

Strength and Anthropometric Measures in Identical and Fraternal Twins: No Evidence of Masculinization of Females with Male Co-Twins

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Sharing of intrauterine environment in twins of opposite sex has been hypothesized to result in masculinization of the female twin. We tested this hypothesis by comparing strength (maximum hand-grip pressure) and various anthropometric measures in a newly established survey panel comprising 4,314 middle-aged twins identified through a Danish population-based twin registry. Sex- and zygosity-specific mean values of

handgrip strength, height, weight, body mass index, and waist circumference were highly comparable between fraternal twins of opposite sex and fraternal twins of same sex. Our results provide no support for the hypothesis of masculinization of female twins from opposite sex twin pairs. (*Epidemiology* 2000; 11:340–343)

Keywords: twins, gender, anthropometry, muscle strength, masculinization, phenotype.

In several species of litter-bearing mammals, intrauterine positioning predicts postnatal characteristics.¹ Female animals gestated between two male fetuses are exposed to increased levels of androgens; this has been shown to result in masculinization of the female fetus with regard to a broad range of morphological and behavioral postnatal characteristics.^{2–5}

Human twins can be identical (MZ), fraternal of the same sex (DZss), or fraternal of the opposite sex (DZos). Pregnancy with DZos is the human analogy to the intrauterine position phenomenon in litter-bearing animals. The female DZos fetus shares the intrauterine environment with a male fetus and is potentially exposed to higher androgen levels produced by the male

co-twin. This exposure has been offered as an explanation for the higher degree of masculinization of female DZos observed in some studies.^{6–8}

In the present twin study, we focused on strength and body composition measures, phenotypes that are known to depend on intrauterine positioning in animals,^{1,2,4} and that are also important predictors of human morbidity and disability.^{9,10} We used data from a large newly established panel of middle-aged identical and fraternal twins identified in a population-based registry.

Subjects and Methods

We identified pairs of twins born between 1931 and 1952 through the Danish Twin Registry.¹¹ The twins had responded to a brief mailed questionnaire (response rate 77%) in 1997 and had declared their willingness to participate in future studies (90% of responders). This questionnaire included items on similarity of the twins, based on which we assigned zygosity, a method found to result in misclassification rates of less than 5%.¹² Within each of the 22 birth cohorts, we randomly identified 40 pairs of each zygosity (MZ, DZss, and DZos). Half of the retrieved MZ and DZss twin pairs were female. Owing to insufficient numbers of MZ pairs in the birth cohorts of 1933, 1934, and 1936, we retrieved an additional 11 MZ pairs from the birth cohorts of 1931 and 1935. A total of 2,640 pairs were identified. Shortly before the survey we obtained demographic information on these twins from a continuously updated nation-wide population register, the Danish Civil Registration System. Ninety-one twins (1.7%) had died or emigrated in the 2-year period pre-

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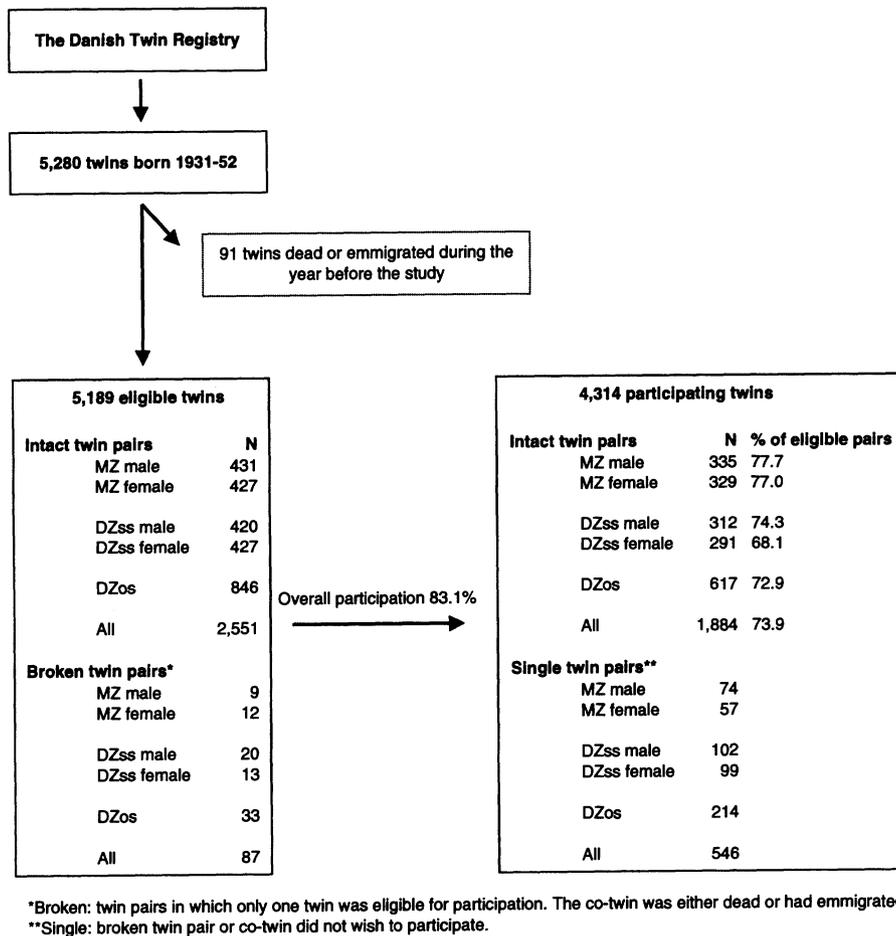


FIGURE 1. Eligibility and participation in the study of middle-aged Danish twins.

ceding the study, leaving 5,189 twins eligible for participation in the study.

Interviews were conducted by a total of 100 interviewers from the Danish National Institute of Social Research, an approach previously used in twin research projects.¹³ The survey, which lasted on average 1½ hours, comprised a questionnaire, tests of cognitive and physical functioning, and sampling of DNA.

All interviewers received a detailed training program by a physician and were closely monitored in the 6-month period (October 1998 through March 1999) during which the interviews were completed. The twins

were considered not possible to contact only when at least three unsuccessful attempts to contact them at their residence were made. To avoid interviewer bias, which would inflate twin similarity, twins from a pair were never interviewed by the same interviewer. A pilot study testing all procedures resulted in minor changes only.

Results

We compared participants and non-participants with regard to age, gender, urban residency, and marital status using data from the Civil Registration System. Height in centimeters and weight in kilograms were self-reported and were used to calculate the body mass index (weight/height² kg/m²). With a tape measure, the interviewers took two measurements of the subjects' waist circumference between the lowest rib margin and the iliac crest and recorded the values to the closest 0.1 cm. The average of the two measures was used in this analysis. For grip strength, we identified the maximum value among the recorded measurements (three for each hand for 97.8% of the sample).

TABLE 1. Characteristics of Participants and Non-Participants in the Study of Middle-Aged Danish Twins (N = 5,189)

	Both Twins Participants N = 3,768	Both Twins Non-Participants N = 366	One Twin Participant* N = 546	One Twin Non-Participant† N = 509	Participants* N = 4,314	Non-Participants‡ N = 875
Age,‡ mean (SD)	56.9 (6.3)	57.9 (6.3)	57.1 (6.4)	56.6 (6.4)	56.9 (6.3)	57.2 (6.4)
Male, %	50.7	37.7	52.6	49.1	51.0	44.3
Urban residency,§ %	26.0	28.1	30.6	33.0	26.6	31.0
Married, %	77.2	73.0	75.6	69.4	77.0	70.9

* Includes 62 twins from twin pairs where only one twin was eligible for participation.

† Includes 25 twins from twin pairs where only one twin was eligible for participation.

‡ As of January 1, 1999.

§ Defined as residency in borough with 500 or more inhabitants per km².

TABLE 2. Mean Values (Standard Deviations) of Handgrip Strength and Body Composition Components by Gender and Zygosity in 4,223 Middle-Aged Danish Twins

	Identical Twins	Fraternal Twins Same Sex	Fraternal Twins Opposite Sex
Male			
N	734	709	722
Age, years	56.9 (6.4)	56.8 (6.4)	57.0 (6.3)
Height, cm	176.1 (6.5)	176.5 (6.5)	176.7 (7.0)
Weight, kg	80.4 (11.3)	81.3 (11.7)	80.7 (11.5)
Body mass index, kg/m ²	25.9 (3.2)	26.1 (3.3)	25.9 (3.3)
Waist circumference, cm	97.8 (9.7)	98.6 (10.3)	98.0 (9.6)
Maximum handgrip, kg	47.4 (8.2)	47.9 (8.2)	48.2 (8.7)
Female			
N	703	655	700
Age, years	56.9 (6.4)	56.7 (6.3)	56.9 (6.3)
Height, cm	164.0 (5.8)	164.8 (5.8)	164.9 (6.2)
Weight, kg	65.4 (10.7)	65.9 (11.7)	66.0 (11.0)
Body mass index, kg/m ²	24.3 (3.9)	24.2 (3.9)	24.3 (3.9)
Waist circumference, cm	85.1 (11.7)	85.1 (11.9)	85.1 (11.8)
Maximum handgrip, kg	27.1 (5.7)	28.2 (5.8)	27.8 (6.0)

participation was greater for MZ pairs (77%) than DZ pairs (72%).

After exclusion of twins with missing values on variables of interest, the sample was reduced to 4,223 twins (97.9%). The mean age of these subjects was 56.9 years (SD = 6.3) and varied 0.3 years or less in sex and zygosity strata (Table 2). Mean values and standard deviations for grip strength and body composition were virtually identical for MZ, DZss, and DZos in both males and females. In particular, the mean values of female DZos for all measures differed by less than 1% from the corresponding means for other female twins (MZ and DZss), and the differences were not consistently in one direction.

Discussion

Animal studies provide strong support for masculinization of female fetuses placed between males *in utero*. Nevertheless, the results of this study are not consistent with the hypothesis of masculinization of human female DZos. In this large sample of twins, members of DZos pairs were strikingly similar to MZ and DZss of the same sex with respect to an objective measure of strength and anthropometric measures.

Previous studies of the potential masculinization of human female DZos have yielded conflicting results with respect to physical and physiologic variables. Boklage reported an intermediate gender phenotype with regard to craniofacial growth for DZos twins.¹⁴ McFadden reported a masculinized pattern of spontaneous otoacoustic emissions in female DZos compared with female DZss and female non-twins.⁶ Studies of birth weight have yielded conflicting results.¹⁵⁻¹⁷ In a sample of Australian female twins, height and some items related to reproductive functions showed minor effects consistent with a masculinization of female DZos.¹⁸ In a large Danish study, fecundability measured by waiting time to first ever pregnancy did not differ by zygosity or sex of co-twin.¹⁹

Studies of behavioral traits, such as sensation seeking⁷ and attitudes,⁸ seem to show more consistent results in

favor of a more masculine phenotype in DZos. However, the effects of rearing (female DZos growing up with a brother) and intrauterine exposures cannot be adequately discerned in these studies. Physical and physiological measures may in fact also be confounded by the effects of psychosocial rearing in DZos twins, an effect we would expect to be less pronounced in a Danish setting, which is characterized by minimal class variability and sexism. If such confounding is present, however, we would expect it to bias female DZos phenotypes toward a greater similarity with male phenotypes. Clearly this is not the case in the present study.

The participation rate in the present study was high. Non-participation was not highly selected, but showed patterns recognized from other studies: a tendency for lower participation of fraternal twins, persons who were not married, and urban area dwellers. Interestingly, males were more likely to participate in this as well as in previous Danish twin studies,^{13,20} a pattern opposite to what we expected from the literature.²¹

In conclusion, the data of this large study of twins using both objective measurements and self-reported data provide no evidence of a more masculinized phenotype in female DZos.

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Future of Epidemiology II

24 August 2000 at 09:00-16:00h

Kaunas University of Medicine, Central Building,
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Ecosocial Science Perspective: (Prof. Nancy Krieger, United States of America)

Environmental/Occupational Epidemiology: (Dr. Timo Partanen, Finland)

Clinical Epidemiology: (open)

Molecular Epidemiology: (Prof. Paolo Vineis, Italy)

Genetic Epidemiology: (Prof. Kari Hemminki, Sweden)

Epidemiology in Central and Eastern Europe: (Prof. Vilius Grabauskas, Lithuania)

Epidemiology in Developing Countries: (Dr. Catharina Wesseling, Costa Rica)

Expectations of Young Epidemiologists: (Dr. Esther Welp, the Netherlands)

Equity and Ethics: (Prof. Rodolfo Saracci, Italy)

Round Table Discussion

WHO view

Comments and Questions from the Audience

Conclusion

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"Ageing processes in European populations"

(Prof. James W. Vaupel, Denmark)

SATURDAY 26 AUGUST, 2000

Keynote lectures:

"Monitoring requirements in disease surveillance system"

(Dr. Ruth Bonita, Switzerland)

"Community approaches in health promotion and disease prevention"

(Prof. Pekka Puska, Finland)

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