

## Foreword



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This issue of the *Obstetrics and Gynecology Clinics of North America*, with Dr. Raul Artal as Guest Editor, provides a timely update on the assessment and management of obese women. Obesity is the fastest growing health problem in the United States, especially among minority women, and approximately one third of all US women are obese. This issue describes how obesity is associated with increased healthcare costs and such morbid conditions as type 2 diabetes, infertility, gallbladder disease, and several cancers, including breast, colon, and uterine malignancies. Endometrial cancer, the most common gynecologic malignancy, is nearly five times more common in obese than in nonobese women. Obesity and being overweight are also associated with hypertension and an increased risk for heart disease, the leading cause of death of American women.

As described in this issue, the lipid metabolic consequences of obesity are influenced by fat distribution. Women with abdominal obesity have higher levels of male hormones than do women with lower body fat. Visceral obesity is associated with hyperinsulinemia, hypertriglyceridemia, and glucose intolerance. Furthermore, polycystic ovary syndrome is characterized by obesity with insulin resistance, dysmenorrhea, and hirsutism.

The patient's medical, social, and family history should be reviewed for weight-related conditions. The clinician should inform the patient in a sensitive manner that her weight is a health concern and assist her in developing a weight loss and exercise plan. Clinicians should offer patients appropriate interventions or referrals to promote a healthy weight and lifestyle. Educational handouts for the patient to read can be discussed at a follow-up visit. Contact information for community resources, support groups, and weight loss programs may be provided. Certain insurance carriers provide coverage for weight loss interventions.

For many women, achieving and maintaining a healthy weight is a difficult and life-long process. Setting an initial goal of losing 5-10% of total body weight over a 6-month period is realistic and achievable. The initial approach should reinforce the

importance of weight loss and exercise, and include the assessment of the patient's readiness to make behavioral changes. Drug therapy may be appropriate for some women. For example, orlistat and sibutramine hydrochloride monohydrate are approved by the US Food and Drug Administration for patients with a body mass index (BMI) of 30 or greater and for those with a BMI of 27 or greater with other risk factors. Orlistat is a gastrointestinal lipase inhibitor that limits fat absorption while sibutramine is a dopamine, norepinephrine, and serotonin reuptake inhibitor. Discontinuation of any pharmacotherapy may lead to rapid weight regain.

Gastric surgery can be used to achieve a weight loss of more than 100 pounds for patients with a BMI of 35-40 and sleep apnea or other significant morbidity, or for patients with a BMI of greater than 40. Results may be best at experienced centers with a combined medical and surgical approach, to ensure fewer complications. Patients using drugs or undergoing surgery should use guidelines for diet, exercise, and lifestyle modifications as recommended for milder forms of obesity. It should be stressed that pharmacotherapy and surgery are only adjuncts to diet and lifestyle changes when it comes to treating obesity.

This issue focuses on obesity during pregnancy. Obese women are at increased risk for several adverse perinatal outcomes, including anesthetic, perioperative, and other maternal and fetal complications. Ideally, obstetricians should provide preconception counseling and education about these complications and encourage a weight reduction program before attempting conception. Prenatal and peripartum care considerations are especially relevant for obese patients, including those who have undergone bariatric surgery. Of particular interest is the article pertaining to the casual link between maternal and child obesity.

It is our desire for this issue to attract the attention of obstetricians and gynecologists caring for the many women who are obese. Practical information provided herein by this distinguished panel of contributors will hopefully aid in the development and implementation of more specific and individualized treatment plans.

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