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## Extra Weight May Promote Pelvic Organ Prolapse

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CHICAGO — The most effective way for women to prevent the progression of pelvic organ prolapse might be to maintain a healthy weight, a retrospective analysis of data on 16,000 women suggests.

Being overweight or obese at baseline was highly associated with the progression of cystocele, rectocele, and uterine prolapse during a 5-year period, but women who lost weight did not experience a significant regression of pelvic organ prolapse (POP), Dr. Bela Kudish of Washington (D.C.) Hospital Center reported at the annual meeting of the American Urogynecologic Society.

She suggested that physicians counsel patients to avoid weight gain to prevent additive damage to the pelvic floor.

The fact that regression of POP does not appear to be significantly associated with weight loss suggests that "damage to the pelvic floor, related to weight gain, might not be reversible," and that avoiding weight gain in the first place might be the best way to prevent the progression of POP, she said.

The results of the study were surprising because others have shown that weight loss improves urinary incontinence, she said in a later interview.

"We need to warn women that there are other pelvic floor issues related to being overweight and obese in addition to diabetes, heart disease, and certain cancers," she said.

The study consisted of 16,608 women aged 50-79 years (mean age 63) who were enrolled in the Women's Health Initiative Estrogen Plus Progestin Clinical Trial between 1993 and 1998. Each woman had a uterus and received standardized annual examinations. Researchers controlled for age, parity, race, and other health/physical variables.

More than half (55.7%) of the participants gained weight (mean 4.43 kg) during the 5-year trial.

The prevalence of POP increased 4% from 40.9% at baseline to 44.7% at year 5. Women with a body mass index (BMI) of 25 or more, and with a BMI of 30 or more

Women with BMIs of 25 or more, and of 30 or more at baseline, had a significantly higher rate of POP at year 5 than did women with a BMI of under 25.

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The risk of cystocele, rectocele, and uterine prolapse increased 30%-70% in overweight and obese women

compared with women who had a normal BMI at baseline, Dr. Kudish reported.

Compared with being white, being black was found to be protective for all types of prolapse progression, while being Hispanic increased the risk of cystocele progression by 21%, and being Asian/Pacific Islander increased the risk of cystocele and rectocele progression by more than 200%.

The researchers conducted a second analysis, adjusting for BMI and the presence of POP at baseline, to assess the effect of a 10% weight loss on POP. This amount of weight loss "had no effect on prolapse at or beyond the hymen," Dr. Kudish said.

"We chose a weight loss of 10% based on other studies showing a benefit [related to urinary incontinence]," she said. "It might be that a weight loss of more than 10% might be efficacious; we don't know. It also might take longer [than the 5 years of the clinical trial] for POP to reverse [with weight loss]; we don't know."

The researchers also constructed a model that used a 5% weight loss for all types of prolapse, but this model did not reveal any effect on prolapse progression or regression.

Models that used greater than 10% weight losses were not constructed because "we wanted to look at weight loss that is doable and reasonable," Dr. Kudish noted.

"Additional longitudinal studies are needed to elucidate the role of weight change on prolapse before and after menopause as well as during the postpartum period," she said.

Dr. Kudish reported no financial conflicts of interest related to this study.

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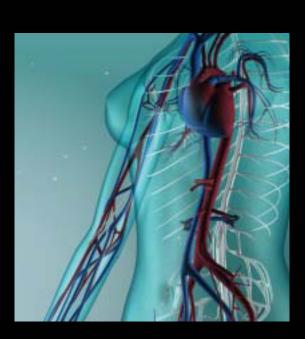




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