

# Reproductive Health in Non Alcoholic Fatty Liver Disease (NAFLD)

Pr Sophie Christin-Maitre

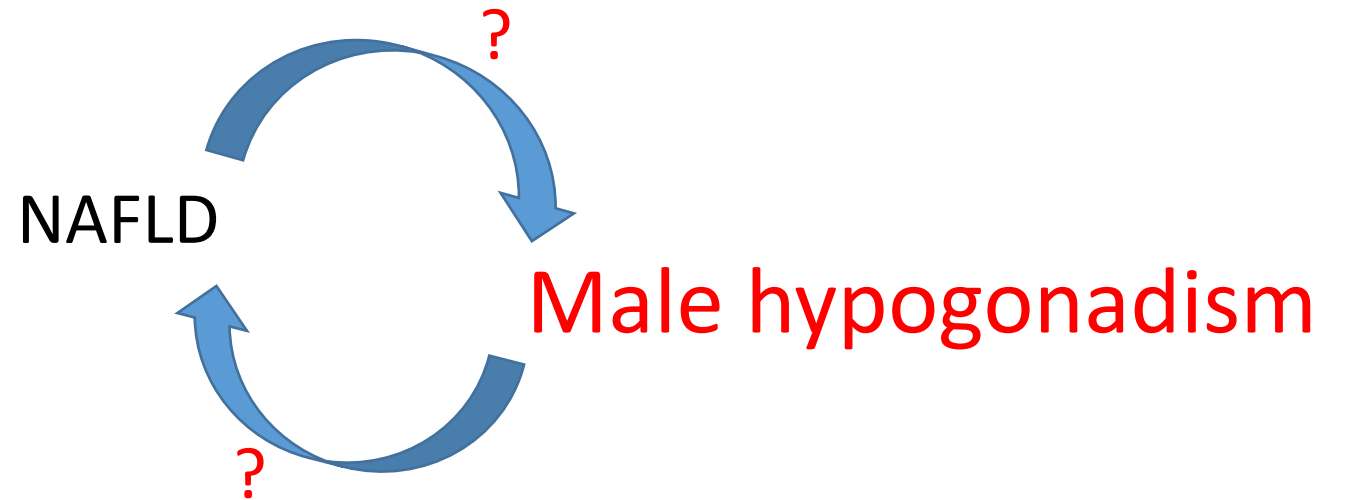
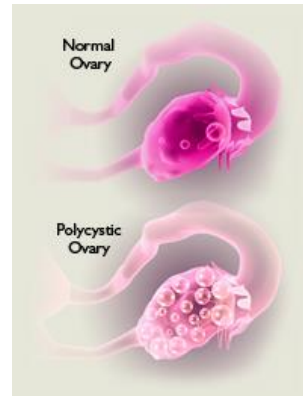
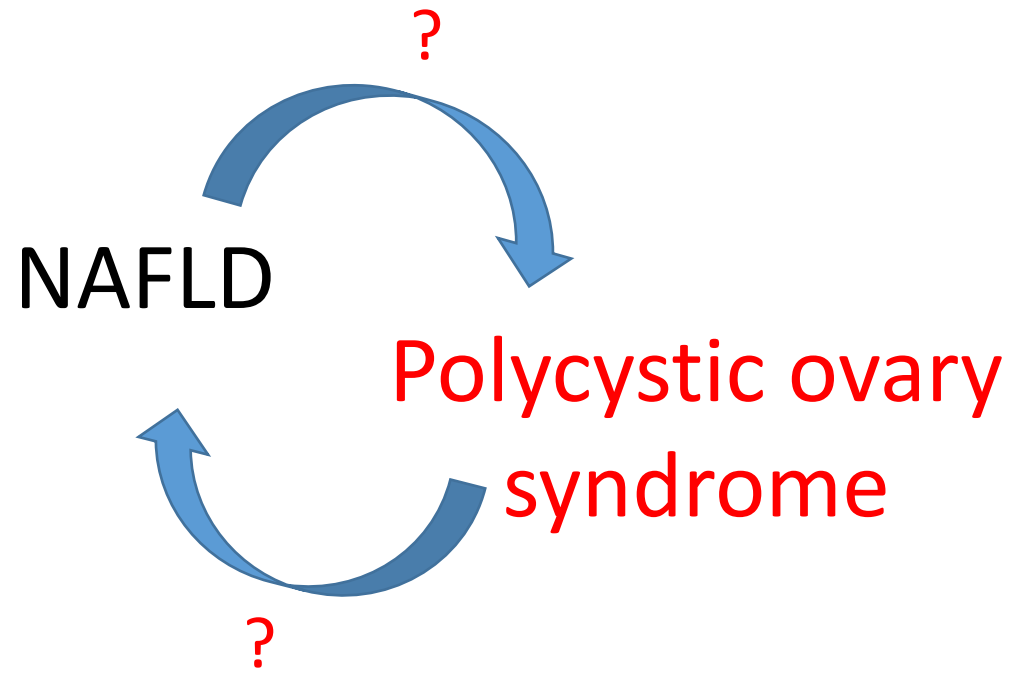
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# Definition of polycystic ovary syndrome (PCOS)

- 2003 : Rotterdam consensus

At least 2 of the 3 following criteria :

- 1) Oligomenorrhea or anovulation
- 2) Clinical and/or biological signs of hyperandrogenia
- 3) Polycystic ovaries on ultrasound

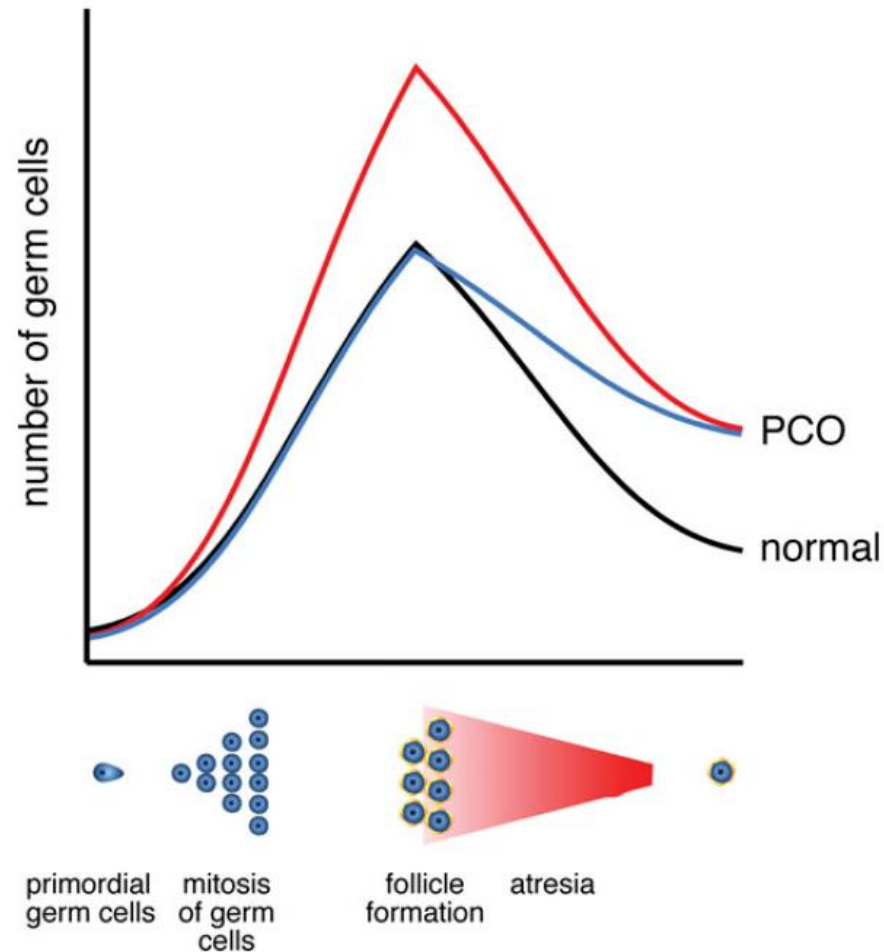
*excluding tumoral hyperandrogenism,  
21 hydroxylase deficiency and Cushing syndrome*



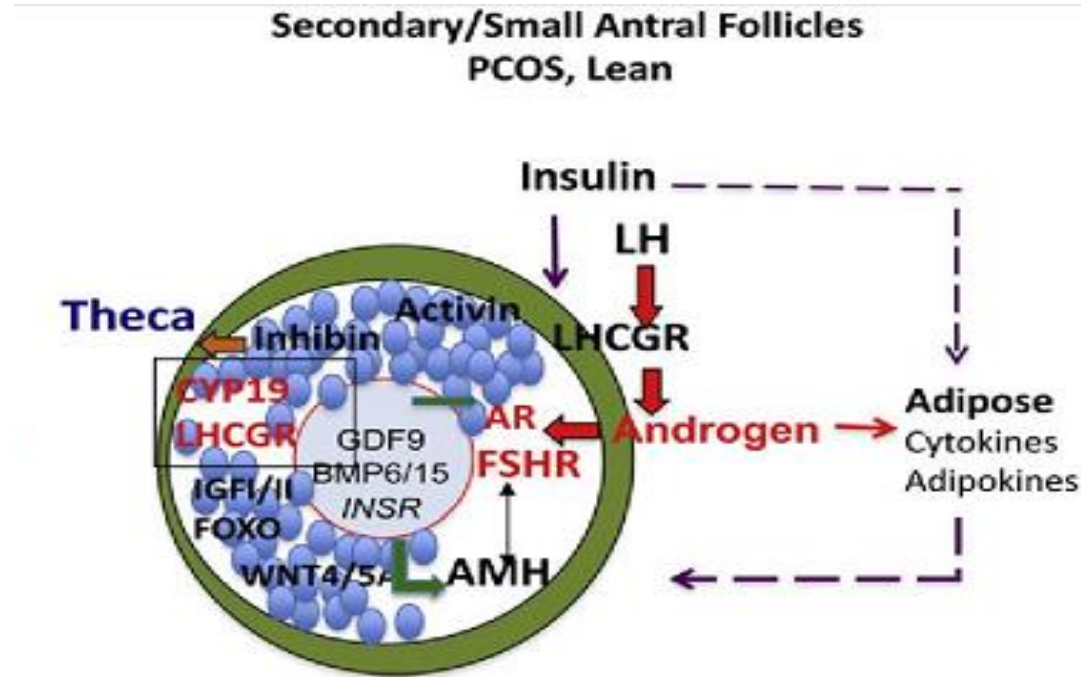
# Definitions of PCOS

<b>NIH/NICHD</b> <b>(must meet both criteria)</b>	<b>ESHRE/ASRM</b> <b>(Rotterdam criteria) 2004</b>	<b>Androgen Excess Society 2006</b>
Includes all of the following:	Includes two of the following:	Includes all of the following:
<ul style="list-style-type: none"><li>• Clinical and/or biochemical hyperandrogenism</li></ul>	<ul style="list-style-type: none"><li>• Clinical and/or biochemical hyperandrogenism</li></ul>	<ul style="list-style-type: none"><li>• Clinical and/or biochemical hyperandrogenism</li></ul>
<ul style="list-style-type: none"><li>• Menstrual dysfunction</li></ul>	<ul style="list-style-type: none"><li>• Oligo-ovulation or anovulation</li><li>• Polycystic ovaries</li></ul>	<ul style="list-style-type: none"><li>• Ovarian dysfunction and/or polycystic ovaries</li></ul>

# PCOS : accumulation of small follicles

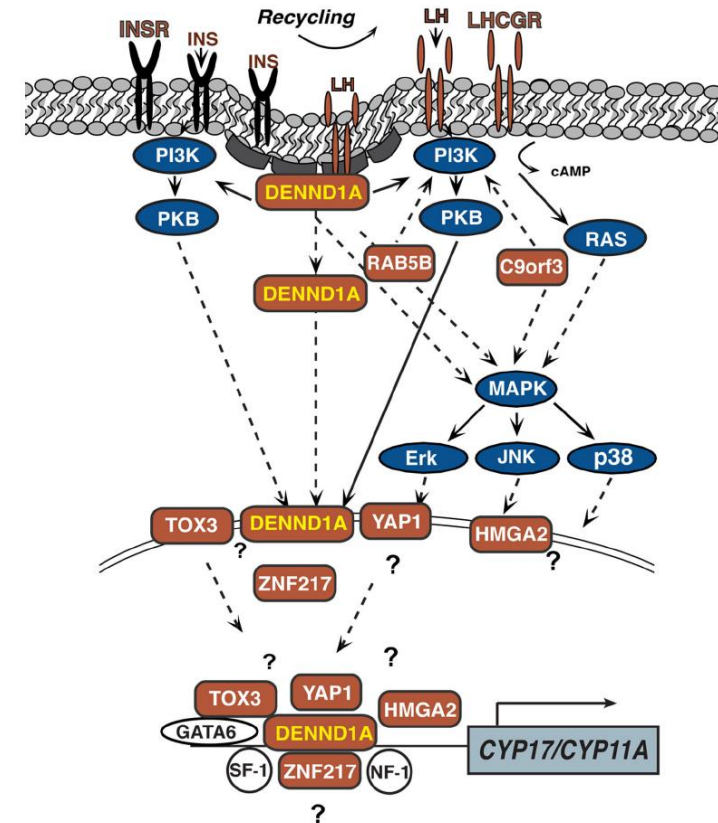


# PCOS : abnormal folliculogenesis



Dumesic. Ontogeny of the ovary in PCOS. Fertil Steril 2013.

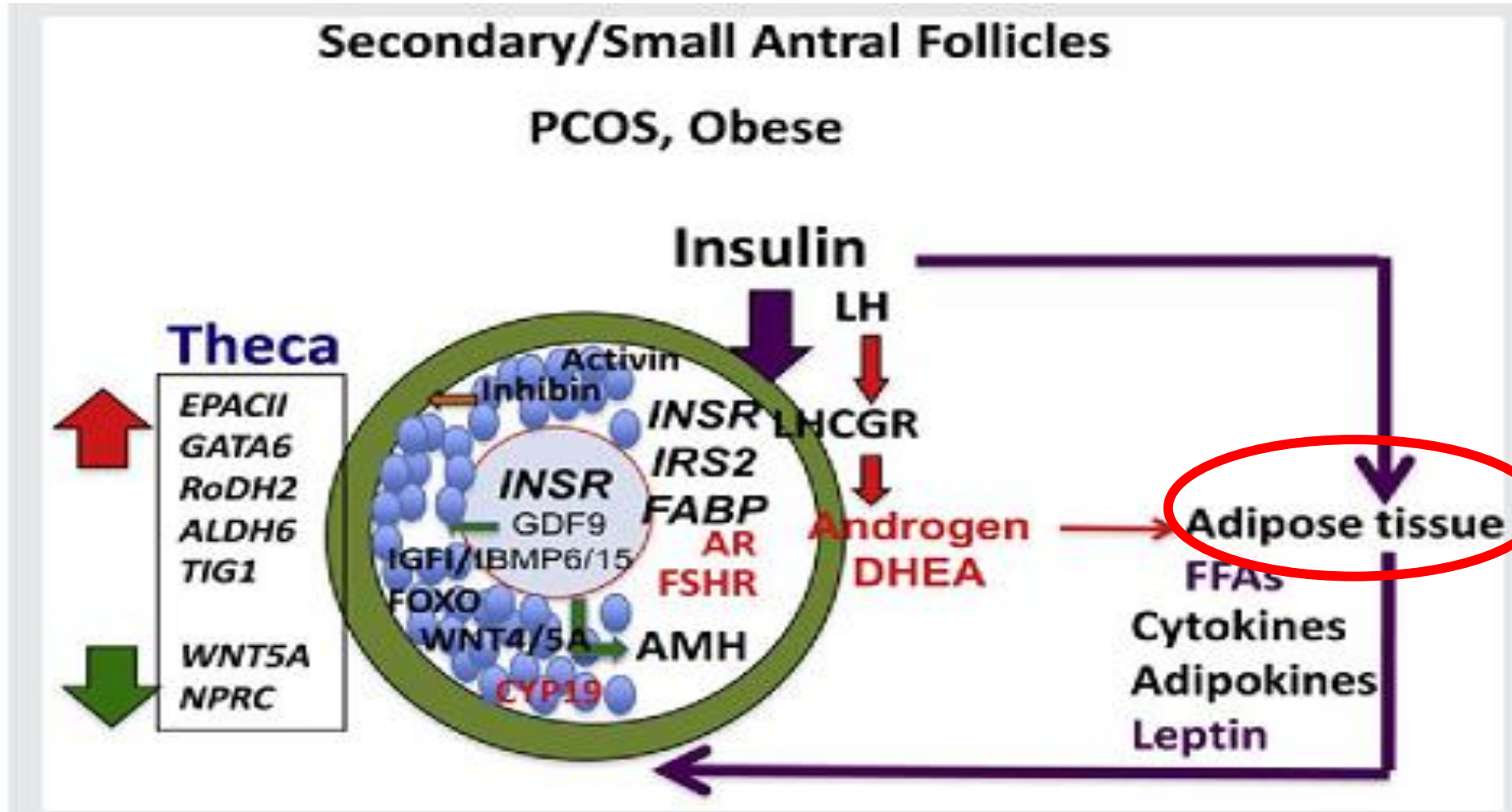
## GWAS Candidate Signaling Cascades?



Androgen Excess "PCOS Phenotype"

Trends in Endocrinology 2016

# PCOS : Abnormal folliculogenesis





# Polycystic ovary syndrome

- Prevalence of PCOS : 8-18 % of female population  
more than 25% in obese women

*March WA et al. Hum Reprod 2010; 25: 544*

- First cause of female infertility
- Increased risk of metabolic syndrome
- Increased risk of type 2 diabetes
- Increased risk of dyslipidemia
- Increased risk of cardiovascular diseases

*Legro R et al. JCEM 2013; 98: 4565-92; Welt C et al. JCEM 2013; 98 : 4629-38*



# First description of NAFLD in a PCOS woman

*Endocrine Practice 2005*

- POLYCYSTIC OVARY SYNDROME AND SEVERE NONALCOHOLIC STEATOHEPATITIS: BENEFICIAL EFFECT OF MODEST WEIGHT LOSS AND EXERCISE ON LIVER BIOPSY FINDINGS

Ann J. Brown, David A. Tandler, Robert G. McMurray, Tracy L. Setji

- Case Report

A **24 year old woman** referred for long term high serum aminotransferase levels, irregular menses, hirsutism

Liver biopsy : severe non alcoholic steatohepatitis

11.5 % weight loss in 8 month

Liver biopsy at 13 months : decrease in steatosis, reduction in inflammation

- Prevalence of PCOS among women with NAFLD

71% in one small study n= 14

Brzozowska MM et al. *J Gastroenterol Hepatol* 2009; 24: 243-247

## Increased risk of NAFLD in women with PCOS

**Table 2.** Frequencies of Hepatic Steatosis in Control Women, Patients With PCOS, and Men and in Nonobese vs Obese Subjects

Hepatic Steatosis	Control Women (n = 25)	PCOS (n = 55)	Men (n = 26)
Grade			
0	18 (72)	34 (62)	15 (58)
1	6 (24)	8 (15)	6 (23)
2	1 (4)	10 (18)	3 (11)
3	0 (0)	3 (5)	2 (8)

Data are counts (percentages). To fulfill the  $\chi^2$  assumption that no more than 20% of the expected counts were less than 5 and all individual expected counts were 1 or greater, we compared the grade 0 category with the category that resulted from merging the grades 1, 2, and 3 categories. After merging, no cells had expected count less than 5, and the minimum expected count was 9.2 for the comparison among groups and 14.7 for the comparison between nonobese and obese subjects. No difference in the frequency of hepatic steatosis was observed between groups ( $\chi^2 = 1.217$ ,  $P = .544$ ), yet hepatic steatosis was much more frequent in obese subjects compared with nonobese individuals ( $\chi^2 = 51.572$ ,  $P < .001$ ).

WJG 20<sup>th</sup> Anniversary Special Issues (12): Nonalcoholic fatty liver disease

## **Review of nonalcoholic fatty liver disease in women with polycystic ovary syndrome**

Carly E Kelley, Ann J Brown, Anna Mae Diehl, Tracy L Setji

**NAFLD in 15 to 55% of women with PCOS  
Population tested ? PCOS definition ? NAFLD diagnosis ?**

# The most recent study :

**Human Reproduction, Vol.31, No.6 pp. 1347–1353, 2016**

Advanced Access publication on April 12, 2016 doi:10.1093/humrep/dew076

human  
reproduction

ORIGINAL ARTICLE *Reproductive endocrinology*

## **Non-alcoholic fatty liver disease is associated with insulin resistance and lipid accumulation product in women with polycystic ovary syndrome**

**D. Macut<sup>1,\*</sup>, K. Tziomalos<sup>2</sup>, I. Božić-Antić<sup>1</sup>, J. Bjekić-Macut<sup>3</sup>, I. Katsikis<sup>4</sup>,  
E. Papadakis<sup>4</sup>, Z. Andrić<sup>3</sup>, and D. Panidis<sup>4</sup>**

600 PCOS women

125 control women

# NAFLD and PCOS

- Rotterdam criteria
- NAFLD liver fat score :

$[-2.89 + 1.18 \times \text{metabolic syndrome (MetS) (yes = 1/no = 0)} + 0.45 \times \text{T2DM (yes = 2/no = 0)} + 0.15 \times \text{fasting serum insulin (mU/l)} + 0.04 \times \text{AST (U/l)} - 0.94 \times \text{AST/ALT}]$  and a value of  $> -0.640$  was considered diagnostic of NAFLD

*Kotronen et al. 2009*

- Free androgen index :  $\text{FAI} = (\text{testosterone} \times 100) / \text{SHBG}$   
if  $\text{FAI} > 8$  definition of hyperandrogenia

*Mathur et al. 1981*

- Homesostasis Model Assessment

$\text{HOMA-IR score} = \text{insulin (mIU/L)} \times \text{glucose (mmol/L)} / 22.5$

*Mattews et al. 1985*

- Lipid accumulation product (LAP) =  $[(\text{Waist circumference} - 58) \times \text{TGs}]$

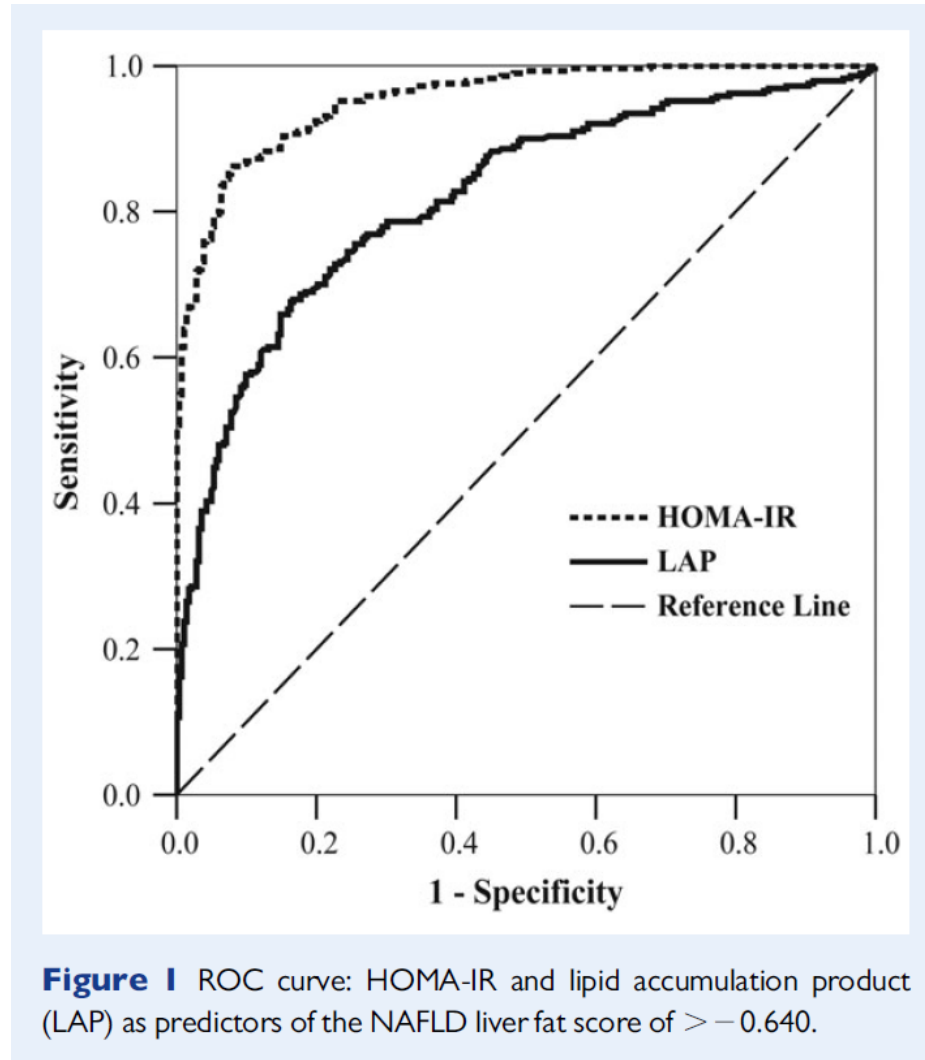
- Prevalence of NAFLD in PCOS

50.6% versus 34.0% in controls, matched for BMI  
( $p = 0.002$ )

=> What are the factors associated with NAFLD?

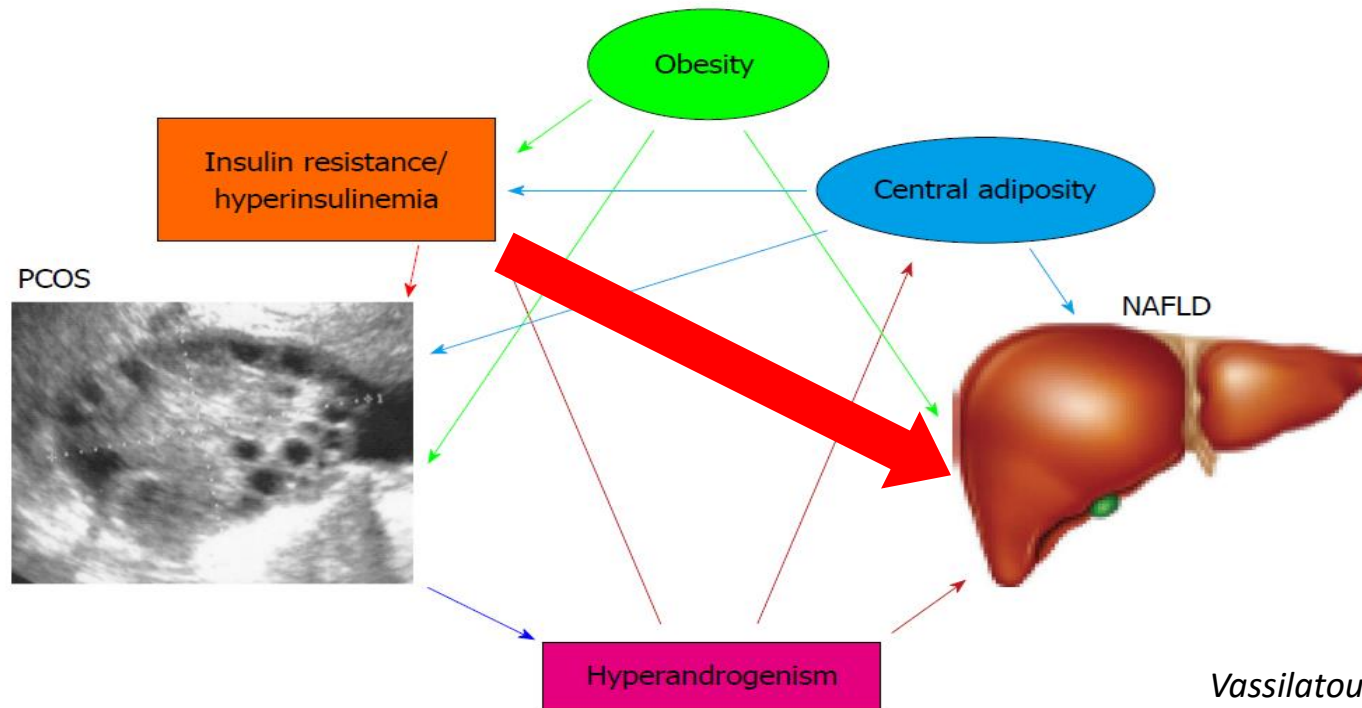


# Factors associated with NAFLD in PCOS women



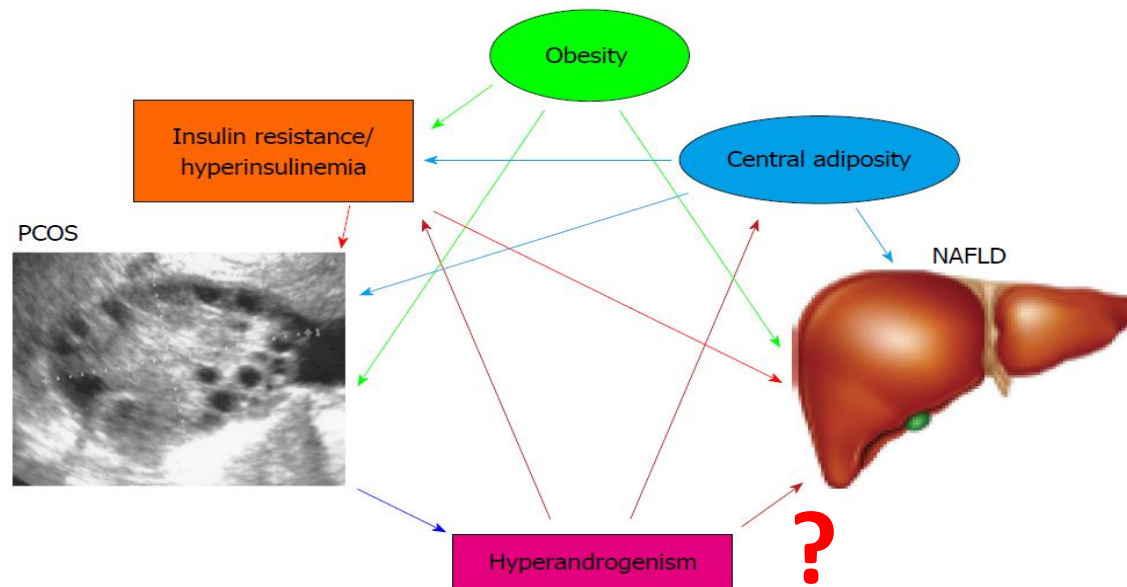
# Potential conclusions concerning NAFLD and PCOS

- Insulin Resistance is associated with the occurrence of NAFLD +++  
=> Life style intervention and weight loss are potentially beneficial on NAFLD  
=> Tt with metformin ?



# Potential conclusions concerning NAFLD and PCOS

- LAP could represent an unexpensive marker of NAFLD ?
- The direct role of serum androgen levels on NAFLD remains controversial



## BUT in this study...

- Androgens are not measured by LC- MS
- No magnetic resonance spectroscopy, no liver biopsies performed
- No answer about the potential mechanisms involved in the pathogenesis of NAFLD in PCOS women

Protective role of estrogen ?

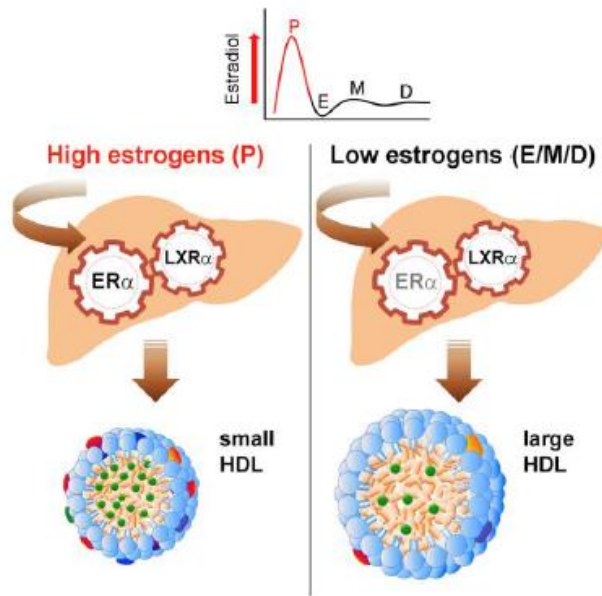
# Protective role of estrogen on NAFLD ?

- In **postmenopausal women with low E2**, higher prevalence of NAFLD  
Study of Health in Pomerania, Northeast Germany  
*Volzke H et al. Gut 2007; 56: 594-5*
- Current **oral contraceptive pills** users have a 50% lower odds of NAFLD than never users  
*Liu SH et al. J Gastroenterol 2013; 48: 1151-1159*

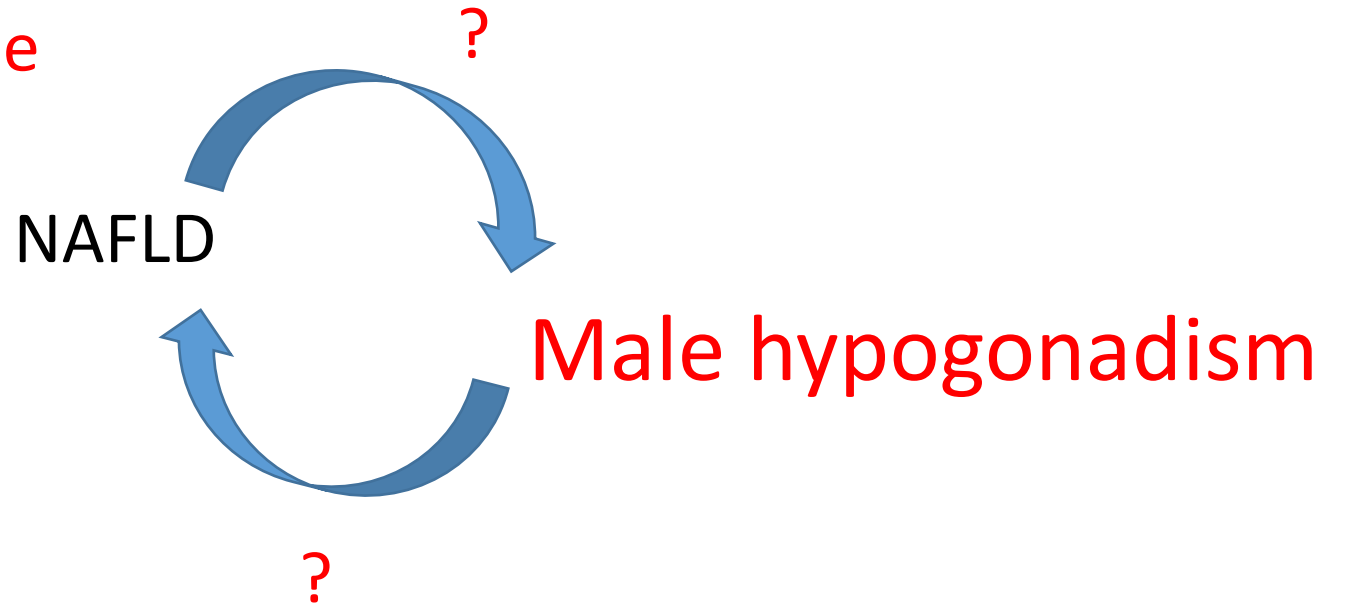
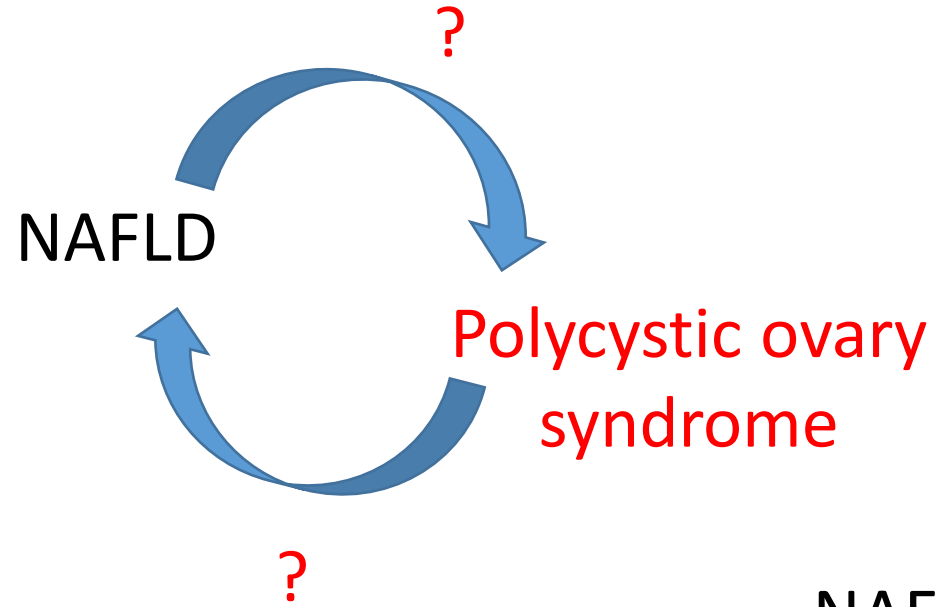
# Protective role of estrogen on NAFLD ?

- Animal models

- EX :
- $ER\alpha$  knock-out mice : increased fat in the liver
  - Selective ablation of  $ER\alpha$  in the liver => deposition of fat in the liver



*Della Torre S et al. Cell report 2016 ; 15 : 360-71*





# NAFLD in males

- Lower testosterone levels are associated with accumulation of abdominal and visceral fat

217 men from HERITAGE Family study

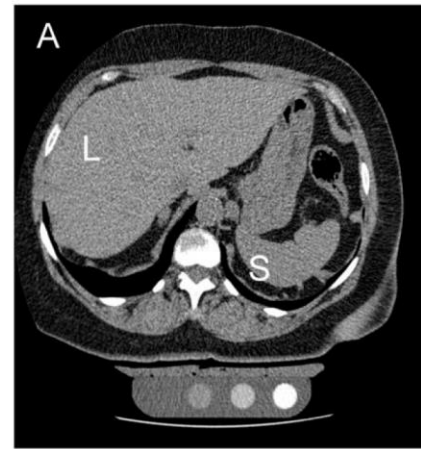
*Couillard C et al. JCEM 2000*

- In a retrospective study including 1912 men, hepatic steatosis is correlated with low testosterone levels ( $< 14.2$  nmol/L)

*Volzke H et al. Int J Androl 2010*

# NAFLD in males

- In Multiethnic Study of Atherosclerosis study (USA)  
n= 3213 men aged 45-84 years



=> Lower levels of SHBG and higher levels of E2  
in men are associated with NAFLD

# Nonalcoholic fatty liver disease and alteration in semen quality and reproductive hormones

Yan Li<sup>a</sup>, Lei Liu<sup>b</sup>, Bin Wang<sup>a</sup>, Dongfeng Chen<sup>a</sup> and Jun Wang<sup>b</sup>

**Table 1.** Baseline characteristics of the study cohorts

Parameter	Controls (N=94)	NAFLD (N=102)	P
Age (years)	34.5 ± 5.6	35.4 ± 4.7	0.68
BMI (kg/m <sup>2</sup> )	22.4 ± 2.5	23.6 ± 3.2	0.08
Abstinence duration (days)	5.3 ± 1.7	5.4 ± 1.6	0.72
Coital frequency/month	10.0 ± 2	10.0 ± 3	1.68
Smoking (%)	23 (24.5)	27 (26.4)	0.12
Alcohol consumption (%)	31 (33.0)	35 (34.5)	0.72
AST (U/l)	24.8 ± 7.5	59.3 ± 18.1	0.03
ALT (IU/l)	23.4 ± 12.6	65.3 ± 37.8	0.01
Triglycerides (mmol/l)	1.2 ± 0.6	3.9 ± 2.3	0.02
HDL-c (mmol/l)	1.4 ± 0.6	1.7 ± 0.8	0.04
GLU (mmol/l)	4.9 ± 1.0	5.7 ± 1.6	0.32

Data are expressed as mean ± SD or frequency (percentage).

ALT, alanine aminotransferase; AST, aspartate aminotransferase; GLU, glucose; HDL-c, high-density lipoprotein-cholesterol; NAFLD, nonalcoholic fatty liver disease.

## Nonalcoholic fatty liver disease and alteration in semen quality and reproductive hormones

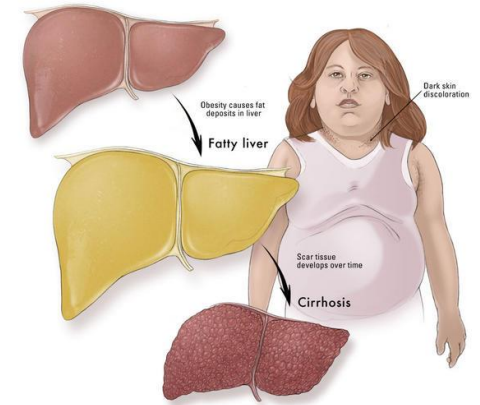
Yan Li<sup>a</sup>, Lei Liu<sup>b</sup>, Bin Wang<sup>a</sup>, Dongfeng Chen<sup>a</sup> and Jun Wang<sup>b</sup>

Serum T and SHBG lower in men with NAFLD

Sperm concentration ( $p=0.04$ ), sperm count ( $p=0.01$ ) and total mobility ( $p=0.03$ ) were lower in men with NAFLD compared to normal men

# CONCLUSIONS

- In postmenopausal women and in PCOS women, NAFLD is more prevalent than in control women
- Liver evaluation in PCOS women is useful especially in obese women +++ , *although a systematic evaluation has not been recommended by Endocrine Society clinical practice guidelines in 2013*
- Mode of evaluation : aminotransferase level and ultrasound?  
Frequency of evaluation?



# CONCLUSIONS

- In men,



Low testosterone serum level and low SHBG are correlated with NAFLD prevalence

Potential impact of NAFLD on sperm count and mobility  
What is the potential impact of androgen tt on NAFLD ?

спасибо  
danke 謝謝  
ngiyabonga  
teşekkür ederim  
dank je  
gracias  
tapadh leat  
bedankt  
huala  
mauruuru  
dziękuje  
thank you  
mochchakkeram  
sagolun  
sukriya  
kop khun krap  
go raibh maith agat  
arigatō  
takk  
dakujem  
merci  
merci  
obrigado  
terima kasih  
ευχαριστώ  
감사합니다