



Polycystic Ovarian Syndrome: Epidemic of Modern Era

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DESCRIPTION

Polycystic Ovarian Syndrome (PCOS) is a new gynecological epidemic. It is the most common endocrine disorder among women of reproductive age groups 12-45 years and is defined as a hormonal or lifestyle disorder characterized by the presence of at least one polycystic ovary (presence of multiple cysts) accompanied by ovulatory dysfunction and excessive secretion of androgens. PCOS is a major public health concern in terms of a frustrating experience for women and a challenging complex syndrome for clinicians. September is considered PCOS Awareness month, this is a federally designated event created to increase awareness and education about polycystic ovarian syndrome.

The Polycystic ovarian syndrome is expressed with various metabolic disturbances and wide clinical features such as obesity, menstrual abnormalities or irregularities, Hyperandrogenism (acne, scalp hair loss, excess body hair), insulin resistance (Acanthosis nigricans-thick pigmented skin over the neck, thigh or axilla) and infertility (20%). This disease was described by and named as Stein-Leventhal syndrome in 1935. Proper diagnosis requires the exclusion of disorders that mimic PCOS, congenital adrenal hyperplasia, Cushing disease, ovarian masculinizing tumors. Globally, prevalence estimates of PCOS are highly variable, ranging from 2.2% to as high as 26% of reproductive age depending on how it is defined. World Health Organization (WHO) estimates that PCOS has affected 116 million women (3.4%) worldwide. AIIMS shows that about 20%-25% of Indian women of childbearing age are suffering from PCOS. Incidence is increasing fast with change in lifestyle and stress. The exact aetiology of PCOS remains unknown but some theories suggest that PCOS is an intricate disorder with solid epigenetic and environmental factors including diet and lifestyle.

In adult women, it is recommended that diagnosis of PCOS be made using the Rotterdam Criteria (2003), meeting two of the

following three conditions: Clinical or Biochemical Hyperandrogenism (LH level is Raised over 10 IU/ml; FSH level remains normal, but FSH /LH ratio falls; Testosterone and androstenedione levels rise; Prolactin is mildly raised in 15% cases; E2 level rises). Menstrual irregularity (frequent <21 days; infrequent >31 days bleeding intervals) and Polycystic ovary morphology (≥ 12 follicles 2-9 mm in diameter and/or ovarian volume >10 ml).

With the knowledge that PCOS has long term adverse effects (threefold) on the health of the women, such as the development of Diabetes, hypertension, cardiovascular disease and hyperlipidaemias, endometrial cancer, it is now suggested that PCOS should be adequately treated at the earliest. These women should be observed for these ailments in later life. Obesity in adolescents needs to be avoided and corrected lifestyle changes should be recommended.

Polycystic Ovarian Syndrome (PCOS) is known to cause profound distress in the physical and emotional well-being of the patient that implicates the need for treatment and lifestyle management. Unawareness and ignorance among patients may be a predominant cause of compromised Quality Of Life (QOL) that necessitates education from healthcare professionals. PCOS being a multifactorial condition possessing polygenic pathology which manifests with a spectrum of signs and symptoms not only affects physical health but also is a cause of mental distress resulting in an overall reduction of a person's QOL.

Simple tips for early prevention for PCOS

- 1) Every woman should perform a self-test every month to assess the state of PCO occurrence.
- 2) Always perform regular exercise and yoga to have a daily amount of physical activity
- 3) Maintain healthy BMI.
- 4) Consume diet rich in protein and fibres and low carbohydrate content etc.

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