

PCOS Symptom Recognition and Diagnosis: Time for better education and clinical resources



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Background

Despite its prevalence and debilitating symptoms, a Polycystic Ovary Syndrome (PCOS) diagnosis can take over 2 years and appointments with 3 different health care providers (Gibson-Helm et al.,2017). Heterogeneity in clinical practice guidelines and unclear pathogenesis could play a role in delayed diagnosis due to failure of symptom recognition by clinicians (Dokras et al., 2020), which can have long-term consequences on physical (Bazarganipour et al., 2015) and psychological well being (Deeks et al., 2011).

Delay in seeking help for symptoms and discontinuity of care can also negatively impact diagnostic timelines and symptom management (Dokras et al., 2014).

Objectives

We aimed to understand barriers contributing to a delayed PCOS diagnosis in order to reduce diagnosis timelines and improve management strategies for PCOS patients.

Participants & Methods

A cross-sectional survey was conducted on participants aged 18 or older with a pre-existing or suspected PCOS diagnosis between January and February 2022. Of the 292 responses, 165 from those with a PCOS diagnosis were included in the analysis. Descriptive statistics are presented.

Results

The majority of the participants waited up to 2 years before seeking help for symptoms despite it affecting various aspects of their life (Fig 1). The most common reason stated for this delay was not realising their symptoms needed help (73.3%), followed by symptom dismissal (31.7%).

The most commonly reported symptoms were anxiety (74.5%), irregular menstrual cycles (67.3%)

and weight-related concerns (64.8%), although this did not translate to what was focussed on during consultations (Fig:2). The majority of participants (53.9%) were unsatisfied with support and management information; 16.5% of participants described being satisfied.

The majority (88.4%) of participants looked for extra information after their consultation(s); however, only

48.0% used official websites such as the National Health Service, whilst most participants (53.4%) relied on social media.

When asked about support pathways to improve symptom management, educational resources were frequently selected (Fig:3)

Fig 1:
Amount of time before seeking medical help for symptoms

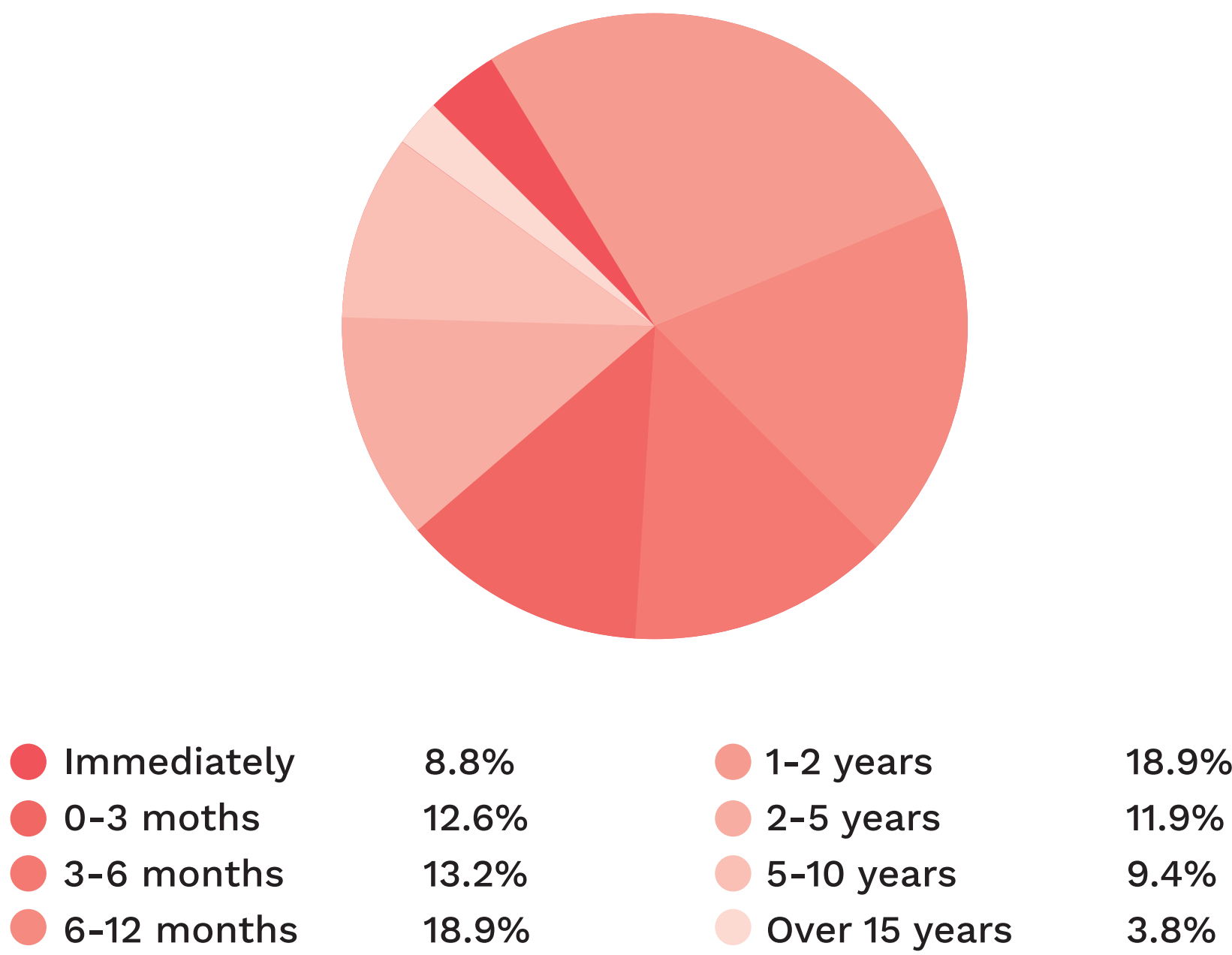


Fig 2:
Focus during consultations

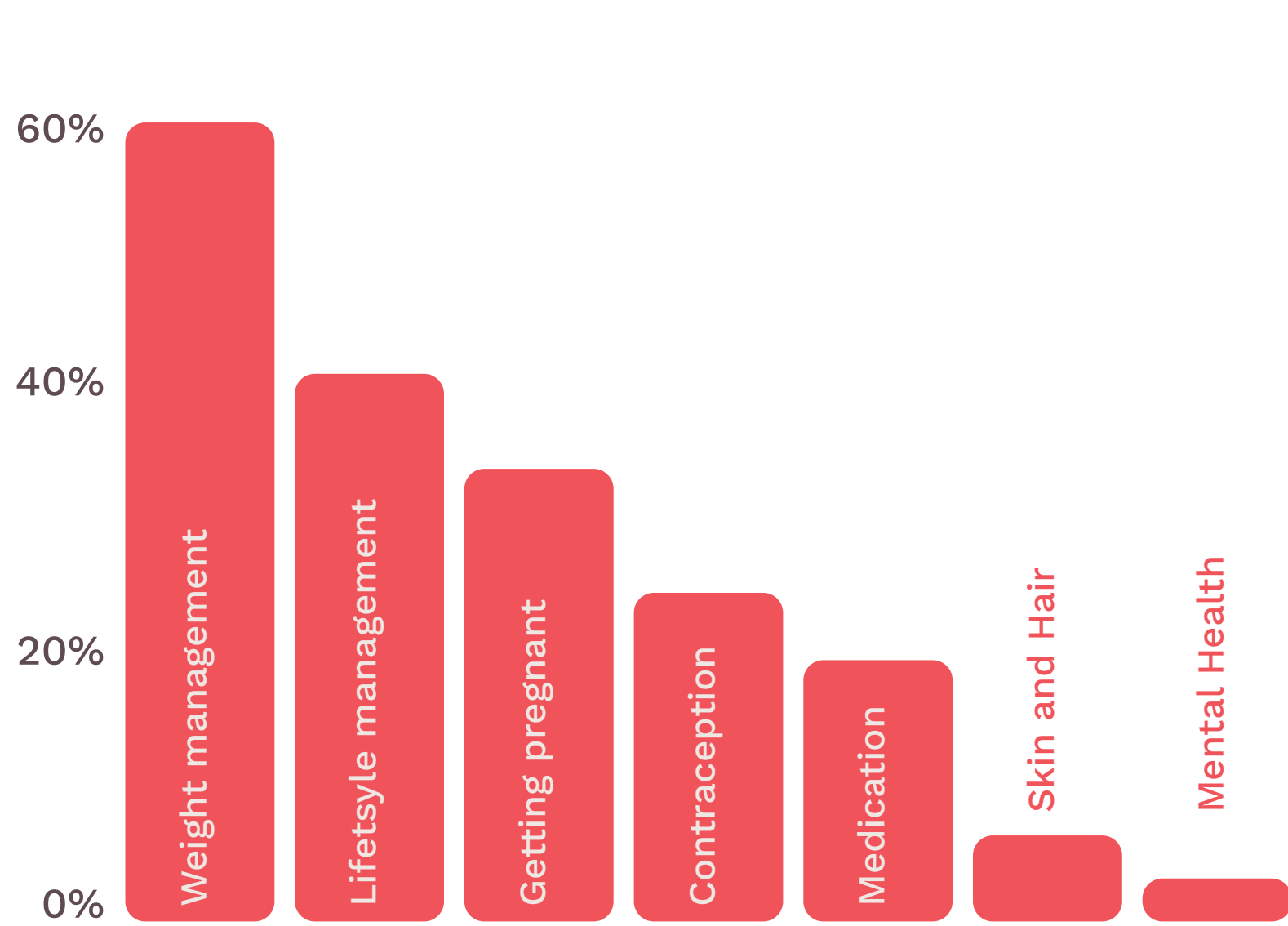
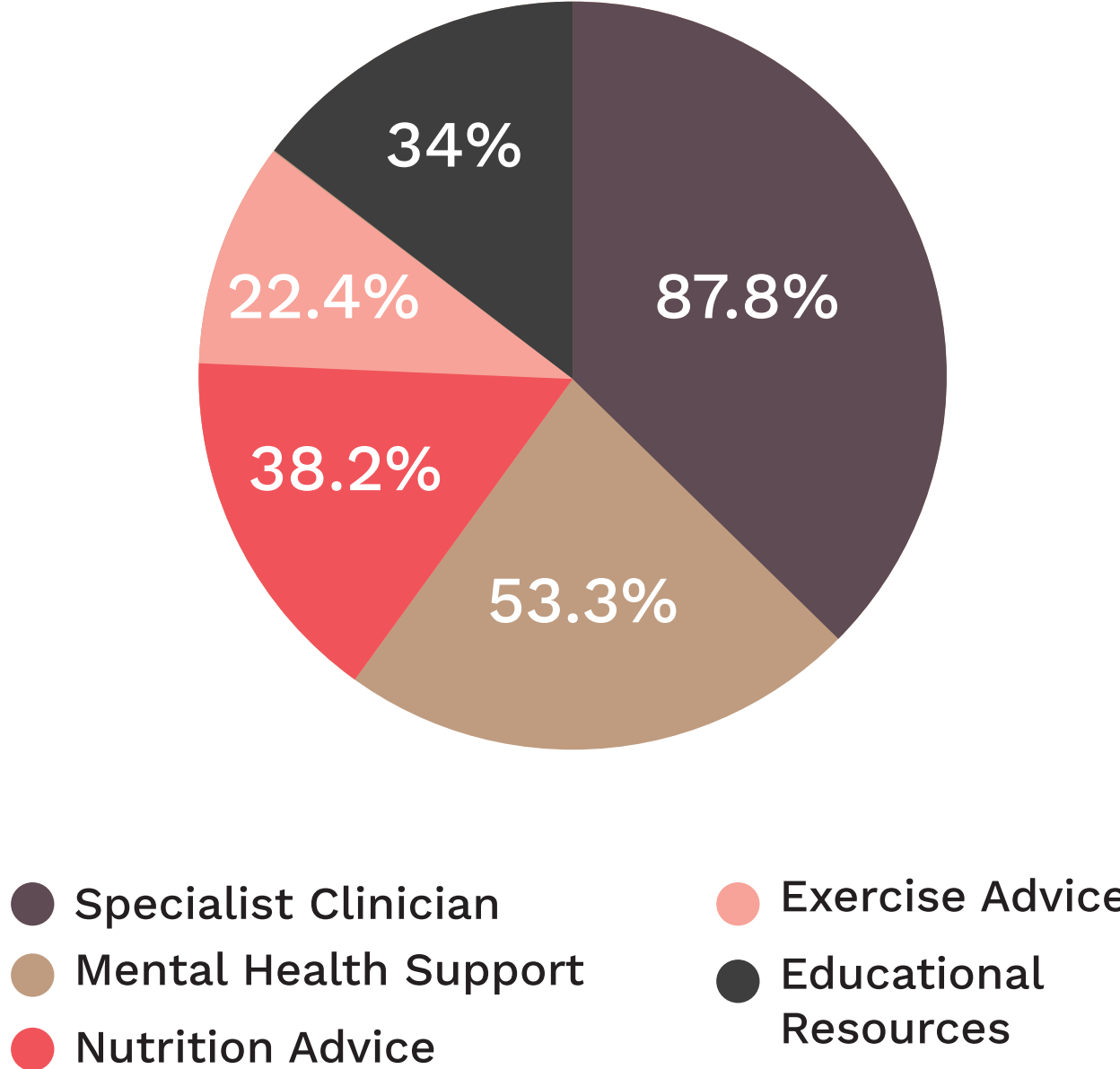


Fig 3:
Desired support pathways



Conclusions

Unsatisfactory management by healthcare providers and limited access to speciality support for management of PCOS-associated symptoms leads to a heavy reliance on unregulated channels to obtain reproductive health information.

These results highlight the need for better educational resources and accessible symptom management pathways for PCOS patients.

References

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