% reduction in severity (vs 10% with placebo)<sup>1</sup>
  - Sustained estrogen delivery
- Low dose of plant-based 17β-estradiol<sup>2</sup>
- Flexible dosing with 1, 2, or 3 sprays once daily<sup>1</sup>
  - Precision-metered spray delivers consistent and accurate dosing
- Convenient spray delivery to the inner forearm dries in a median of 67 seconds<sup>1,2</sup>



\*At Week 12, mean change of -8.10 from baseline 11.81 hot flashes with 1 spray/day vs mean change of -4.76 from baseline 12.41 hot flashes with placebo (P=0.0004).

†At Week 12, mean change of -1.04 from baseline score 2.53 with 1 spray/day vs mean change of -0.26 from baseline score 2.55 with placebo (P<0.0001).

‡Patients should wait at least 2 minutes after applying Evamist before dressing.<sup>1</sup>

Evamist™  
(estradiol transdermal spray)

The Women's Health Initiative Memory Study (WHIMS), a substudy of the WHI, reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 5.2 years of treatment with daily CE 0.625 mg alone and during 4 years of treatment with daily CE 0.625 mg combined with MPA 2.5 mg, relative to placebo. It is unknown whether this finding applies to younger postmenopausal women.

In the absence of comparable data, these risks should be assumed to be similar for other doses of CE and MPA and other combinations and dosage forms of estrogens and progestins. Because of these risks, estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.

Evamist should not be used in women with undiagnosed abnormal genital bleeding; known, suspected, or history of breast cancer; known or suspected estrogen-dependent neoplasia; active deep vein thrombosis, pulmonary embolism, or history of these conditions; active or recent arterial thromboembolic disease; liver dysfunction or disease; or known or suspected pregnancy.

In a clinical trial with Evamist, the most common side effects were headache, breast tenderness, nasopharyngitis, nipple pain, back pain, nausea, and arthralgia.

Please see brief summary of prescribing information on adjacent pages.

For more information about Evamist™, visit [www.evamist.com](http://www.evamist.com) or call 877-567-7676.