

Does primary ovarian insufficiency affect your risks for obesity and diabetes?

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Are overweight women less fertile? Does primary ovarian insufficiency increase risks for obesity and diabetes? For years the controversy regarding the connection between reproductive health and body mass index has continued. A new study assessed the effect of ovarian reserve on obesity and glucose metabolism and found no correlation. Study results are published online today in *Menopause, the journal of The North American Menopause Society* (NAMS).

Ovarian reserve has been defined as the number and quality of a woman's eggs. A low [ovarian reserve](#) means that the number and/or quality of eggs a woman has is low for her age, making it more difficult for her to become pregnant. But low ovarian reserve can have other health ramifications beyond fertility. A number of previous studies have suggested that a lower reserve is linked to an increase in the storage of fat and impaired ability to process insulin, putting a woman at greater risk for diabetes.

However, in this latest study involving more than 1,000 participants and follow-up of 16 years, researchers concluded that a woman's level of ovarian reserve was not associated with her risk of becoming obese or diabetic. The study specifically evaluated changes in a woman's level of antimüllerian hormone (AMH), which is found in the blood and helps to estimate the duration of a woman's reproductive lifespan, ultimately determining that this biomarker does not predict cardiometabolic risk.

Study results appear in the article, "Do trends of adiposity and metabolic

parameters vary in women with different ovarian reserve status? A population-based cohort study."

"Although previous research has clearly established a link between early menopause and cardiovascular disease risk, the present study showed that lower ovarian reserve, as measured by a single AMH level, was not associated with greater over time trends in adiposity and markers of glucose metabolism. Additional study is needed to determine how best to predict [cardiometabolic risk](#) in women with and without [primary ovarian insufficiency](#) in order to initiate appropriate risk reduction strategies," says Dr. Stephanie Faubion, NAMS medical director.

Provided by The North American Menopause Society

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