Women Underreport Bowel Problems, Study Suggests

**BY SUSAN BIRK**

**Contributing Writer**

**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. Fareaes 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 nonvali
dated 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/m2 (median, 27) pre
centing for care between 2006 and 2008. The women completed the Colorectal-Anal Distress Inventory (CRAD) sub
collection and type of UI episodes. During the study and among those who gained weight between the age of 50, only 10% of the women had a UIIC of 21.2-373.0 mcg/L, only 21% of the women had a UIIC 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 UIIC remains unclear; however, 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 diet, 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 preg

nancy, 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.

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Organ prolapse, the investigators said (JAMA 2008;300:1311-6). Participants were interviewed in their homes and then were given standardized physi
cal examinations in a mobile exami
nation center.

The proportion of affected women rose with age. The prevalence was ap
proximately 10% among women in their 40s and 50s, 27% among those in their 50s and 60s, 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 underestimated because the analysis excluded women who already had been treated for pelvic floor disor
ders. The analysis also used conser
tative definitions of leakage. Moreo
ver, physical examination of a study subset showed that the prevalence of pelvic floor disorders in these participants was greater. Patients with urine 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 inconti
nence, 9% reported fecal inconti
nence, and 3% reported pelvic

Urinary Incontinence in Obese Patients

**BY MARY ANN MOON**

**Contributing Writer**

**WASHINGTON** — More than 70% of women with access to dietary iodine may re
main at risk for unrecognized iodine defi
cency 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 atten

tion in North America,” she said. Dr. Katz. Adequate iodine in
take is not considered a prob
lem in North America, but this assumption may be inac
curate, she stated.

It is recommended that pregnant women consume 200-300 mcg of di
ey 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 ar
 eas considered iodine sufficient were con
suming adequate iodine, Dr. Katz and her col
leagues at the University of Toronto and Mount Sinai Hospital, also in Toronto, mea
sured 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 infor
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