IMPACT OF NUTRITION ON GYNECOLOGICAL HEALTH OF FEMALE ADOLESCENTS

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NUTRITION

• **WHO** - Nutrition is the intake of food, considered in relation to the body’s dietary needs.

*Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health*
Adequate nutrition according to British Nutrition Foundation
PHYSICAL ACTIVITY RECOMMENDATION
BABIES

- Even before babies can crawl or walk it is important to try and get them moving every day. Parents have to encourage the baby to be physically active

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PHYSICAL ACTIVITY RECOMMENDATION
CHILDREN 1-5 Y

• Young children: Once children start walking they should be active for at least 180 minutes every day (3 hours). This can include light activity and more energetic activity, as well as active play.

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PHYSICAL ACTIVITY RECOMMENDATION CHILDREN 5-18 Y

- **Children 5-18 years**: at least 60 min every day

- It is also very important for children and young people to reduce the time they spend sitting down (e.g. by reducing time spent watching TV or using computers) and take part in active forms of transport like walking and cycling instead of travelling by car

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Obesity

Childhood obesity is a worldwide problem faced by almost one in five children and adolescents.

The number of publications that prove the effect of BMI and adipose tissue on the menstrual function increases every day, but only few of them concern the period of adolescence.
BMI = kg/m²

• BMI 18-25   Normal
• BMI 25,1 – 30  Overweight
• BMI > 30   Obesity
Statistics in Bulgaria

Children between 6-19 years (WHO)

Girls between 14-19 years (WHO)

National Nutrition Survey of school-aged children conducted in 2010-2011
Why is this important?

Overweight and obesity are often related to some serious metabolic and endocrine disorders such as:

- cardiovascular
- metabolic syndrome
- diabetes type 2

In the future life they can negatively affect the female reproductive function starting mostly with menstrual disorders.
Menstrual disorders

Any kind of menstrual disorder is almost the main gynecological complaint of the adolescent girls after menarche

- Oligomenorrhea (29.38%)
- Secondary amenorrhea for more than 6 months (18.36%)
- PCOS (11-26%)
PCOS in adolescence

- PCOS is a poliglandular heterogenic metabolic condition
- Most of the PCOS patients have no ovulation so they are unable to conceive
- The main pathogenic factors are hyperinsulinemia and hyperandrogenemia
HOW OBESITY AFFECTS THE REPRODUCTIVE FUNCTION?

ADIPOSE TISSUE

Endocrine function

Metabolic function

Thermoregulatory function

Protective function
The adipose tissue in the last decade is known to have important endocrine function.

Adipocytes secret biologically active substances called adipocytokines – leptine, adiponectine, resistine, visfatine, apeline etc.

The adipocytokines have an important role for the menstrual function regulation.
Leptin

Leptin is the first discovered adipocytokine

It also takes part in the reproduction regulation having a considerable influence on the ovary function

There is evidence that increased leptin levels may cause follicular arrest

When one eats $\rightarrow$ leptine $\uparrow$ suppresses the hypothalamic center for hunger and one stops eating.
Obesity and leptin

- Obesity → ↑ number of the adipocytes → ↑ leptin → leptin resistance
- ↑ apetite → deepening of obesity
Obesity and ovarian function
another endocrine function of the adipose tissue

Obesity ➔ Hyperestrogenemia ➔ ↓ FSH, ↓ LH ➔ Hypophysitis hormones ➔ Anovulation
Obesity is related to increased serum insulin levels and to peripheral insulin resistance.

Insulin resistance is one of the main key factors for ovarian dysfunction.
HYPERINSULINEMIA AND OVARIAN FUNCTION

↑INSULIN

↓SHBG

↑↑ FREE TESTOSTERON

↑↑ THECAL ANDROGRN SYNTHESIS

↓IGF -BG

↑IGF

IGF - r
Obesity and overweight are strongly related to the gynecological health and later reproductive function of the female adolescent.