

## Problems faced by women with polycystic ovary syndrome

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### Abstract

The present study had focussed on women with polycystic ovary syndrome. Women with PCOS had a lower self-esteem, a more negative self-image, depression and psychological distress owing to the physical appearance of hyperandrogenism, including obesity, hair loss, and excessive facial hair possibly by influencing a negative feminine identity. The relationships between psychological health aspects and the clinical characteristics of PCOS are found to be high. In this study 40 women who were under treatment at Janet Nursing Home, Tiruchirappalli were analyzed through purposive sampling technique. Majority of the respondents had high level of psychological distress. The results confirm that treatment of PCOS should tackle both physical and psychological complaints.

**Keywords:** Polycystic Ovary Syndrome, Psychological distress

### Introduction

PCOS is the most common cause of fertility problems in women and affects approximately 20-30(per cent) of women in India. There's no single test to diagnose PCOS, and there's no cure. The disorder is typically characterized by an excess production of the hormone testosterone, irregular ovulation, and cysts, or fluid-filled sacs, in the ovaries.

Sundararaman P.G (2008) <sup>[4]</sup> investigated subjects from the endocrinology out-patient department at the Institute of Obstetrics and Gynaecology in Chennai, when they presented with clinical features of PCOS, and who met the criteria for entry. Ninety nine women were included between June 2004 and June 2005. All had oligomenorrhea, 36% weight gain, 33% hirsutism, 23% acne and 39% infertility. 13.51% had their weights in the range of 51-60kg and BMI of 20-29.

Teede. H (2010) <sup>[5]</sup> reported that polycystic ovary syndrome (PCOS) is of clinical and public health importance as it is very common, affecting up to one in five women of reproductive age. It has significant and diverse clinical implications including reproductive (infertility, hyperandrogenism, hirsutism), metabolic (insulin resistance, impaired glucose tolerance, type 2 diabetes mellitus, adverse cardiovascular risk profiles) and psychological features (increased anxiety, depression and worsened quality of life).

Farideh Zafari Zangeneh *et al.* (2012) <sup>[2]</sup> examined 81 patients with PCOS were recruited from Vali-e-Asr Reproductive Health Research Center. A questionnaire with items related to pieces of information about stress was used for data collection. Stress symptoms were assessed using the Understanding Yourself questionnaire. Statistical analyses were performed using SPSS Ver. 13.0 (SPSS Inc., Chicago, ILL, USA). The descriptive results showed that 8 (9.9%) participants did not have any signs of stress, 32 (39.5%) had neurotic stress, 29 (35.8%) had high and 12 (14.8%) had extremely high levels of stress. The odds of high levels of anxiety in women with hirsutism was 3.1 (95% CI, 1.00–9.59). The odds of high levels of obsession in overweight patients was 3.2 (95% CI,

1.12–9.234). The odds of high levels of worries in patients with touchy personality was 3.4 (95% CI, 1.10 – 11.19) obsession score.

Fatemeh Bazarganipour *et al.* (2013) <sup>[3]</sup> a cross-sectional study was undertaken to ascertain the factors related to psychological distress in PCOS patients in Kashan, Iran. Psychological distress was measured using the Hospital Anxiety and Depression Scale (HADS). In all 300 women with PCOS were entered into the study. Of these 32% (n=96) showed elevated HADS anxiety while depression was high in 5% (n=15). Quality of life was significantly impaired in women with anxiety ( $P<0.05$ ), and depression ( $P<0.001$ ) and in particular, in women with coexistence anxiety and depression ( $P<0.001$ ) compared with unaffected participants. Compared with the non-depressed PCOS patients, the depressed women had significantly higher menstrual irregularities ( $P=0.008$ ). Moreover, we found significant difference in FAI level between the depressed and non-depressed ( $p=0.05$ ), the anxious and non-anxious patients ( $p<0.001$ ) compare to non-affected PCOS women.

Elisabetta Scaruffi *et al.* (2014) <sup>[1]</sup> conducted study with sixty PCOS subjects (mean age 25.8±4.7 years) were evaluated by anthropometric, metabolic, hormonal, clinical, and psychological parameters. After the certainty of the diagnosis of PCOS, the Rorschach test, according to Exner's comprehensive system (CS) and the Millon Clinical Multiaxial Inventory-III (MCMI-III) were administered to each patient. The control group, on which the comparison was carried out, was composed by 40 healthy and aged compared women who were exclusively administered the Rorschach test according to CS. MCMI-III evidenced axis II DSM-IV personality disorders [4.1% schizoid, depressive, sadistic, negativistic (passive-aggressive), and masochistic, 6.1% avoiding, 12.2% dependent, 20.4% histrionic, 16.3% narcissistic, 2.0% obsessive-compulsive], and axis I DSM-IV psychiatric disorders: 10.2% anxiety, 2.0% somatoform disorder and bipolar disorder, 16.3% major depressive disorder. Finally, we

found 44.9% delusional disorder and 4.1% thought disorder. Rorschach test's results show 53.1% reduced coping abilities and social skills, 55.1% depression, 30.6% perceptual distortion and cognitive slippage, 24.5% constantly alert and worry, 8.1% at risk for suicide, and finally about 50% of our patients had chronic stress. PCOS women have relevant personality and psychiatric disorders, when compared with normal subjects.

Research indicates that women with PCOS face greater rates of a variety of emotional and mental conditions, including anxiety, panic attacks, depression, difficulty concentrating, fatigue, mood swings, and chronic stress. These conditions go far beyond polycystic ovaries and physical pain.

### **Objectives**

To study the health aspects of the respondents. To analyse the psychological distress of the respondents. To suggest measures to create awareness about polycystic ovary syndrome and to improve their mental health.

### **Methods and Materials**

The outpatients with polycystic ovary syndrome at Ramakrishna Nursing Home in Tiruchirappalli comprise the universe for the present study. The data were collected from 40 respondents through purposive sampling technique. A self-prepared interview schedule was used to collect the data. The study is descriptive in nature.

### **Result**

The descriptive results showed that majority 80% of the respondents belong to the age group of 20 to 40 years. Half of the respondents 52% were from rural areas. 65% were married. 52% were graduates. 70% were unemployed. Majority (62%) of the respondents were from nuclear family.

### **Health aspects (PCO related issues)**

With regard to health aspects of the respondents it was observed that 82% of the respondents attended puberty at the age of 12 to 16 years, 65% of the respondents had complains of tiredness, though half of the respondents were educated a significant majority (82%) were not aware about polycystic ovary syndrome, 77% were taking treatment for more than a year, 77% of the respondents had complaints of excess body and facial hair, 12% of the respondents had skin problem and 60% of the respondents suffered with sleep disturbances.

### **Psychological Distress**

It was observed that 42% had neurotic stress, 95% had anxiety, 32% was worried being overweight, 30% of the respondents was found to be depressed and 62% had lower self-esteem.

### **Discussions**

Educated women were not aware about PCOS and its impact, thus education alone cannot bring health for all. It's time to think over this issue, that women needs sound knowledge about major health disorders. The government should introduce curriculum about Polycystic Ovary Syndrome at schools and colleges. Nongovernmental organizations and health departments can create awareness about PCOS in rural and tribal areas to improve health conditions of women.

Interventions for the treatment of the clinical symptoms of anxiety and depression in PCOS patients should be chosen on a case-by-case basis and should be targeted at the main contributors to both for each woman. For example, effective hair removal in women with hirsutism has been shown to improve self-esteem and decrease anxiety and depression. Similarly, reducing acne via treatments will benefit women who are distressed by this symptom.

Treatment of psychological problems like anxiety and depression should be treated through professional counselling and help the patients to cooperate with the treatment. Patients can be evaluated by brief questionnaires that can be easily applied in polyclinics; however the most effective way to determine the nature, severity and an appropriate therapy for PCOS is through consultation with psychologists or psychiatrists.

Exercise Therapy in PCOS and Mental Health should be introduced. Lifestyle modification, including physical activity, is recommended as the primary management strategy for PCOS as it reduces insulin resistance, improves metabolic and reproductive features of PCOS, and improves body image.

### **Conclusion**

The results confirm that treatment of PCOS should tackle both physical and psychological complaints. This is because psychological distress reduces motivation, and yet good motivation is the key to agreement with medication and dietary management of PCOS. Physical activity and aerobics can be an important part of a lifestyle management strategy to improve the mental health and quality of life for women with PCOS. Most importantly awareness about PCOS at initial stage can help women to cope with the problem and treat them at early stage.

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