

## PCOS Patients Needs Much More than Just Pills from Doctors

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### Introduction

The discussions by doctors at a local gynecological conference, suggest a strong Apathy towards patients suffering from polycystic ovarian syndrome (PCOS). PCOS has always been an interesting subject to me, so I make it a point to attend and take part in several PCOS related panels in medical conferences.

It is quite evident from all the researches that life style modifications like diet, Exercise and weight reduction play a vital role in the long-term management of PCOS [1]. As the patients are prone to anxiety and depression, psychological assessment is crucial, along with the physical treatment and dedicated counselors can make a big difference in the outcome of the treatment [2].

Quite often, it has been observed that in allopathy, while treating the PCOS women, their psychological problems are not taken into consideration.

The role of pharmacological agents is quite minimal in treating PCOS. All the major gynecological societies have issued guidelines recommending only occasional use of progesterone to induce periods, maximum of up to three or four times in a year [3]. But contrary to the guidelines, around the world, millions of girls/women suffering from PCOS are being overloaded with COC (combined oral contraceptive pills) and insulin sensitizers like metformin, which has critical side effects [4,5]. New research on micro biomes and PCOS suggests deleterious effects from COC on the bacteria in the gut [6]. The safety of duration of metformin administration during pregnancy and its effectiveness is still not established [7].

In a recent OBGYN conference, I pointed out the necessity of an integrated approach towards treatment involving counselors, dietitians, physical trainers and cardiovascular risk assessment. But many of the doctors disapproved and were happy to continue with only medicines. It was also shocking to me that only very few doctors among the audience were conducting blood sugar check for their PCOS patients, in spite of the fact that PCOS women comes under high risk group for diabetes. The metabolic disorder sequelae like cardiovascular, endometrial cancer and diabetes risks are not taken into account by many doctors and they prefer to use short cut methods for the treatment.

Let us look at the journey of the life of a PCOS girl. She visits her pediatrician or GP at 12 years with irregular, prolonged and heavy periods after menarche. At around 16, she gets referred to a gynecologist, for the same recurring problem. Soon a series of dermatology consultation commence for acne, acanthosis nigricans (Darkpatches behind neck) and Hirsutism. She regularly visits salon for waxing and may have lasers/electrolysis done. Once married and settled, (which is often difficult due to obesity, social isolation and aggressive nature) the next couple of years may have to be spent in the

waiting halls of infertility clinics. A good chunk of the monthly salary goes to Clomiphene, gonadotropins, IUI etc. Lucky few gets their Laparoscopic drilling done successfully and get pregnant [8]. Some of them have their IVF/ICSI done with infertility specialist. (who is equally stressed out and extremely busy) Whether the procedure is a success or failure most of their savings are spend. Even after conceiving, the risk of miscarriage is so high that pregnancy with single /twins /triplets can often end up in miscarriages or premature deliveries. These women are also more prone to gestational diabetes and time and again have to visit a feta- maternal specialist and keep their babies in NICU [9]. Sadly, those who cannot bear all the stress, succumbs to anxiety or depression and many a times end up under the care of a psychiatrist [10]. Most of them would have visited a dentist, as they are likely to suffer from gingivitis [11]. Some unlucky women will even have to consult a gastroenterologist, as the risk of IBD is also high [12]. As the middle age sets in, chances of diabetes are elevated and the diabetologist/physician is their new friend [13]. Drastic steps like bariatric surgery for morbidly obese women are not rare any more [14]. A visit to Cardiologist becomes mandatory, when the long toll on endothelial dysfunction and lack of estrogen after menopause adds up to a vessel block [15]. Rheumatologists are not spared as arthritis is, of course a part of chronic inflammation [16]. This sums up as to why the specialist needs to learn about PCOS. (I may not have enough space to write about acupuncture/Chinese medicine specialist, dietician, physical trainers and counselors, but they actually do make a difference and may avoid many of the above visits [17].

Our profession demands lot of care and compassion. It is high time we come out of this apathy, as we hold the key to the long-term health of all these PCOS girls. It is our responsibility to make them understand the long-term risks and avoid the huge pandemic disaster that is waiting in the form of obesity and other PCOS consequences.

The author Dr. Anita Mani is a practicing infertility specialist from south India with special interest in PCOS.

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