

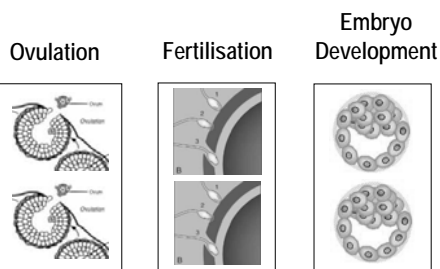
Ovarian ageing and twinning; epidemiology & endocrinology

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Dizygotic Twinning

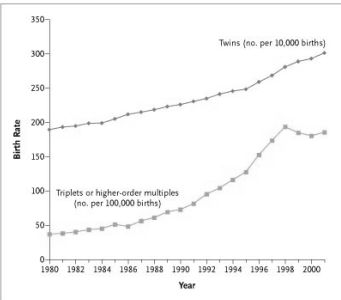


Common risk factors for Dizygotic Twinning

- Artificial
 - Ovulation induction & ART
- Natural
 - Heredity
 - High parity
 - Higher maternal age

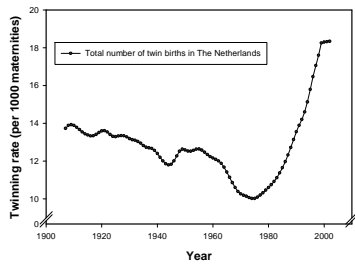


Trends in the United States from 1980 to 2001 in the Numbers of Twin Births and Triplet or Higher-Order Multiple Births, Relative to the Total Number of Live Births



Jain, T. et al. N Engl J Med 2004;350:1639-1645

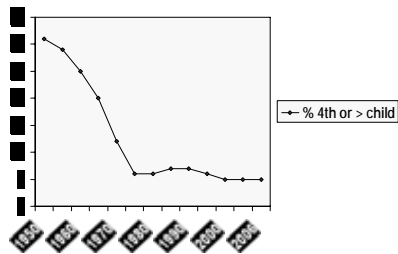




Orlebeke 2006



Parity in The Netherlands (1950-2006)



Source: CBS 2007

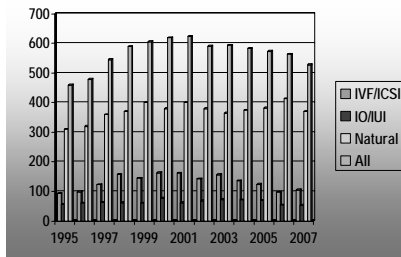


Method

- Netherlands Perinatal Registry(LVR-2)
- Contains the data of 98 % of all Dutch hospital deliveries from 16 weeks of pregnancy duration including all multiples.
- From 1994 onwards mandatory to register the conception mode(Natural, IVF(ICSI) or OI/UI).
- 1995-2007
- Boy-girl twin births to ensure dizygosity.
- Assumption: changes in trends of in this twin birth type representative for the all DZ twins.



Numbers of boy/girl twins/100.000 deliveries according to conception type born in The Netherlands(1995-2007)



Change in number of Boy/girl twins the Netherlands(1995-2001)

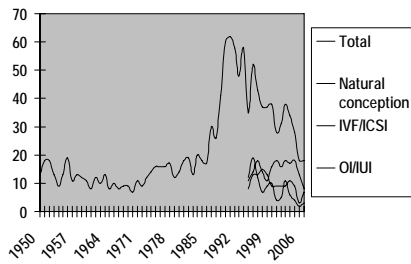
	1995	2001	Increase	Contribution to increase
Natural conception	578	803	225(39%)	58%
OI/UI	107	124	17(16%)	4%
IVF/ICSI	174	323	149(86%)	38%
All	859	1250	391(46%)	



Change in number of Boy/girl twins the Netherlands(2001-2007)

	2001	2007	Change	Contribution to change
Natural conception	803	660	- 143(19 %)	31 %
OI/UI	124	88	- 36(29 %)	27 %
IVF/CSI	323	188	- 135(42 %)	42 %
All	1250	926	- 324(26 %)	

Higher order(>2) pregnancies/100.000 in The Netherlands 1960-2007

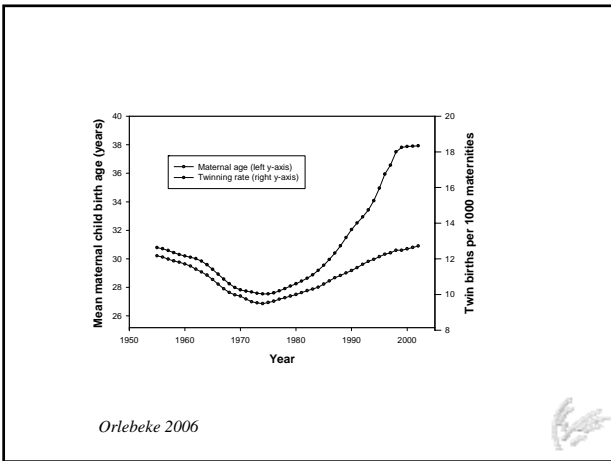


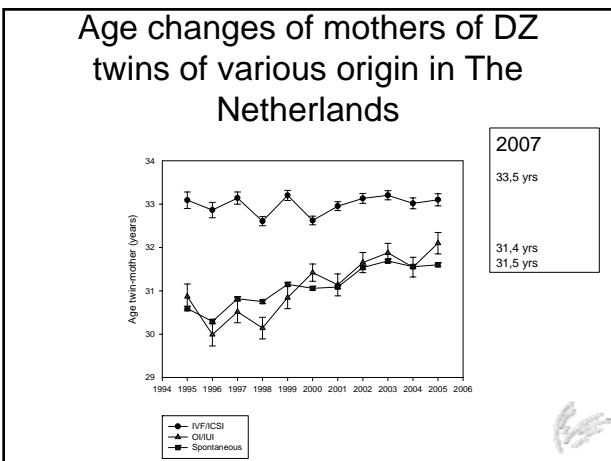
Total numbers of triplets in the Netherlands in 2007

Natural conception	15
OI/UI	12
IVF/CSI	6
All	33

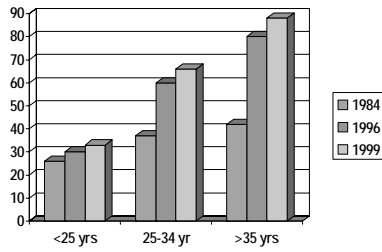


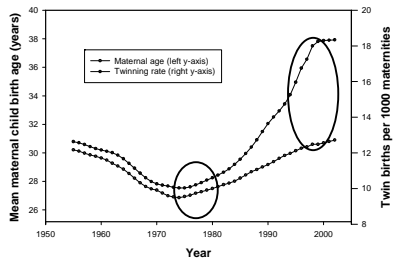






Boy-girl twins/10.000 births
In Netherlands(source CBS)

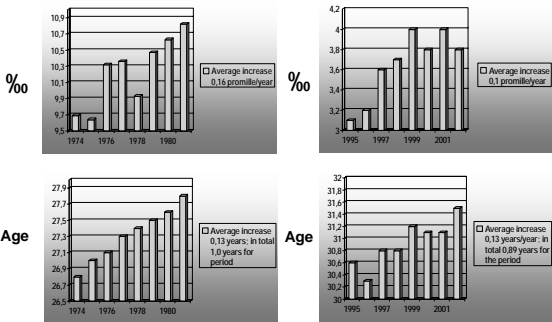




Orlebeke 2003



Maternal age versus natural twinning:
approximately 1‰ ↑ / 1 year ↑ of age
< 1981(CBS) > 1994(LVR)

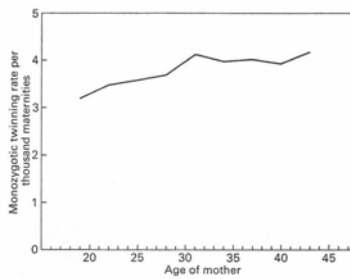


Potential effects of lower maternal age on twin deliveries

- i.e. :Reduction of 2 years
- Netherlands:150.000-200.000 deliveries/year
- 300-400 natural DZ twin births less(10%)
- 20 neonatal deaths less per year
- 200 NICU admissions less per year



Age changes of mothers of MZ twins

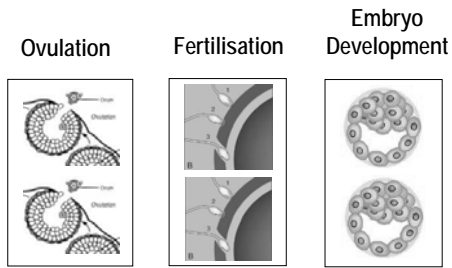


Bulmer 1970

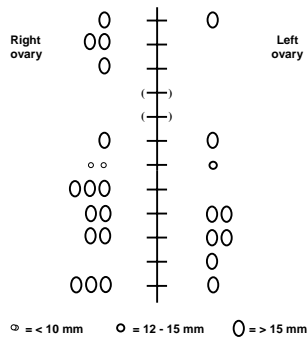




Dizygotic Twinning

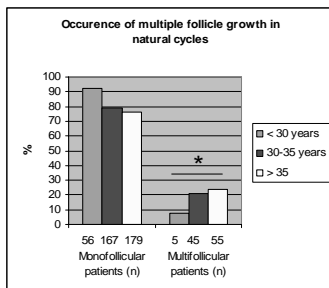


Extreme follicle development monitored by ultrasound on cycle day 12 in mother of familial DZ twin



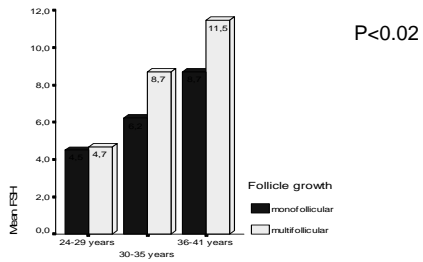
Martin et al Acta Genet Med Gemellol 1991

Age versus occurrence of multi follicular development in women undergoing insemination in natural cycles



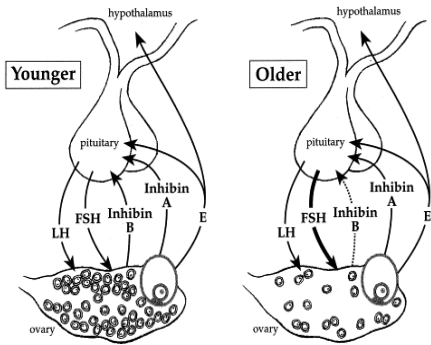
Beemsterboer et al Hum Reprod 2006

FSH of women with monofollicular or multifollicular growth per age category in women undergoing natural IUI

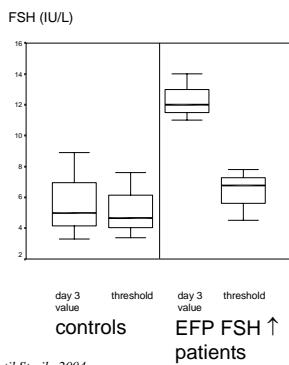


Beemsterboer et al Hum Reprod 2006

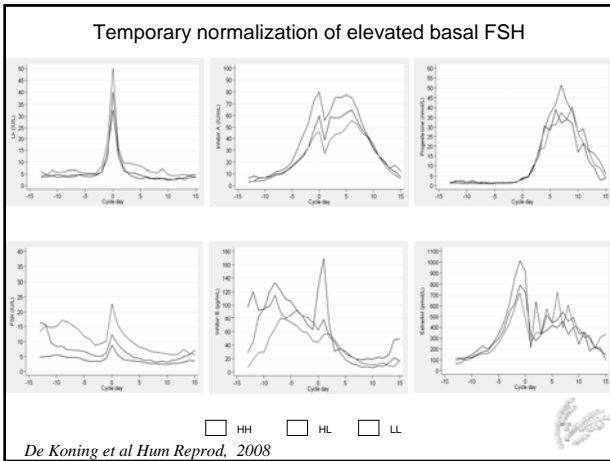
Ovarian pituitary interaction with ageing

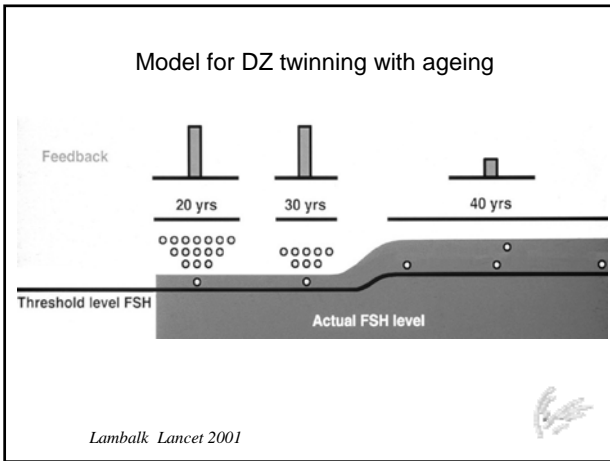


Day 3 FSH and FSH threshold



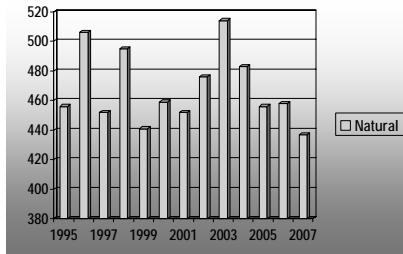
De Koning et al Fertil Steril, 2004





- ### Conclusions
- In The Netherlands dizygotic twinning rate after IVF/ICSI-OI/UI strongly increased over the past years with a peak incidence in 2001. Since then it declined.
 - The majority of the enormous total increase of DZ twin births came from natural conception
 - Increasing maternal age in association with progressive occurrence of multiple follicle development is likely to be the largest cause of recent "epidemic" of DZ twinning in The Netherlands
 - The endocrinology of reproductive ageing provides plausible clues
 - Lowering maternal age could substantially reduce neonatal mortality and morbidity by reduction of numbers of natural twin pregnancies

Numbers of natural conception MZ twins /100.000 deliveries in The Netherlands(1995-2007)



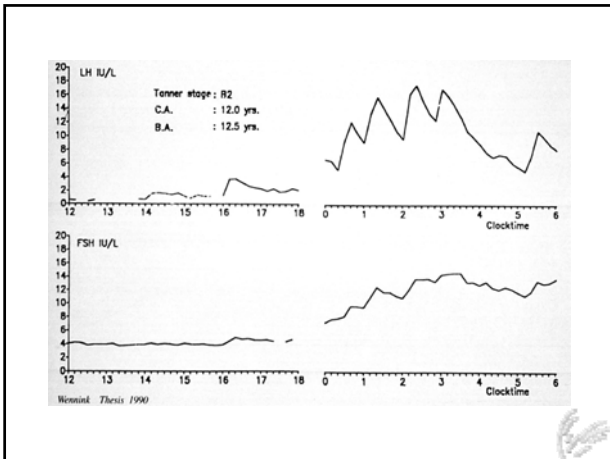
Other conditions

- Recovery from hypothalamic amenorrhea
- Parity

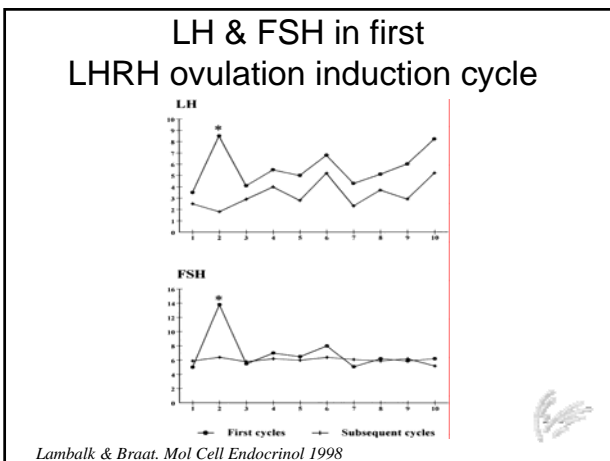
Daily hormones

- High, High group (H,H): elevated FSH in routine work-up and again in the study cycle
- High, Low group (H,L): elevated FSH in routine work-up, but normal in study cycle
- Control group Low, Low (L,L)

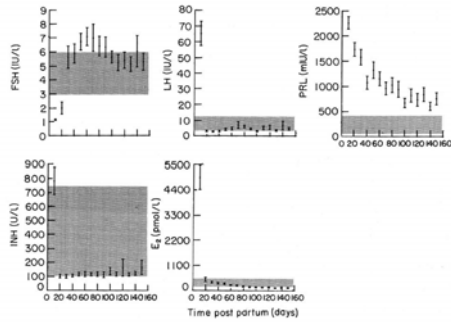
De Koning et al Hum Reprod, 2008







Reproductive Hormones during/after Lactation



Burger et al Clin Endocrinol 1994



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Conclusions

Elevated FSH seems a key feature of human DZ twinning

Pituitary hypothalamic origin in familial conditions

Ovarian origin in older women

Natural multiple birth

- Familial DZ twinning
 - Hypothalamus/pituitary
 - Ovary
 - Endometrium
- Non familial natural DZ twinning
 - Ageing
 - Other



Conclusions

In The Netherlands dizygotic twinning rate after IVF/ICSI-OI/IUI strongly increased over the past decade with a peak incidence in 2001. Since then it is declining

The majority of the enormous total increase of DZ twin births came from natural conception

Increasing maternal age in association with progressive occurrence of multiple follicle development is likely to be the largest cause of recent "epidemic" of DZ twinning in The Netherlands

Total numbers of triplets in the Netherlands in 2006

Natural conception	24
OI/IUI	5
IVF/ICSI	4
All	33



Twinmother study

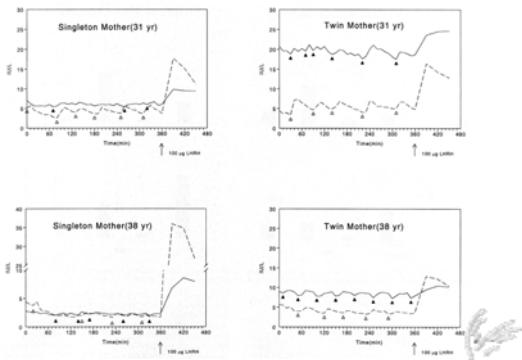
Over the day any FSH value above 10 U/l

	FSH > 10 U/l	FSH < 10 U/l	
DZ Mothers	7	9	16
C Mothers	1	13	14
	8	22	30

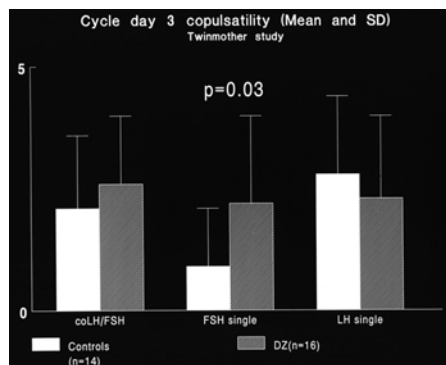
Fisher Exact test: 2-tailed $P < 0.05$

Lambalk et al JCEM 1998

Episodic LH and FSH secretion in mothers with hereditary twinning



Lambalk et al JCEM 1998



Lambalk et al JCEM 1998

Hypothesis

**PITUITARY GONADOTROPHIN AND
DIZYGOTIC TWINNING**

Dizygotic twinning may be explained by multiple ovulation caused by excessive production of gonadotrophin.

Pituitary gonadotrophin levels of women of childbearing age should vary with age, showing an age-distribution similar to that of the dizygotic-twinning rates.

Mothers of dizygotic twins should have higher gonadotrophin levels than mothers of single births.

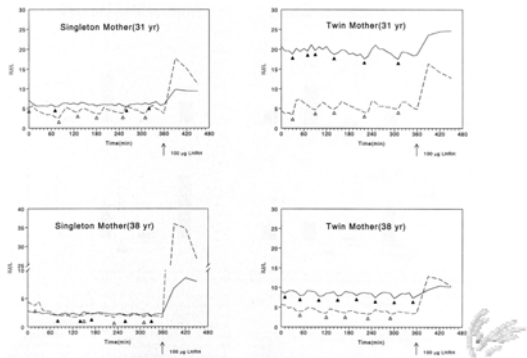
In essence, what I am suggesting is that dizygotic twinning in human beings may be a visible indicator of excessive maternal pituitary gonadotrophin activity.

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Department of Health,
Albany, New York

SAMUEL MILHAM, JR.
M.D. Albany



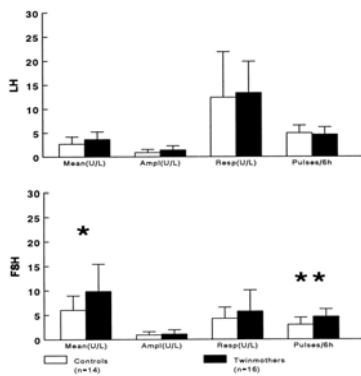
Episodic LH and FSH secretion in mothers with hereditary twinning



Lambalk et al JCEM 1998



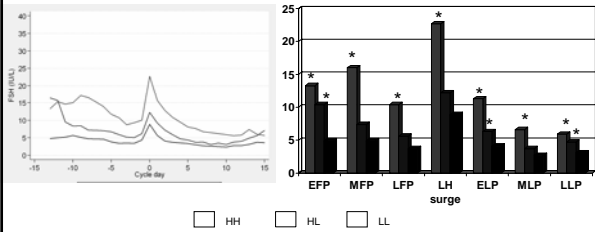
Episodic LH & FSH in DZ twinning



Lambalk et al JCEM 1998



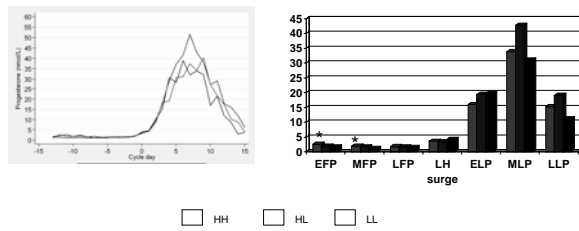
FSH



FSH higher in all phases in H,H group

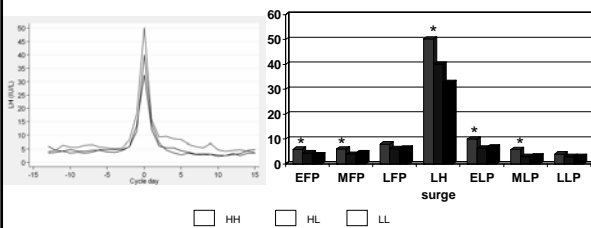
FSH higher in EFP, ELP and LLP in H,L compared with controls
De Koning et al Hum Reprod, 2008

Progesterone



De Koning et al Hum Reprod, 2008

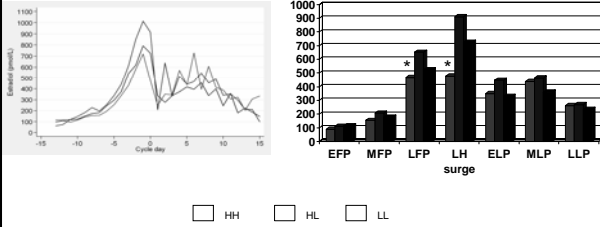
LH



LH higher in H,H group in EFP, MFP, LH surge, ELP, MLP

De Koning et al Hum Reprod, 2008

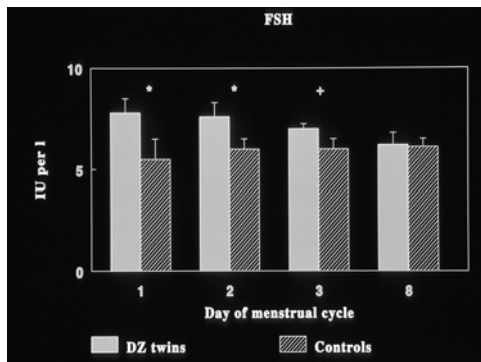
Estradiol



□ HH □ HL □ LL

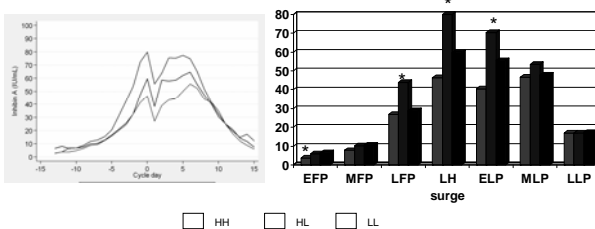
Estradiol lower in H,H group in late follicular phase and LH surge compared to H,L and controls
De Koning et al Hum Reprod, 2008

FSH



Martin et al Fertil Steril 1984

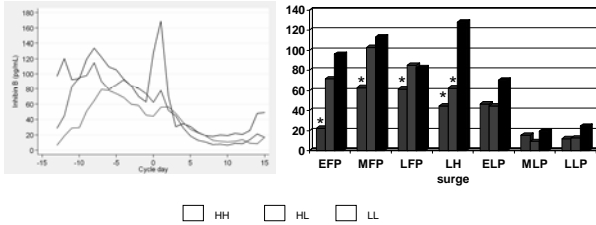
Inhibin A



□ HH □ HL □ LL

Inhibin A higher in H,L group in LFP, LH surge, ELF compared to controls
De Koning et al Hum Reprod, 2008

Inhibin B



Inhibin B lower in H,H group in follicular phase and LH peak day compared with controls and H,L

Inhibin B lower in H,L group during LH peak compared with controls
De Koning et al Hum Reprod, 2008

Change in number of Boy/girl twins the Netherlands(2001-2006)

	2001	2006	Change	Contribution to change
Natural conception	803	754	- 49(-6 %)	22 %
OI/UI	124	100	- 24(19 %)	11 %
IVF/ICSI	323	177	- 146(-45 %)	67 %
All	1250	1031	- 219(-16 %)	

Lambalk et al 2008



Smoking

Higher multiple births are reported in mothers who smoke.

- Olsen et al. (1988)
- Parazzini et al. (1996)
- Murphy et al. (1998)
- Kallen (1998)
- Hoekstra et al (2008)

Total numbers > 2 multiple deliveries according to conception type born in The Netherlands(1995-2007)

