Beyond the Symptoms: The Impact of Polycystic Ovary Syndrome on Women's Quality of Life

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Key points:

- Introduction
- Symptoms
- Diagnosis
- Effect on Mental Health
- Current approaches to managing PCOS

Introduction

Polycystic ovary syndrome (PCOS) is a prevalent endocrine disorder that affects 11-13 percent of females of reproductive age worldwide [1]. Up to 70 percent of cases remain undiagnosed. PCOS is more common in women of certain races or ethnicities, such as those of Middle Eastern or South Asian descent. It is a primary cause of irregular menstruation, infertility, and increased risk for endometrial cancer. PCOS is typically diagnosed when reproductive issues arise. However, the onset can begin as early as adolescence.

Symptoms

The clinical manifestations of PCOS vary considerably among affected women. Common symptoms include:

1. **Irregular or absent menstrual periods**
2. **Infertility or subfertility**
3. **Hirsutism (excessive facial or body hair)**
4. **Female-pattern hair loss (androgenic alopecia)**
5. **Acne**
6. **Polycystic ovarian morphology on ultrasound**
7. **Overweight or obesity**

The severity and combination of symptoms vary among individuals. These manifestations can significantly affect daily life and overall quality of life. A survey reported that **40.5%** of women found their symptoms bothersome, while **20.4%** considered them very bothersome, highlighting the considerable burden of PCOS.[2]

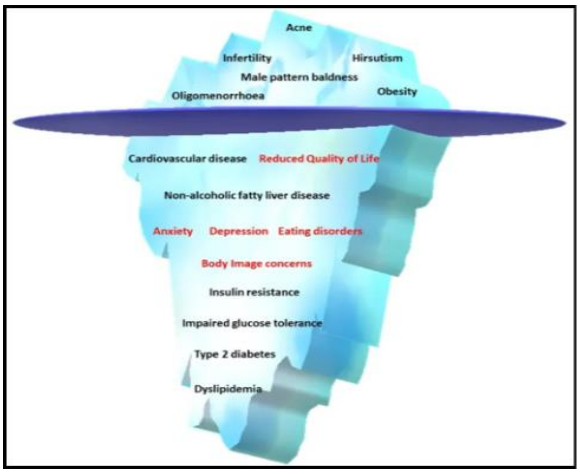


Figure 1*: Polycystic Ovaries Syndrome.*[3]

Diagnosis

PCOS is often underdiagnosed or diagnosed late because its symptoms overlap with those of other endocrine and gynecological disorders. The widely accepted **Rotterdam criteria** require at least **two of**

the following three features after excluding other causes: clinical or biochemical hyperandrogenism, oligo-ovulation or anovulation, and polycystic ovarian morphology on ultrasound.[4] A survey of 296 women reported dissatisfaction with the information provided by healthcare professionals and delays in diagnosis.[5] Although the exact cause of PCOS remains unclear, genetic predisposition and metabolic factors, including a family history of PCOS or type 2 diabetes, increase the risk of developing the condition.[4]

Effects on Mental Health:

Women with PCOS have an increased risk of depression and anxiety, which may be influenced by endocrine, immune, and metabolic disturbances.[6] Obesity, acne, hair loss, and hirsutism can negatively affect body image and self-esteem, contributing to psychological distress and reduced quality of life.[7,8] Despite the high prevalence of these mental health concerns, they are often underrecognized [9], resulting in inadequate psychological support for many women with PCOS.

Current Approaches to Managing PCOS:

Although PCOS has no cure, its symptoms can be effectively managed through lifestyle modifications and medical treatment. Early diagnosis and timely healthcare can improve symptom control and reduce long-term complications. A balanced diet, regular physical activity, and weight management remain the foundation of treatment. Combined oral contraceptive pills (COCPs) are commonly used to regulate menstrual cycles and manage hyperandrogenic symptoms such as acne and hirsutism, while anti-androgen therapy may be considered in selected patients.[1,3] Psychological well-being is also an important aspect of management. Support from family, friends, and healthcare professionals, along with appropriate counseling and education, can help women cope with the emotional and long-term challenges of PCOS [10] Modern management also focuses on preventing long-term complications, including:

- Type 2 diabetes
- Hypertension
- Dyslipidemia
- Endometrial cancer
- Cardiovascular disease

Regular monitoring of blood pressure, blood glucose, lipid profile, and menstrual patterns is recommended to reduce these future health risks.[1,3]

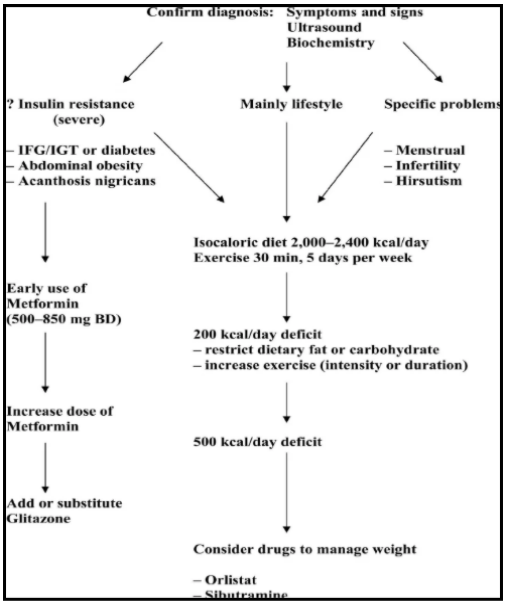


Figure 3*: Pointers for nutritional Management.*[11]

References

1. Stener-Victorin E, Teede H, Norman RJ, Legro R, Goodarzi MO, Dokras A, Laven J, Hoeger K, Piltonen TT. Polycystic ovary syndrome. Nat Rev Dis Primers. 2024;10(1):27.
2. Ligocka N, Chmaj-Wierzchowska K, Wszołek K, Wilczak M, Tomczyk K. Quality of life of women with polycystic ovary syndrome. **Medicina (Kaunas).** 2024;60(2):294.
3. Melson E, Davitadze M, Malhotra K, PCOS SEva Working Group, Mousa A, Teede H, et al. A systematic review of models of care for polycystic ovary syndrome, especially in developing countries. **Front Endocrinol (Lausanne).** 2023;14:1217468.
4. Christ JP, Cedars MI. Current guidelines for diagnosing PCOS. **Diagnostics (Basel).** 2023;13(6):1113.
5. Ismayilova M, Yaya S. "I felt like she didn't take me seriously": a multi-methods study examining patient satisfaction and experiences with

polycystic ovary syndrome (PCOS) in Canada. **BMC Womens Health.** 2022;22(1):47.

6. Dubé-Zinatelli E, Anderson F, Ismail N. The overlooked mental health burden of polycystic ovary syndrome: neurobiological insights into PCOS-related depression. Front Neuroendocrinol.2025;78:101203.doi:10.1016/j.yfrne.2025.101203.
7. Davitadze M, Malhotra K, Khalil H, Hebbar M, Tay CT, Mousa A, et al. Body image concerns in women with polycystic ovary syndrome: a systematic review and meta-analysis. Eur J Endocrinol. 2023;189(2):R1-R9.
8. Hofmann K, Decrinis C, Bitterlich N, Tropschuh K, Stute P, Bachmann A. Body image and mental health in women with polycystic ovary syndrome: a cross-sectional study. Arch Gynecol Obstet. 2025;312(1):177-190. .
9. Wang G, Liu X, Zhu S, Lei J. Experience of mental health in women with polycystic ovary syndrome: a descriptive phenomenological study. **J Psychosom Obstet Gynaecol.** 2023;44(1):2218987.doi:10.1080/0167482X.2023.2218987. 11
10. Ranasinghe BA, Balasuriya A, Wijeyaratne CN, Fernando NF. The impact of peer-led support groups on health-related quality of life, coping skills and depressive symptomatology for women with PCOS. Psychol Health Med. 2023;28(3):564-573.
11. Farshchi H, Rane A, Love A, Kennedy R. Diet and nutrition in polycystic ovary syndrome (PCOS): pointers for nutritional management. J Obstet Gynaecol. 2007;27(8):762-773. doi:10.1080/01443610701667338.