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PSYCHOSOCIAL ASPECTS OF POLYCYSTIC OVARY SYNDROME

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Polycystic ovary syndrome (PCOS) is the most common endocrine disorder of reproductive-aged women [1, 2, 3]. PCOS is a complex and heterogeneous disorder [4]. PCOS affects to 24% of women, and is a reproductive, metabolic, and psychological condition with impacts throughout life. The cause is complex, and includes genetic and epigenetic receptivity, hypothalamic and ovarian dysfunction, excess androgen exposure, insulin resistance, and adiposity-related mechanisms [5, 6, 7].

PCOS should not be considered as a condition confined to ovulatory dysfunction and dermatological problems, but the higher risk of developing major depressive disorder should be recognised [8]. Women with PCOS are susceptible to illnesses including mood disorders, diabetes, hypertension, and dyslipidemia. Depression is the most common in PCOS and has a detrimental effect on quality of life. Depression may occasionally develop due to the pathological traits of PCOS, but its exact pathogenesis in PCOS have eluded [9].

PCOS is associated with psychological state/eating disorders. Obesity and hyperandrogenism increase the risk of depression and food cravings in women with PCOS, leading to a circle of further aggravation of obesity and metabolic syndrome [10]. The severity of depressive symptoms increases with body mass index (BMI), but underweight women with PCOS are also at risk of depressive disorders. The level of

restraintion of negative emotions is independent of BMI in women with PCOS [11]. PCOS was associated with increasing occurrence of difficulty falling asleep. Specifically, increasing occurrence of difficulty maintaining sleep was mediated by obesity and depressive symptoms, together [12].

The clinical signs as hirsutism, acne, alopecia and seborrhea along with obesity and infertility may cause a significant amount of emotional distress [6, 13]. So, receiving a diagnosis of this syndrome is associated with significant psychological distress, reduced well-being, depression, and fears about future health and fertility [14, 15, 16, 17, 18]. While psychiatric and psychological disturbances are strongly associated with PCOS, not much is known about more severe psychiatric diseases, schizophrenia, and other psychoses. Two studies have concluded that women with PCOS are at higher risk of schizophrenia (Cesta et al., 2016; Chen et al., 2020) however, psychotic disorders other than schizophrenia were not investigated [19, 20, 21].

Despite the significant psychological problems faced by women with PCOS, only 5% of these patients have received professional psychotherapy. International evidence-based guidelines for the assessment and management of PCOS recommend that mental health problems should be assessed and managed by healthcare professionals. Therefore, it is important to provide effective emotional management to treat these psychological and emotional issues in PCOS patients [22, 23, 24]. Development of capacity among health professionals to better partner with women with PCOS on their care is essential to address gaps in medical education. It is necessary to use behavioral strategies aimed at risk perception and formation of internal motivation [25].

Polycystic ovary syndrome is associated not only with gynecological and dermatological problems, but has a significant impact on the psychosocial aspects of a woman's life. The disease is accompanied by significant psychological stress, deterioration of well-being, depression, fear about future health and fertility, and accordingly requires a multidisciplinary approach in the management of this contingent of women.

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