

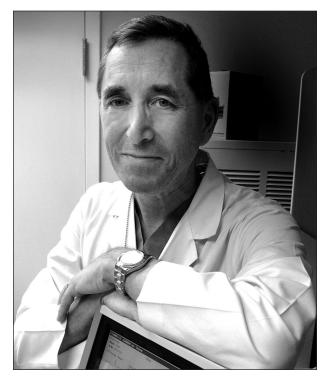
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A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the March-April 2013 Editor-in-Chief's page. This issue will focus on clinical articles that address issues relevant for the practicing obstetriciangynecologist.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue:

 Obligatory Versus Elective Single Embryo Transfer in in Vitro Fertilization: A Population-based Analysis of Data from the U.K. Fertilisation and Embryology Authority

J. K. Straughen, H. M. Salihu, L. Keith, J. Petrozzino and C. Jones

How much or how little regulation should be imposed on assisted-reproductive technologies? This has become a hot button item for infertility specialists around the world who engage in in vitro fertilization (IVF). As the success of IVF improved and more viable embryos were created, there was a growing temptation to transfer multiple embryos to increase the chances that women would have at least 1 "take-home" infant. It did not take very long for the IVF industry to discover that this approach resulted in a significant increase not only in multiple gestations but in high-order multiple gestations, with potentially disastrous consequences for the infants and their parents. In response to this situation, a number of external authoritative bodies have urged that there should be limitations on the number of embryos transferred to reduce the likelihood of multiple gestations. This study accessed the records of the U.K. Human Fertilisation and Embryology Authority from 1991-1998 to compare the outcomes of obligatory versus elective single embryo transfer (SET). The fact that the authors found no differences in live birth and multiple birth rates is significant. While this study would need to be replicated in other countries, it offers encouraging support for not only limiting the number of embryos transferred but making SET a standard of care.

 Oxidative Stress and Inflammation in Lean and Obese Subjects with Polycystic Ovary Syndrome

S. A. Blair, T. Kyaw-Tun, I. S. Young, N. A. Phelan, J. Gibney and J. McEneny

During the past 2 decades there has been increasing scientific investigation of women with polycystic ovary syndrome (PCOS). Because of the linkage of PCOS with metabolic syndromes with downstream consequences for oxidative stress and inflammation, and the linkage of the latter to cardiovascular disease, it has become more important to tease out cause and effect relationships that might exist in this setting. The authors looked at a population of PCOS patients with an equal number of control subjects, matched for body mass index, age, and insulin resistance. Oxidative stress measures and inflammatory serum markers were assessed and compared for both groups. The findings of increased measures of oxidative stress and inflammatory markers regardless of body habitus suggested that PCOS alone may play a significant and independent role in these 2 conditions. The obvious importance of these observations, particularly if confirmed with larger numbers, could shape a strategy for medical management of this particular patient population. As cardiovascular disease has become the leading cause of mortality in the female population, it would seem logical that more effort be exerted to develop appropriate interventions in groups with readily identifiable risks, like the present PCOS population.

• Obsessive-Compulsive Symptoms During the Postpartum Period: A Prospective Cohort E. S. Miller, C. Chu, J. Gollan and D. R. Gossett

Anxiety disorders and depression have received increasing scrutiny in the obstetric population because of their obvious impact on mothers and their newborns. While screening for behavioral disorders has migrated into most schemes of antepartum care, the principal focus has been placed on depressive disorders. Obsessivecompulsive disorder (OCD) has not had a similar amount of attention. This prospective and sizeable cohort study evaluated postpartum women who were then followed up in intervals of 2 weeks and 6 months. Screening for OCD, depression, and anxiety was performed. A surprising number of patients had OCD at initial screening, with about half of the group experienced persistent symptoms 6 months later. Not as surprisingly, patients who screened positive for depression and anxiety had a higher risk for OCD. Clinicians who are less familiar with OCD may not appreciate how disruptive this condition may prove to patients and families. Extreme forms of this disorder may render its victims unable to perform normal daily functions, including childcare. The unexpectedly high incidence of OCD in this report, compared to previous retrospective studies (which run the risk of recall bias), suggests that more attention should be paid to screening for risk of OCD, particularly in women with other related behavioral disorders, so that more timely intervention can be offered.