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USF1 in the pathology of selected diseases

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ABSTRACT

USF1 belongs to a family of transcription factors characterized by highly conserved helix-loop-helix and leucine zipper domains. The USF1 polypeptide is encoded by the USF1 gene located in the long arm of chromosome 1. The USF1 protein can form homodimers or heterodimers with the USF2 polypeptide. Being a subunit of the dimeric upstream transcription factor, USF1 plays multiple roles in the transcription regulation of many genes, which includes the E-box motif in the promoter region. The activation of gene transcription depends on the integrity of the b-HLH-LZ dimerized domains of USF with the region of DNA. The expression of the USF1 gene and the binding abilities of the protein transcription factor to the promoter region of a target gene is regulated by phosphorylation and methylation processes. The transcription factor USF1 regulates the expression of numerous genes involved, e.g. in the cell cycle, cellular proliferation, cellular ageing, stress and immune response, carcinogenesis, and lipid and carbohydrate metabolism. Moreover, the genetic variants of *USF1* can be associated, e.g. with changed levels of serum lipids, glucose and specific markers of carcinogenesis. Among the studied polymorphisms of *USF1* a group of genetic variants can be identified, which are associated with risk factors for cardiovascular events. USF1 is also one of the main factors for coronary artery disease, metabolic syndrome, diabetes type II, and familial combined hyperlipidemia.

Keywords: USF1; polymorphism; coronary artery disease; diabetes mellitus type II; cancers.

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The impact of pelvic floor muscle exercises with and without synergistic muscles on the quality of life of women with stress urinary incontinence

Magdalena Ptak

ABSTRACT

Introduction: Stress urinary incontinence (SUI) is an ailment diagnosed in many women in different periods of life. It is estimated that nearly 60% of them will experience the effect of SUI on the quality of life (QOL) in the perimenopausal period. The International Continence Society (ICS) recommended pelvic floor muscle (PFM) exercise as first line treatment.

The aim of this study was to compare the QOL of patients with stage 1 SUI that performed PFM and the synergistic muscle (PFM and SM) exercise and isolated PMF (PFM) exercise for the period of 3 months. The additional objective was to evaluate the influence of menopausal status, body mass index (BMI), waist-hip ratio (WHR) and the number of births given on the effectiveness of treatment.

Materials and methods: After urodynamic testing executed at the Clinic of Gynaecology, Endocrinology and Gynaecologic Oncology in the Pomeranian Medical University in Szczecin (in Poland), 140 patients were selected. Women were in the perimenopausal period and suffered from SUI stage 1. The conservative treatment was carried out under supervision in 2 groups, 70 patients each. The mean age of women was 51–53 years, BMI – 27.4 kg/m² and WHR was 0.88 (first group) and 0.81 (second group). Before and after the treatment, patients' QOL was evaluated with the use of the ICIQ LUTS qol questionnaire. Moreover, the patients in both groups received vaginal oestriol. Statistica v. 12.0 PL, StatSoft, USA, was used for statistical calculations.

Results: Analysis demonstrated the effectiveness of both exercise protocols. The study revealed that exercise according to protocol A (PMF and SM) is more effective than protocol B (PMF). There was no change in QOL in personal relationships. The influence of menopausal status, WHR and number of births was proven.

Conclusions: PFM and SM exercise and PFM exercise alone improved the QOL of women with SUI stage 1. However, a stronger impact was observed in the physiotherapy of PFM and SM. The PFM and SM exercise was proven to be more effective than the PFM exercise alone when performed by women with SUI in their premenopausal period, with a gynoidal body type, and in the case of women who gave birth less than three times.

Keywords: stress urinary incontinence; perimenopausal period; physiotherapy; pelvic floor muscles; ICIQ LUTS qol; quality of life

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