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EDITORIAL

And now for some weighty matters

This issue contains two reports highlighting an association between obesity and IVF outcome (Pinborg et al., 2011; Rittenberg et al., 2011). Once again the findings show, now more robustly than ever, the detrimental effect of obesity on fertility. The studies also indicate that the efficacy of IVF technology diminishes not only in women who are obese, but also in those who are overweight. The term BMI (body mass index), so often used almost euphemistically by clinicians to soften any discussion with the overweight or obese, has been deliberately avoided here. Perhaps we should continue to avoid its use in order to emphasise the consequences of some features of modern life, such as over-eating and avoiding physical activity, on this aspect of our health? The effect of excess weight on general health is well recognised (although similarly not confronted directly by many doctors and patients alike), increasing the chances of developing serious health problems such as heart disease and diabetes. There are three types of reaction to obesity: prevent or reverse it – the medical approach; ‘manage’ it – the social approach; celebrate it – the market approach. For example, sensing new markets, the garment industry has filled the shops with obesity-hiding fashions, and, fuelled by junk-food promotion, the perception develops that fatness or obesity is ‘normal’.

Sophisticated studies are exploring the mysteries of the relationship between the hypothalamic–pituitary–gonadal axis and associated weight-related conditions, such as obesity and anorexia nervosa (see for example, Cornier, 2011). Obesity-related diseases were initially accepted, for example the three Fs (fat, forty and fertile) indicating that gallstones could be the cause of an obese woman’s pain or other symptoms. In this triad, fertility (or more strictly multiparity) was included as it was implicated in the propensity for women to gain weight after childbirth, never to be lost. Obesity in younger women, and even in children, was at that time thought to be ‘hormone linked’, and subsequently hormone imbalance has been implicated by association, but not causally, in cases of infertility-associated obesity (for example, polycystic ovary syndrome). What happened next is not so clear, nor why the obesity epidemic has happened. Is it simply the excesses of diet and a dearth of physical activity

– too much food, too little exercise? Or are other, more reproductively related forces at work, as suggested by the fetal programming of adult disease? Or is it, more probably, an interaction between the two?

Whatever the causes of increasing levels of obesity, the body of evidence that obesity is a health hazard and shortens life expectancy is clearly increasing, and the detrimental effects on reproductive health are equally alarming.

The Danish study in this issue (Pinborg et al., 2011) looks at a 5-year follow-up period and records the effects comprehensively, acknowledging some flaws in the database. The UK team (Rittenberg et al., 2011) updates the literature in a thorough meta-analysis, leaving one to wonder what could be next. Society wavered for many, many years before finally coming to terms with the evidence that cigarette smoking damages health and kills, and many societies have now banned cigarette smoking in public places such as transport systems, restaurants and even psychiatric wards. Such pro-active behaviour has not been adopted by all industrialized countries and it is curious to find oneself in a public place, such as the lobby of an auditorium, where smokers puff away. It is interesting to speculate on what one will see if behaviours which are currently thought to contribute to the obesity epidemic are banned in public places. Smoking kills and diminishes fertility, so does over-eating.

We have previously published an editorial entitled *Exercising the embryo* (Grudzinskas, 2010) and it is of more than passing interest that the beleaguered News International, forced to close its oldest newspaper, the *News of the World*, on the very day (10 July 2011) that a sibling paper, the *Sunday Times* UK, led on page one with the story: ‘Doctors[say]: Babies must do exercise’. We, the Editors, feel that a sense of cautious optimism may not be too misplaced that society will once again rise slowly to the challenge, as it did eventually to change the patterns of behaviour in relation to cigarette smoking. And for those individuals who don’t or can’t respond to the challenge of combating obesity, what should health services, whether state or insurance-funded, offer?

References

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