

Burden of Primary Ovarian Insufficiency In Socially Deprived Populations

– A Missed Opportunity?

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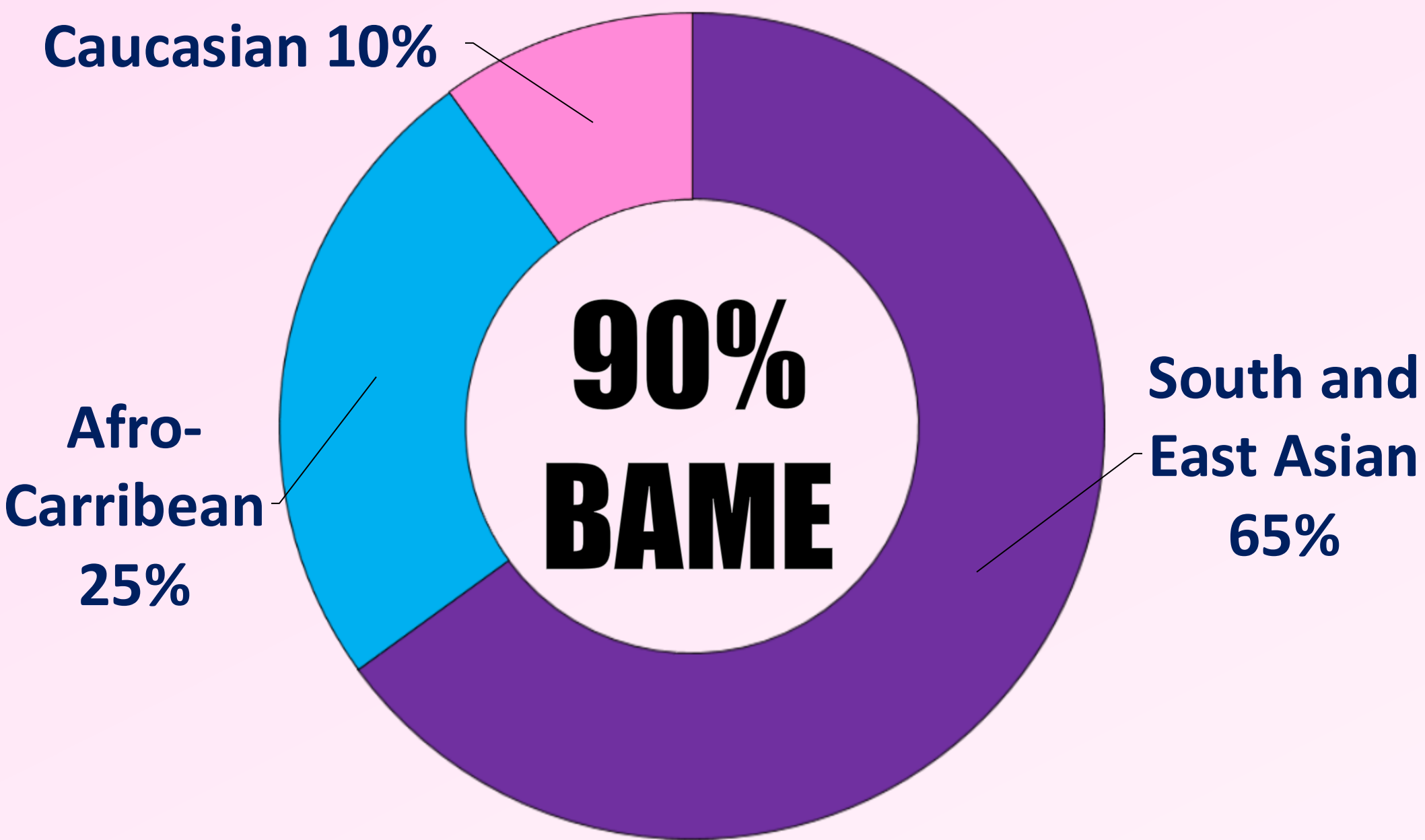
BACKGROUND

Primary ovarian insufficiency (POI) is characterized by the loss of ovarian function before the age of 40. It affects 1-2% of women and has a significant impact on long term health and quality of life. Early detection and treatment are crucial for the management of these women, but factors such as minority ethnic background, socioeconomic deprivation and poor access to healthcare can lead to delays in diagnosis. We reviewed 31 cases of POI managed at Newham University Hospital (NUH), which serves an ethnically diverse and socially deprived population in East London. The aim was to analyse patient demographics, symptoms at presentation, time to diagnosis, investigation results and POI-related complication rates.

RESULTS

All women presented with a combination of vasomotor, vulvovaginal or subfertility symptoms.

Over half of the patients (13 of 20) had symptoms for over a year before diagnosis, with 1 patient being diagnosed 8 years after symptom onset.



AVERAGE AGE AT DIAGNOSIS - 37YO

85% LIVED IN THE BOTTOM 3 DECILES OF DEPRIVATION AND ALL WITHIN THE BOTTOM 5

35% DIAGNOSED WITH OSTEOPENIA

1 PATIENT HAD FRAGILITY FRACTURE SECONDARY TO OSTEOPOROSIS

DESIGN AND METHODS

This was a retrospective, cross-sectional audit. We reviewed patients referred to Menopause clinic at NUH between February 2021 and June 2024. 31 patients were managed for POI during this time. A total of 20 patients were diagnosed with POI at NUH using the ESHRE guidelines, and these cases were included in our data analysis. We used electronic hospital records and outpatient clinic letters to collect patient data.

DISCUSSION

The findings highlight that most women endured symptoms for a prolonged period before receiving a diagnosis of POI. This is consistent with findings in similar urban populations globally. Delay in diagnosis directly impacts timely initiation of treatment and increases the risk of complications, as reflected by the rates of osteopenia and osteoporosis in our patients.

In our cohort, all women lived in the most deprived half of the English indices of deprivation, with 85% in the bottom three deciles. The majority were from ethnic minority backgrounds and had a high BMI—factors known to contribute to healthcare inequalities and diagnostic delays. These intersecting factors place women at greater risk of adverse outcomes from prolonged hypoestrogenism, including reduced bone mineral density, cardiovascular disease, depression and infertility.

Raising awareness of POI among healthcare professionals and the public, is essential. Improved access to menopause care and earlier referral for specialist input can help reduce diagnostic delays and improve long-term outcomes for women affected by POI.

References

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