

TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 38 • Nisan - Mayıs - Haziran 2012

34. TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA KONGRESİ

34. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongremiz 11-15 Nisan 2012 tarihleri arasında başarılı bir şekilde gerçekleştirilmiştir. Kongremize 550 meslektaşımız katılmıştır.



Ödüller

Her kongremizde olduğu gibi bu kongremizde de **Genç Araştırmacı, Sözlü ve Poster Bildiri** ödülleri verilmiştir. Üyelerimizi kutlar başarılarının devamını dileriz.

2012 Genç Araştırmacı 1.2. ve 3.'lük Ödülleri

1. Dr. Zuleyha Cihan Karaca
2. Dr. Muammer Karadeniz
3. Dr. Dilek Yazıcı



SÖZLÜ BİLDİRİ 1. 2. VE 3'LÜK ÖDÜLLERİ

- SÖZEL 1. S 14 **Akromegalili hastalarda oksidatif DNA hasarı ve sitotoksitenin değerlendirilmesi**
Fahri Bayram¹, Nazmiye Bitgen², Hamiyet Donmez Altuntaş², Gulden Başkoğ³, Zuhai Hamurcu², İlkay Cakır⁴, Bulent Tucer⁵, Yasin Şimşek¹, Ahmet Candan Durak⁶, Fatma Şahin², Ali Kurtsoy⁵
- SÖZEL 2. S 30 **Hipogonadotropik hipogonadizm olgularında farklı tedavi seçeneklerinin etkileri**
Aydoğan Aydoğdu¹, Erol Bolu¹, Alper Sonmez¹, Cem Haymana¹, Ramazan Ocal², Coşkun Meric¹, Yalcın Başaran¹, Abdullah Taşlıpınar¹, Kamil Başkoy¹, Gokhan Uckaya¹, Taner Ozgurtas³, Omer Azal¹
- SÖZEL 3. S 23 **Tip 2 diabetes mellitus'da nötrofillerde myeloperoksidaz eksikliği**
Mustafa Unubol¹, Engin Guney², İrfan Yavaşoğlu³, Firuzan Kacar⁴, İmran Kurt Omurlu⁵, Mevlut Ture⁵, Gurhans Kadıkoylu³, Zahit Bolaman¹

POSTER BİLDİRİ 1. 2. VE 3'LÜK ÖDÜLLERİ

- POSTER 1. P 052 **Streptozosin ile Diyabet Oluşturulmuş Ratlarda Karaciğere Yapılan Adacık Transplantasyonunda İlk Sonuçlar**
Tuncay Delibaşı¹, Ahmet Yeşilyurt², Aynur Albayrak³, Gulbahar Boyuk⁴, Sercan Mercan⁴, Oya Topaloğlu¹, Mustafa Şahin⁵, Ersin Fadilloğlu⁶
- POSTER 2. P 067 **Hipofiz adenomlarının agresivite ve invazyon yapma özelliklerinin radyolojik, hormonal, klinik ve histopatolojik markerlarla değerlendirilmesi**
Fahri Bayram¹, Ahmet Kucuk², Bulent Tucer², Figen Ozturk³, Ahmet Candan Durak⁴, Yasin Şimşek⁵, Ali Kurtsoy²
- POSTER 3. P 036 **Diyabetik ayak ülserinde serum prolidaz aktivitesinin önemi**
Mehmet Ali Eren¹, Ayşe Nur Torun¹, Suzan Tabur¹, Turgay Ulaş², Mehmet Demir², Tevfik Sabuncu¹, Nurten Aksoy³

9. Mezuniyet Sonrası Hipertansiyon Eğitim Kursu

Türkiye Endokrinoloji ve Metabolizma Derneği, Obezite, Lipid Metabolizması, Hipertansiyon Çalışma Grubu ve Fırat Üniversitesi Hastanesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı ile ortaklaşa düzenlenen “9. Mezuniyet Sonrası Hipertansiyon Eğitim Kursu” 26 Mayıs 2012 tarihinde Elazığ Akgün Otelde yapıldı.

Obezite, Lipid Metabolizması, Hipertansiyon Çalışma Grubu Başkanı **Prof. Dr. Fahri Bayram** ve Fırat Üniversitesi Hastanesi Endokrinoloji ve Metabolizma Hastalıkları Bilim Dalı başkanı **Prof. Dr. Yusuf Özkan** başkanlığında gerçekleşen kursa değişik üniversitelerden 21 öğretim üyesi konuşmacı olarak katıldı. Hipertansiyon Eğitim Kursuna Elazığ, Malatya, Bingöl, Tunceli ve Diyarbakır'dan 121 kişi dinleyici olarak katıldı. Konuşmacılar katılımın çok iyi olduğunu ifade ederken, katılımcılar ise kursun çok faydalı ve eğitici olduğunu ifade ettiler.



ORIGIN ÇALIŞMASININ İLK SONUÇLARI AÇIKLANDI

Haziran 2012 ayında ADA 2012 öncesi, ADA 2012 ve ENDO 2012 kongrelerinde hastaların 6.2 yıl süreyle takip edildiği ORIGIN çalışmasının sonuçları sunuldu. Çalışmayla ilgili sonuçlar aynı zamanda NEJM 2012'de haziran ayında online olarak sunuldu.

Kardiyovasküler olay riski yüksek disglisemik kişilerde bazal insülin kullanımının 6.2 yıl sonunda kardiyovasküler olay gelişme oranı ve diğer sonuçlara etkisi;

63.5 yaşında, kardiyovasküler risk faktörü yüksek ve bozulmuş açlık glikozu, bozulmuş glikoz toleransı veya tip 2 diabetes mellitusu olan, 12.537 hastaya açlık kan glikozunu 95 mg/dl'nin altına düşürmek üzere randomize olarak insülin glarjin veya standart tedavi verildi. Nonfatal myokart enfarktüsü, nonfatal stroke, veya kardiyovasküler olaylardan ölüm, revaskülarizasyon veya kalp yetmezliği nedeniyle hastaneye yatış, mikrovasküler sonuçlar, diyabete ilerleme, hipoglisemi, ve kanser gelişme riski yönünden çalışmanın sonucunda hastalar değerlendirildi.

6.2 yıl sonunda kardiyovasküler olay geçirme, kanser gelişme riski insülin glarjin alan grupta kontrol grubuna göre farklı değildi. Hipoglisemi riski ve kilo alma insülin glarjin alan grupta anlamlı olarak daha fazlaydı. (NEJM 2012 Haziran Online Basım)

Kardiyovasküler olay riski yüksek disglisemik kişilerde 1 gram Omega 3 vermek kardiyovasküler olay gelişme riskini azaltmamaktadır.

Omega 3 kullanılmasının kardiyovasküler olayları önlediği/önlemediği şeklinde uzun süredir devam eden çelişkilere açıklık getirmek için yapılmış bu çalışmaya 12.536 hasta dahil edildi. Hastalar kardiyovasküler riski yüksek, disglisemik kişilerdi. Hastalar randomizasyon sonrası 6.2 yıl izlendi. Yeni kardiyovasküler olay geçirme riski, vasküler olay geçirme riski, aritmiden ölüm, omega 3 alan ve almayan kişilerde çalışma sonunda farklı değildi. Trigliserid düzeyi omega 3 alan kişilerde çalışma sonucunda 14.5 mg/dl daha düşüktü. Diğer lipid profillerinde anlamlı bir değişiklik olmadı. (NEJM 2012 Haziran Online Basım)

Bilimsel Kongreler ve Uluslararası Sempozyumlar

Ayrıntılara ve 2012 yılına ait Bilimsel Toplantı Takvimine derneğimiz internet sayfasından (www.temd.org.tr) ulaşabilirsiniz.

08 - 12 Eylül 2012

36th Annual Meeting of the European Thyroid Association
Pisa, Italy
<http://www.eurothyroid.com>

12 - 15 Eylül 2012

15th Congress of the European Neuroendocrine Association
Vienna, Austria
<http://www.enea2012.org/>

19 - 23 Eylül 2012

82nd Annual Meeting of the American Thyroid Association
Quebec, Canada
www.thyroid.org

28 - 29 Eylül 2012

6th EUGOGO TEACHING COURSE
Mainz, Germany
<http://www.eurothyroid.com>

01 - 05 Ekim 2012

48th EASD Annual Meeting, Berlin
<http://www.easd.org/>

18 - 21 Ekim 2012

12th ESE Postgraduate Course in Clinical Endocrinology
Antalya, Turkey
www.temd.org.tr

15 - 18 Kasım 2012

11. Medikal-Cerrahi Endokrinoloji Mezuniyet Sonrası
Eğitim Kursu
Cornelia Diamond Otel, Antalya
<http://www.endokrin2012.org/>

23-24 Kasım 2012

5. Türkiye Tiroid Hastalıkları Kongresi
Swissotel / Ankara
<http://www.tiroidkongresi2012.org/>

Literatürden Seçmeler

Phrenic neuropathy in diabetic and prediabetic patients without neuromuscular complaint.

Yesil Y, Ugur-Altun B, Turgut N, Ozturk ZA, Kuyumcu ME, Yesil NK, Caner S, Balci K.

Division of Geriatric Medicine, Department of Internal Medicine, Faculty of Medicine, Hacettepe University, 06100, Ankara, Turkey.

Abstract

Neuropathy, one of the major reasons of morbidity in diabetes mellitus (DM), is associated with prediabetic conditions as well as DM. The present study aims to compare phrenic and peripheral nerves in prediabetic, diabetic patients and healthy controls. A total of 37 diabetic, 40 prediabetic patients and 18 healthy controls were enrolled in the study. All subjects underwent conventional sensory and motor nerve conduction studies. Bilateral phrenic and peripheral nerve conduction studies were performed. In both right and left phrenic nerves, the amplitudes were lower in prediabetic and diabetic patients than control subjects, respectively (p: 0.005 and p: 0.001). Both of the phrenic nerve conduction studies were altered similarly. The results of our study demonstrate that phrenic nerves are affected like peripheral nerves in prediabetic and diabetic patients. We suggest reminding phrenic neuropathy in newly onset respiratory failure in diabetic and prediabetic patients.

Evaluation of coagulation and fibrinolytic parameters in adult onset GH deficiency and the effects of GH replacement therapy: a placebo controlled study.

Cakir I, Tanriverdi F, Karaca Z, Kaynar L, Eser B, Unluhizarci K, Kelestimur F.

Erciyes University Medical School Department of Endocrinology, Turkey.

Abstract

Objective: Increased cardiovascular mortality/morbidity observed in patients with hypopituitarism is ascribed to growth hormone deficiency (GHD) because of its unfavorable cardiovascular risk profile. Abnormalities in the coagulation system may also contribute to increased cardiovascular morbidity/mortality. To get a better insight into the role of hemostasis in GHD we assessed several hemostatic markers at baseline and after 6 months of GH replacement therapy (GHRT). **DESIGN-PATIENTS:** Nineteen patients with adult onset GHD were enrolled (twelve patients into the treatment and seven patients into the placebo group) into the study. Platelet count, collagen/epinephrine closure time, collagen/ADP closure time, fibrinogen, prothrombin time (PT), activated partial thromboplastin time (aPTT), antithrombin III (AT III), protein C activity, protein S activity, lupus anticoagulant, antiphospholipid antibody immunoglobulin M, and antiphospholipid antibody immunoglobulin G were measured at baseline and 6 months after treatment. **Results:** The investigated parameters in the groups were similar at baseline except for low protein S (PS) activity. Protein S deficiency was observed in three of the patients in the GH treatment group at baseline, however the PS activity values normalized following GHRT. AT III and protein C activities decreased when compared to baseline values in the treatment group but not in the placebo group.

Conclusions: We observed protein S deficiency more frequent than seen in the general population and normalization of protein S activity and decreases, in other natural anticoagulants following GHRT. Further studies are required to understand the impact of these changes in cardiovascular morbidity and mortality in this patient population.

Epidemiology, diagnosis and management of hirsutism: a consensus statement by the Androgen Excess and Polycystic Ovary Syndrome Society.

Escobar-Morreale HF, Carmina E, Dewailly D, Gambineri A, Kelestimur F, Moghetti P, Pugeat M, Qiao J, Wijeyaratne CN, Witchel SF, Norman RJ.

Diabetes, Obesity and Human Reproduction Research Group, Hospital Universitario Ramon y Cajal & Universidad de Alcalá & Instituto Ramón y Cajal de Investigación Sanitaria IRYCIS & CIBER Diabetes y Enfermedades Metabólicas Asociadas CIBERDEM, 28034 Madrid, Spain. hescobarm.hrc@salud.madrid.org

Abstract

Background: Hirsutism, defined by the presence of excessive terminal hair in androgen-sensitive areas of the female body, is one of the most common disorders in women during reproductive age.

Methods: We conducted a systematic review and critical assessment of the available evidence pertaining to the epidemiology, pathophysiology, diagnosis and management of hirsutism.

Results: The prevalence of hirsutism is ~10% in most populations, with the important exception of Far-East Asian women who present hirsutism less frequently. Although usually caused by relatively benign functional conditions, with the polycystic ovary syndrome leading the list of the most frequent etiologies, hirsutism may be the presenting symptom of a life-threatening tumor requiring immediate intervention.

Conclusions: Following evidence-based diagnostic and treatment strategies that address not only the amelioration of hirsutism but also the treatment of the underlying etiology is essential for the proper management of affected women, especially considering that hirsutism is, in most cases, a chronic disorder needing long-term follow-up. Accordingly, we provide evidence-based guidelines for the etiological diagnosis and for the management of this frequent medical complaint.

Estrogen receptor gene polymorphisms in a group of postmenopausal Turkish women: association with bone mineral density.

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Department of Internal Medicine, Section of Endocrinology and Metabolism.

Abstract

Objective: To evaluate the frequency of the estrogen receptor (ER) gene PvuII and XbaI polymorphisms and their associations with bone mineral density (BMD) in a group of postmenopausal Turkish women.

Design: A total of 125 healthy postmenopausal women and 125 premenopausal healthy young women as controls were included in the study. The PvuII and XbaI polymorphisms in the ER gene were studied by the polymerase chain reaction-restriction fragment length polymorphism method. The BMD of the lumbar vertebrae and femoral neck were measured by dual-energy X-ray absorptiometry.

Results: The frequencies of the ER α PvuII genotypes PP, Pp and pp were 20%, 54.4% and 25.6% in premenopausal and 24.8%, 44.8% and 30.4% in postmenopausal women, respectively. The frequencies of the ER XbaI genotypes XX, Xx, xx were 16.8%, 48.8% and 34.4% in premenopausal and 16.8%, 48% and 35.2% in postmenopausal women, respectively. There was no difference in the frequencies of ER gene polymorphisms between premenopausal and postmenopausal women. BMD measurements were not different between ER PvuII and XbaI genotypes in premenopausal and postmenopausal women.

Conclusions: ER gene PvuII and XbaI polymorphisms have no major influence on bone mineral density in our group of postmenopausal women.

Impaired gallbladder motility and the effect of metformin therapy in patients with polycystic ovary syndrome.

Isik S, Ozcan HN, Ozuguz U, Berker D, Tutuncu Y, Akbaba G, Guler S.

Department of Endocrinology and Metabolism, Ministry of Health, Ankara Numune Research and Training Hospital, Ankara, Turkey.

Abstract

Objective: Impaired gallbladder (GB) emptying is a well-documented contributor to gallstone formation. The aim of this study was to evaluate GB motility in patients with polycystic ovary syndrome (PCOS).

METHODS: mg/day. min. Gallbladder ejection fraction (GBEF) was calculated after each measurement. PCOS patients were re-evaluated after a 12-week course of metformin therapy at a dose of 1000 W after three-dimensional measurements were made by ultrasound [length (L), width (W) and depth (D)]. Following the determination of fasting GB volume (V₀), patients were given a standard liquid meal. GB volume measurement was then repeated after 10, 20, 30, 40, 50, 60, 75 and 90×D×L×. The study population consisted of 36 PCOS patients and 20 healthy controls. GB volume was calculated using the ellipsoid formula ($\pi/6$

Results: cm(3), P 7.0 ± cm(3) vs 13.3 12.5 ± Mean baseline GB volume (V₀) was significantly higher in the patient group compared to the control group (27.2 <0.001). While baseline GBEF values were similar between groups, increases in GBEF were significantly lower in the PCOS group starting from 20 min after consumption of a standard test meal. A 12-week course of metformin therapy resulted in significant improvements in GB volume and GBEF values with a reversal of metabolic and hormonal abnormalities.

Conclusion: For the first time in the literature, we managed to demonstrate impaired GB motility in patients with PCOS. Metformin therapy not only improves the metabolic and hormonal imbalances associated with PCOS but also has a positive influence on GB motility.

Evaluation of ovarian reserve based on hormonal parameters, ovarian volume, and antral follicle count in women with type 2 diabetes mellitus.

Isik S, Ozcan HN, Ozuguz U, Tutuncu YA, Berker D, Alimli AG, Akbaba G, Karademir MA, Guler S.

Division of Endocrinology and Metabolism, Ministry of Health, Ankara Numune Research and Training Hospital, 06020 Ankara, Turkey. isik_serhat@yahoo.com

Abstract

Objective: The aim of this study was to evaluate ovarian reserve of women with type 2 diabetes mellitus (T2DM).

Methodology: Eighty-nine women with T2DM and 73 healthy controls were enrolled and divided into three age groups [group 1 (20-29 yr), seven diabetics and 18 healthy controls; group 2 (30-39 yr): 35 diabetics and 35 healthy controls; and group 3 (40-49 yr): 47 diabetics and 20 healthy controls]. All participants were subjected to transvaginal ultrasonographic examination on the third day of their menstrual periods for the determination of ovarian volume and total antral follicle count (AFC).

Results: A significant difference in mean FSH levels (international units per liter) was observed between women with diabetes and healthy controls in all age groups (group 1, 7.8 ± 0.9 vs. 5.0 ± 1.0 ; group 2, 8.2 ± 1.1 vs. 7.2 ± 1.8 ; group 3, 9.5 ± 3.2 vs. 6.4 ± 2.4 ; $P < 0.001$ for all). Similarly, mean AFC was significantly lower in patients with T2DM than in healthy controls in all age groups (group 1, 21.1 ± 4.8 vs. 25.0 ± 9.1 ; group 2, 10.4 ± 5.2 vs. 23.0 ± 9.5 ; group 3, 6.0 ± 3.5 vs. 21.7 ± 2.1 ; $P < 0.001$ for all). A statistically significant difference in total ovarian volume was only observed in group 1 (9.7 ± 3.0 in T2DM patients vs. 6.8 ± 2.7 in healthy controls; $P = 0.002$). AFC was found to be negatively correlated with FSH ($r = -0.406$, $P < 0.001$), age ($r = -0.618$, $P < 0.001$), glycolized hemoglobin ($r = -0.505$, $P < 0.001$), and fasting blood glucose ($r = -0.687$, $P < 0.001$).

Conclusion: In this pioneer study, the first to evaluate ovarian reserve in T2DM patients, we managed to demonstrate lower ovarian reserves in women with diabetes compared with healthy controls.

Acute evaluation of pituitary function in patients with Crimean-Congo haemorrhagic fever.

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Department of Endocrinology and Metabolism, Faculty of Medicine, Cumhuriyet University, Sivas, Turkey.

Abstract

Context: Crimean-Congo haemorrhagic fever (CCHF) can cause a fatal haemorrhagic syndrome. Pituitary ischaemia/infarction and necrosis are known causes of hypopituitarism, often remaining unrecognized because of subtle clinical manifestations.

Objective: Our aim was to evaluate the effect of CCHF on pituitary function.

Subject and Methods: Levels of serum free T3, free T4, TSH, GH, IGF-I, prolactin, cortisol, testosterone (in men) and oestrogen (in women) were studied in 20 patients who had been diagnosed with CCHF. TRH, LH-RH and $1 \mu\text{g}$ adrenocorticotropin tests were performed in all patients. The hypothalamo-pituitary region was examined by magnetic resonance imaging (MRI) in two patients who were diagnosed with hypocortisolism.

Results: We found cortisol insufficiency in 2 (10%) of the 20 with CCHF. However, hypophyseal MRI findings were normal in these two patients. None of the patients had deficiencies of GH, TSH or FSH/LH.

Conclusion: To our knowledge, this is the first study reporting the effect of CCHF on pituitary function. We found that cortisol insufficiency may occur in patients diagnosed with CCHF; however, studies including a larger number of patients are required to make a definite conclusion on this issue.

TSH-induced gene expression involves regulation of self-renewal and differentiation-related genes in human bone marrow-derived mesenchymal stem cells.

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Abstract

Bone marrow-derived mesenchymal stem cells are pluripotent cells that are capable of differentiating into a variety of cell types including neuronal cells, osteoblasts, chondrocytes, myocytes, and adipocytes. Despite recent advances in stem cell biology, neuroendocrine relations, particularly TSH interactions remain elusive. In this study, we investigated expression and biological consequence of TSH receptor (TSHR) interactions in mesenchymal stem cells of cultured human bone marrow. To the best of our knowledge, we demonstrated for the first time that human bone marrow-derived mesenchymal stem cells expressed a functional thyrotropin receptor that was capable of transducing signals through cAMP. We extended this study to explore possible pathways that could be associated directly or indirectly with the TSHR function in mesenchymal stem cells. Expression of 80 genes was studied by real-time PCR array profiles. Our investigation indicated involvements of interactions between TSH and its receptor in novel regulatory pathways, which could be the important mediators of self-renewal, maintenance, development, and differentiation in bone marrow-derived mesenchymal stem cells. TSH enhanced differentiation to the chondrogenic cell lineage; however, further work is required to determine whether osteoblastic differentiation is also promoted. Our results presented in this study have opened an era of regulatory events associated with novel neuroendocrine interactions of hypothalamic-pituitary axis in mesenchymal stem cell biology and differentiation.

Elevated asymmetric dimethylarginine in plasma: an early marker for endothelial dysfunction in non-alcoholic fatty liver disease?

Dogru T, Genc H, Tapan S, Ercin CN, Ors F, Aslan F, Kara M, Sertoglu E, Bagci S, Kurt I, Sonmez A.
Department of Gastroenterology, Gulhane Medical School, Ankara, Turkey.

Abstract

Aims: Non-alcoholic fatty liver disease (NAFLD) is associated with cardiovascular disease. Asymmetric dimethylarginine (ADMA) is a novel marker of endothelial dysfunction and atherosclerosis. We aimed to investigate circulating ADMA concentrations in biopsy proven NAFLD and also to search its association with carotid atherosclerosis. **Methods:** Sixty-seven nondiabetic and normotensive patients with NAFLD and 35 healthy controls were enrolled. Plasma ADMA was measured along with glucose, lipids and insulin levels. Insulin resistance (IR) was assessed by homeostasis model assessment-estimated insulin resistance (HOMA-IR) method. Carotid atherosclerosis was evaluated by carotid artery intima-media thickness (CIMT) using carotid ultrasonography.

Results: ADMA levels and CIMT measurements were significantly higher in NAFLD group than the controls. However, the difference regarding the CIMT disappeared when the findings were adjusted according to the metabolic parameters and insulin sensitivity. In contrast, the difference for ADMA remained significant between two groups. No significant association was found between ADMA, CIMT and histopathological findings.

Conclusions: Plasma ADMA levels are increased in subjects with NAFLD. This increase seems to be independent from traditional cardiovascular risk factors, insulin resistance and liver histology. Circulating ADMA may be an earlier marker of vascular damage with respect to CIMT in subjects with NAFLD.

Prolactin levels, endothelial dysfunction, and the risk of cardiovascular events and mortality in patients with CKD.

Carrero JJ, Kyriazis J, Sonmez A, Tzanakis I, Qureshi AR, Stenvinkel P, Saglam M, Stylianou K, Yaman H, Taslipinar A, Vural A, Gok M, Yenicesu M, Daphnis E, Yilmaz MI.

Division of Renal Medicine, Karolinska Institutet, Sweden. juan.jesus.carrero@ki.se

Abstract

Background and Objectives: Both prolactin clearance and production are altered in CKD. In nonrenal populations, emerging evidence suggests that prolactin participates in the atherosclerotic process. Given the elevated cardiovascular risk of CKD, this study examined links between prolactinemia, vascular derangements, and outcomes.

Design, Setting, Participants, & Measurements: This observational study was conducted in two cohorts: one with 457 nondialyzed CKD patients (mean age 52±12 years; 229 men) with measurements of flow-mediated dilation (FMD) and carotid intima-media thickness and one with 173 hemodialysis patients (65±12 years; 111 men) with measurements of pulse wave velocity (PWV). Patients were followed for cardiovascular events (n=146, nondialyzed cohort) or death (n=79, hemodialysis cohort).

Results: Prolactin levels increased along with reduced kidney function. Prolactin significantly and independently contributed to explain the variance of both FMD (in nondialyzed patients) and PWV (in hemodialysis patients), but not intima-media thickness. In Cox analyses, the risk of cardiovascular events in nondialyzed patients increased by 27% (hazard ratio [HR], 1.27; 95% confidence interval [95% CI], 1.17-1.38) for each 10 ng/ml increment of prolactin. Similarly, the risk for all-cause and cardiovascular mortality in hemodialysis patients increased by 12% (HR, 1.12; 95% CI, 1.06-1.17) and 15% (HR, 1.15; 95% CI, 1.08-1.21), respectively. This was true after multivariate adjustment for confounders and after adjustment within the purported causal pathway (FMD or PWV).

Conclusions: Prolactin levels directly associated with endothelial dysfunction/stiffness and with increased risk of cardiovascular events and mortality in two independent cohorts of CKD patients.

Effect of an oral contraceptive on emotional distress, anxiety and depression of women with polycystic ovary syndrome: a prospective study.

Cinar N, Harmanci A, Demir B, Yildiz BO.

Department of Internal Medicine, Hacettepe University School of Medicine, Ankara, Turkey.

Abstract

STUDY QUESTION: We aimed to determine the impact of an oral contraceptive (OC) treatment on health-related quality of life (HRQOL), depressive and anxiety symptoms in polycystic ovary syndrome (PCOS). **SUMMARY**

ANSWER: OC therapy in PCOS improves hirsutism and menstrual disturbances, along with HRQOL. This improvement is not associated with any change in the prevalence of depressive and anxiety symptoms. **WHAT IS KNOWN AND WHAT THIS ARTICLE ADDS:** Limited data are available regarding the effects of an OC on HRQOL, and depressive and anxiety symptoms in PCOS. This study reports the effects of the ethinyl estradiol/drospirenone (EE/DRSP) OC on an HRQOL questionnaire for women with PCOS (PCOSQ), depressive and anxiety symptoms after 6 months of treatment.

DESIGN: Prospective observational study. All participants completed PCOSQ, Beck Depression Inventory, Hospital Anxiety and Depression Scale and General Health Questionnaire. Serum androgens, fasting insulin, fasting and postload glucose values during an oral glucose tolerance test were measured. Changes in these variables and the scores of questionnaires were evaluated after 6 months of treatment with EE/DRSP (3 mg/30 µg).

PARTICIPANTS AND SETTING: Thirty-six patients with PCOS without a previous psychiatric diagnosis were included in the study. **MAIN RESULTS AND THE ROLE OF CHANCE:** The main complaints of the patients were hirsutism and irregular menses. Accordingly, menstrual and hirsutism problems were the most serious concerns followed by emotional problems on the PCOSQ. Eight patients (22.2%) had clinical depression scores. After treatment, regular menstrual cycles were attained and hirsutism was significantly improved in all patients. Hirsutism and emotion domains of the PCOSQ improved at 6 months ($P < 0.05$ for both). Depression was improved in five of eight depressive patients and four new patients showed increased depression scores. Overall, depression, anxiety mean scores and depression rates did not show a significant change. **BIAS, CONFOUNDING AND OTHER REASONS FOR CAUTION:** The study is subject to the strengths and limitations of observational study design. A limitation of our study is the small sample size and lack of data related to possible confounding factors.

Yayınlar

- Phrenic neuropathy in diabetic and prediabetic patients without neuromuscular complaint. Yesil Y, Ugur-Altun B, Turgut N, Ozturk ZA, Kuyumcu ME, Yesil NK, Caner S, Balci K. *Acta Diabetol.* 2012 Jan 28.
- Evaluation of coagulation and fibrinolytic parameters in adult onset GH deficiency and the effects of GH replacement therapy: a placebo controlled study. Cakir I, Tanriverdi F, Karaca Z, Kaynar L, Eser B, Unluhizarci K, Kelestimur F. *Growth Horm IGF Res.* 2012 Feb;22(1):17-21. Epub 2012 Jan 5.
- ENETS Consensus Guidelines for the management of patients with digestive neuroendocrine neoplasms: colorectal neuroendocrine neoplasms. Caplin M, Sundin A, Nilsson O, Baum RP, Klose KJ, Kelestimur F, Plöckinger U, Papotti M, Salazar R, Pascher A; Barcelona Consensus Conference participants. *Neuroendocrinology.* 2012;95(2):88-97.
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Duyurular

- Erciyes Üniversitesi rektörü Prof. Dr. H. Fahrettin Keleştemur, Türkiye Bilimsel ve Teknolojik Araştırma Kurumu'nun (TÜBİTAK) 05 Haziran 2012 tarih ve 9089 sayılı yazısıyla, TÜBİTAK Bilim Kurulu tarafından Türkiye Bilimler Akademisi'ne Asil Üye olarak seçilmiş bulunmaktadır.
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