

Introduction

- Polycystic ovarian syndrome (PCOS) has lifelong metabolic, reproductive and psychological consequences. Early accurate diagnosis and optimal management of the condition is vital.
- Accurate diagnosis is difficult in adolescents. Management of the patient cohort across multiple specialties creates potential for inconsistent care.
- The ESHRE 2018 PCOS guideline¹ sets clear standards of practice. This audit assessed its application at a tertiary level UK teaching hospital.

Methods

Retrospective audit of electronic documentation of 50 patients aged 14-21 years seen in adolescent gynae-endocrine clinic for suspected PCOS between 2014-2021 (pre- and post-guideline publication) at Cambridge University Hospitals against standards derived from the ESHRE 2018 PCOS guideline .

Results

15% diagnosed with PCOS meet only ‘at risk’ criteria

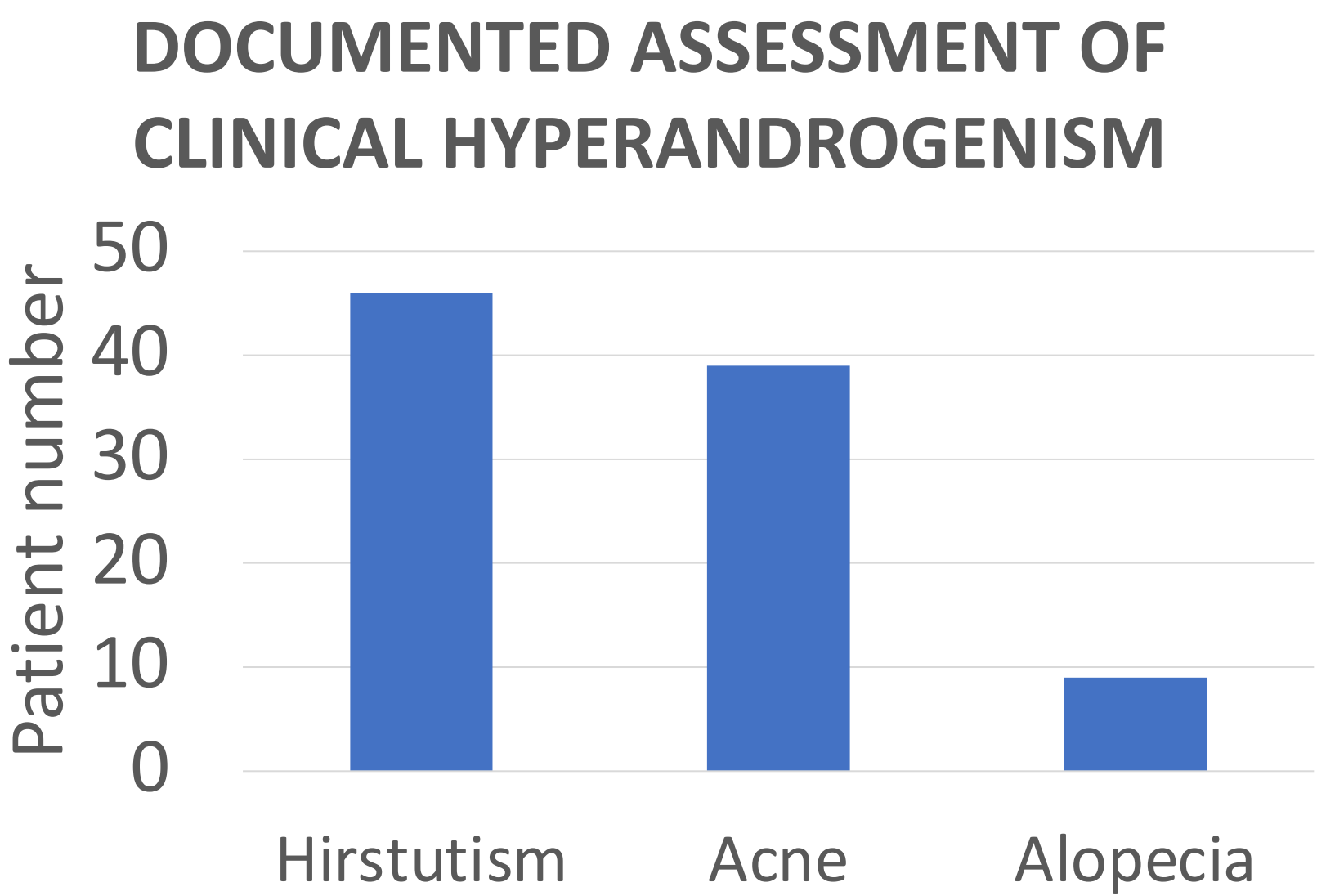
65% diagnosed as ‘at risk’ meet PCOS diagnostic criteria

Assessment of biochemical hyperandrogenism consistently met guideline recommendations

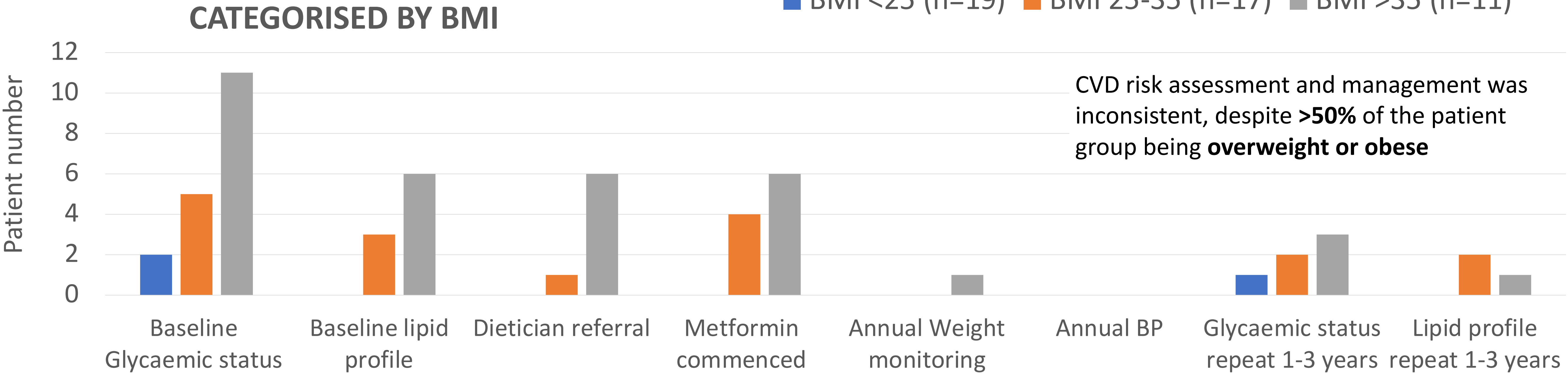
Assessment of clinical hyperandrogenism was inconsistent

ESHRE Diagnostic criteria for PCOS¹:
✓ Irregular Periods and Clinical hyperandrogenism
OR
✓ Irregular Periods and Biochemical hyperandrogenism

In adolescents if only one of irregular cycles or hyperandrogenism, USS not indicated – consider ‘at risk’ and reassess¹



CVD RISK ASSESSMENT AND MANAGEMENT



Reason for Ultrasound Scan (USS) request	No. of patients (n=44)
Assess for PCOM* >8 years post menarche	4
Specific differential exclusion	1
Assess for PCOM* <8 years post menarche to confirm PCOS	21
Routine clinic work-up in patients <8 years post menarche	18

5 patients received an USS in line with ESHRE guideline recommendations

39 patients received an USS against ESHRE guideline recommendations

*PCOM = polycystic ovarian morphology

Topical treatments were discussed in:

- 23% of those with hirsutism
- 30% of those with acne

No patients were assessed for mental health or quality of life

Conclusion and Recommendations

Application of the ESHRE 2018 PCOS guideline was limited. Recommendations for improvement include:

- Consistent and accurate use of diagnostic criteria
- CVD risk screening and follow up, especially important in higher BMI groups
- More conservative USS use in line with guidelines
- Advice on topical treatments for hirsutism and acne
- Mental health and Quality of Life screening

A proforma has been implemented in our trust to support these improvements, alongside a planned deanery-wide teaching session. If successful in improving compliance to the ESHRE guideline, this proforma could be disseminated nationally.

REFERENCES
1) Teede, H., Misso, M., Costello, M., Dokras, A., Laven, J., Moran, L., Piltonen, T. and Norman, R.J., 2018. International evidence-based guideline for the assessment and management of polycystic ovary syndrome, 2018. Available at: monash.edu/medicine/sphpm/mchri/pcos.