



Author: **Dr. Sharmin Abbasi**, Joint Secretary, Polycystic Ovary Society of Bangladesh (PCOSB) | Presenting Author: **Prof. Sehereen Farhad Siddiqua**, HOD OBGYN, Anwer Khan Modern Medical College Hospital

BACKGROUND

Polycystic Ovary Syndrome (PCOS) is a complex endocrine disorder affecting approximately 1 in 10 women of reproductive age, often characterized by hormonal imbalances, irregular menstrual cycles, and metabolic challenges. While much of the clinical focus remains on its physical manifestations, the psychological burden of PCOS is frequently overlooked. Women with PCOS are at a significantly higher risk of experiencing mental health issues such as anxiety, depression, low self-esteem, and body image disturbances. Symptoms like acne, hirsutism, weight gain, and infertility often intensify these emotional challenges.¹ Despite the profound impact on quality of life, mental health remains an unspoken sorrow in the PCOS journey, highlighting the urgent need for integrated care approaches that address both physical and psychological well-being.

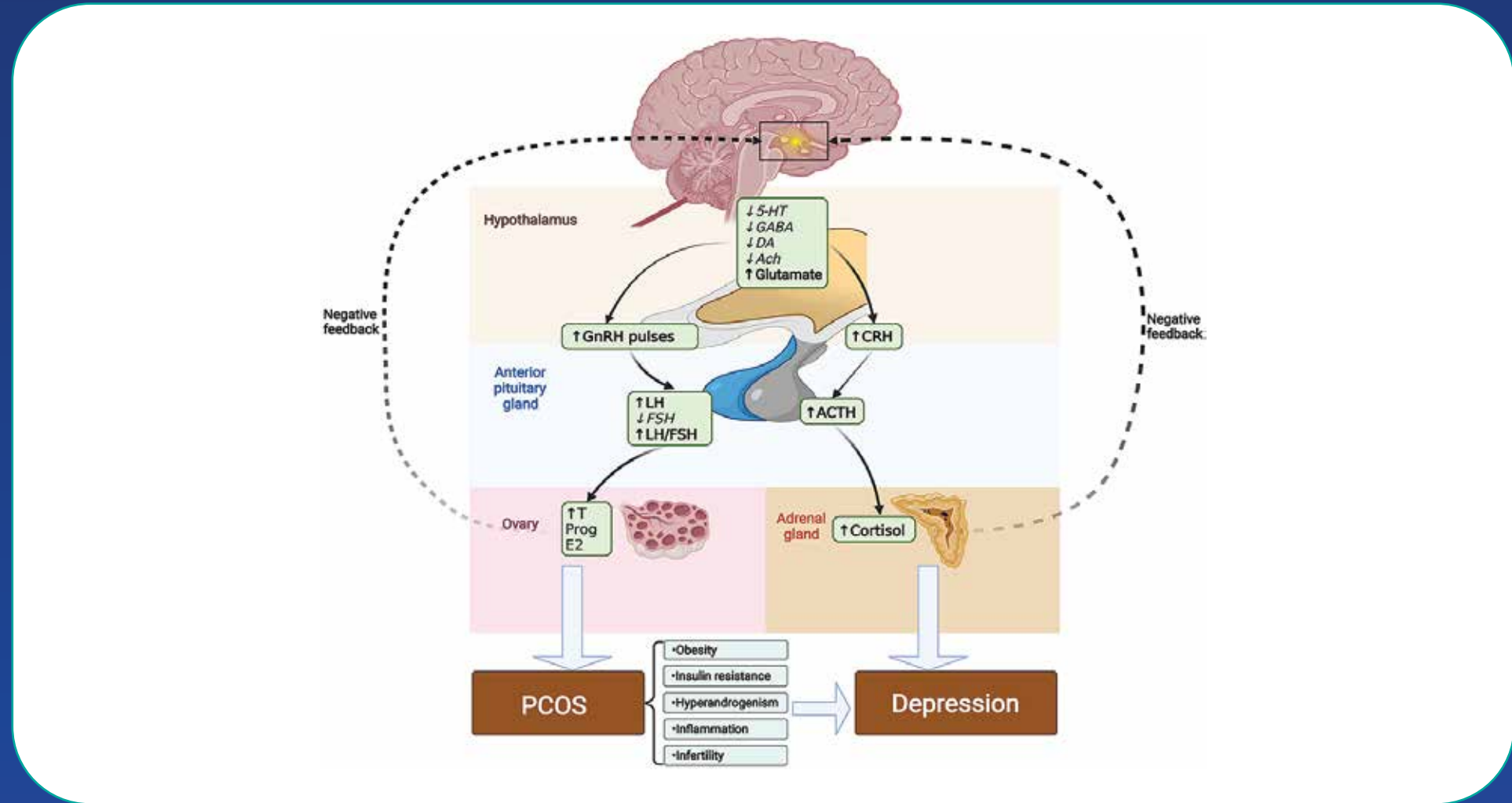


Figure 1: Link of PCOS with Mental Health

AIM AND OBJECTIVE OF THE STUDY

This study aims to investigate the psychological impact of Polycystic Ovary Syndrome (PCOS), with a specific focus on anxiety, depression, and overall quality of life (QoL) among affected women.

The specific objectives are:

To assess the prevalence of anxiety and depression among OBGYN outpatients diagnosed with PCOS.

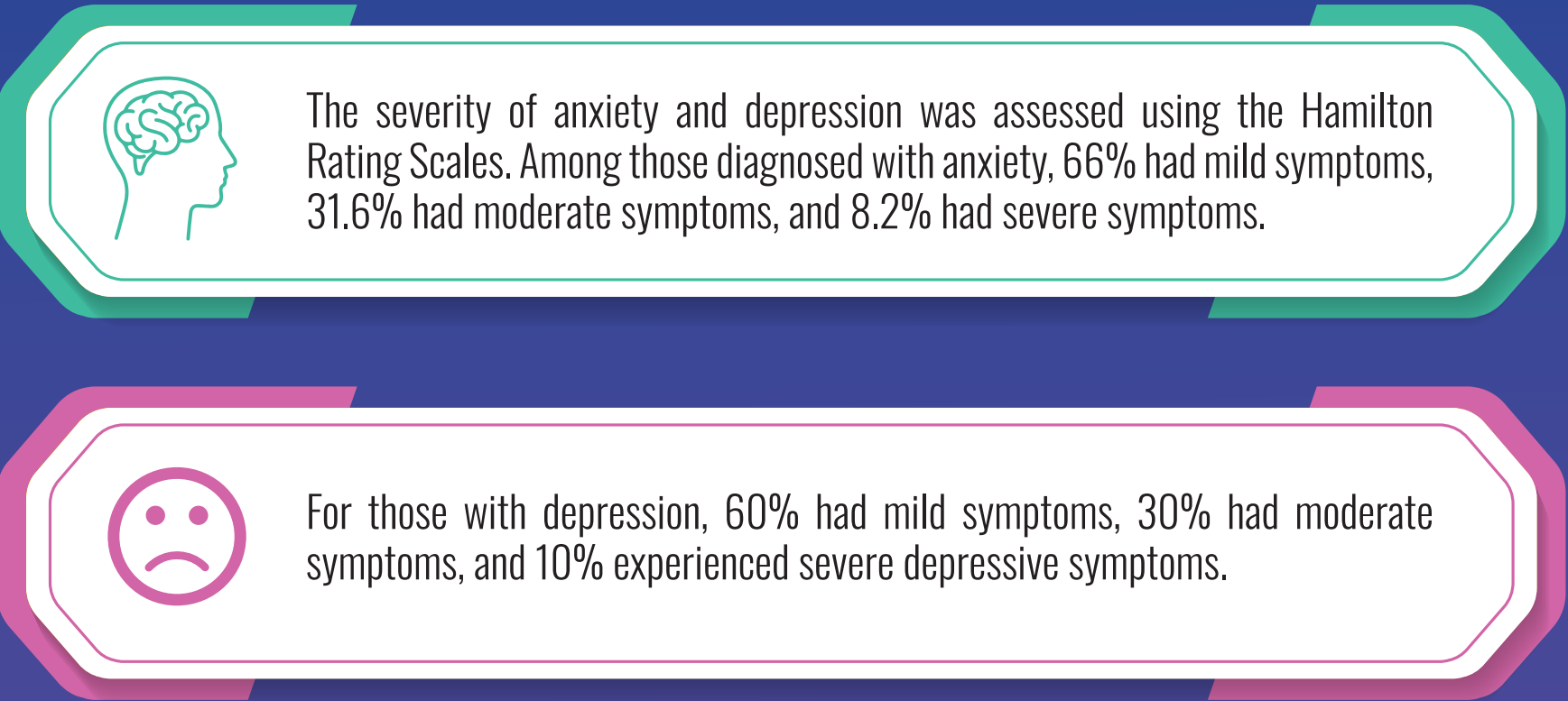
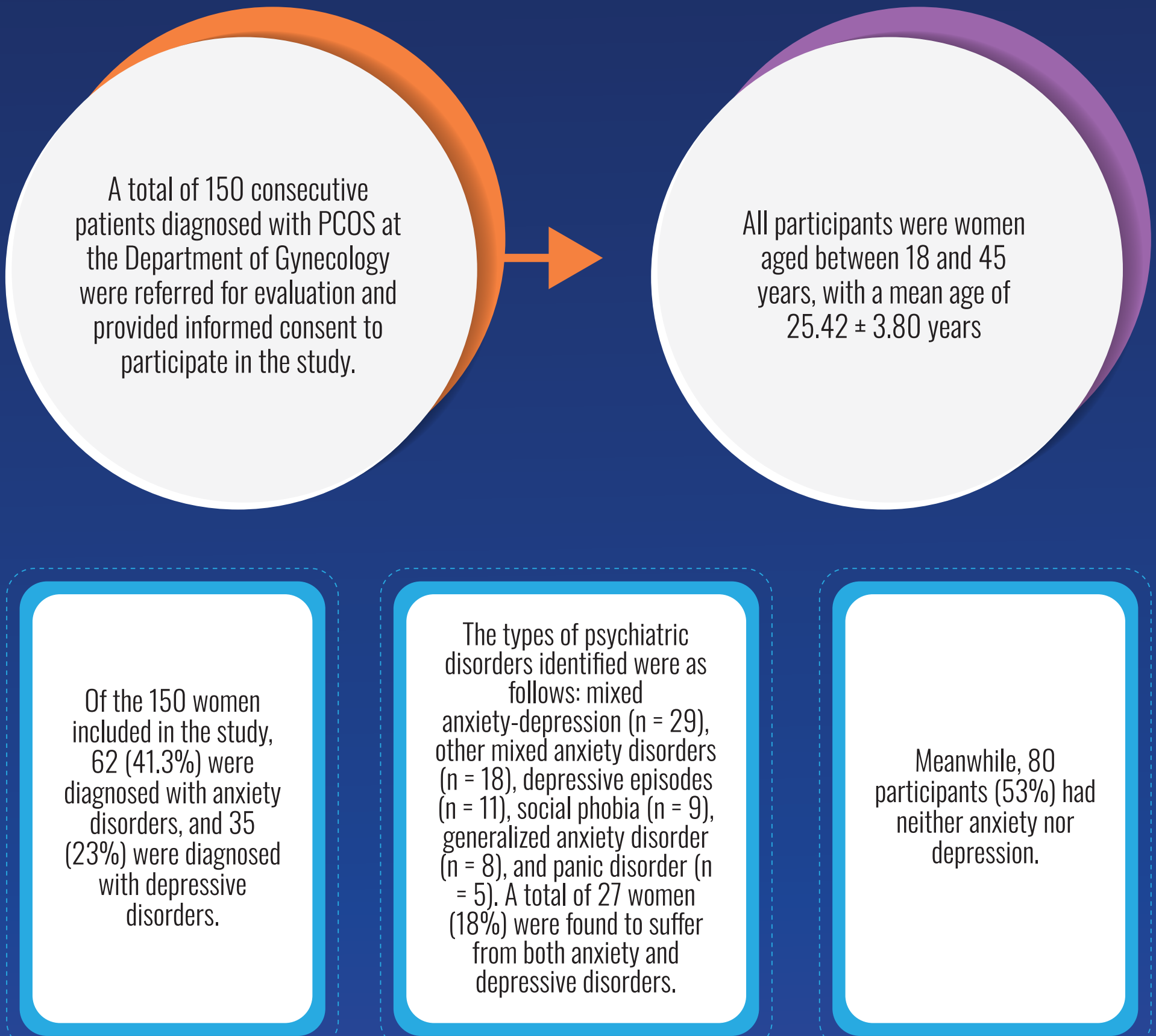
To compare the quality of life between PCOS patients with psychiatric morbidity and those without.

METHODOLOGY

A cohort of 150 women aged 18 to 45 years, diagnosed with Polycystic Ovary Syndrome (PCOS) based on the Rotterdam criteria, was followed over 24 months. Participants completed validated psychological assessments, including the Hospital Anxiety and Depression Scale (HADS) and the SF-36 Quality of Life questionnaire, at baseline, 12 months, and 24 months.

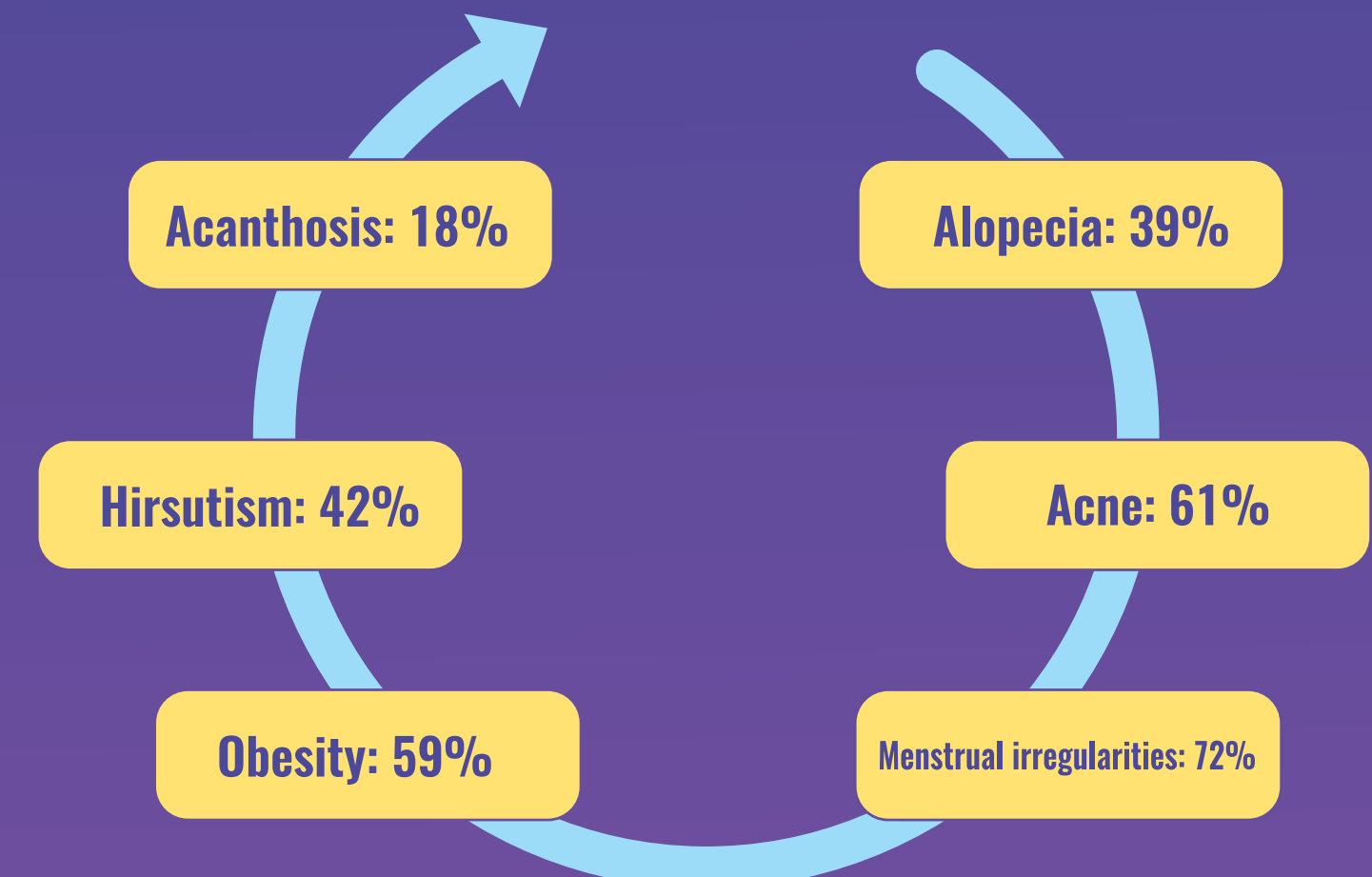
Clinical data were also collected for all participants. Statistical analyses included paired t-tests to evaluate changes in anxiety, depression, and quality of life (QoL) scores over time. Additionally, linear regression analysis was conducted to explore the associations between clinical characteristics and mental health outcomes

RESULTS



PREVALENCE OF PCOS SYMPTOMS

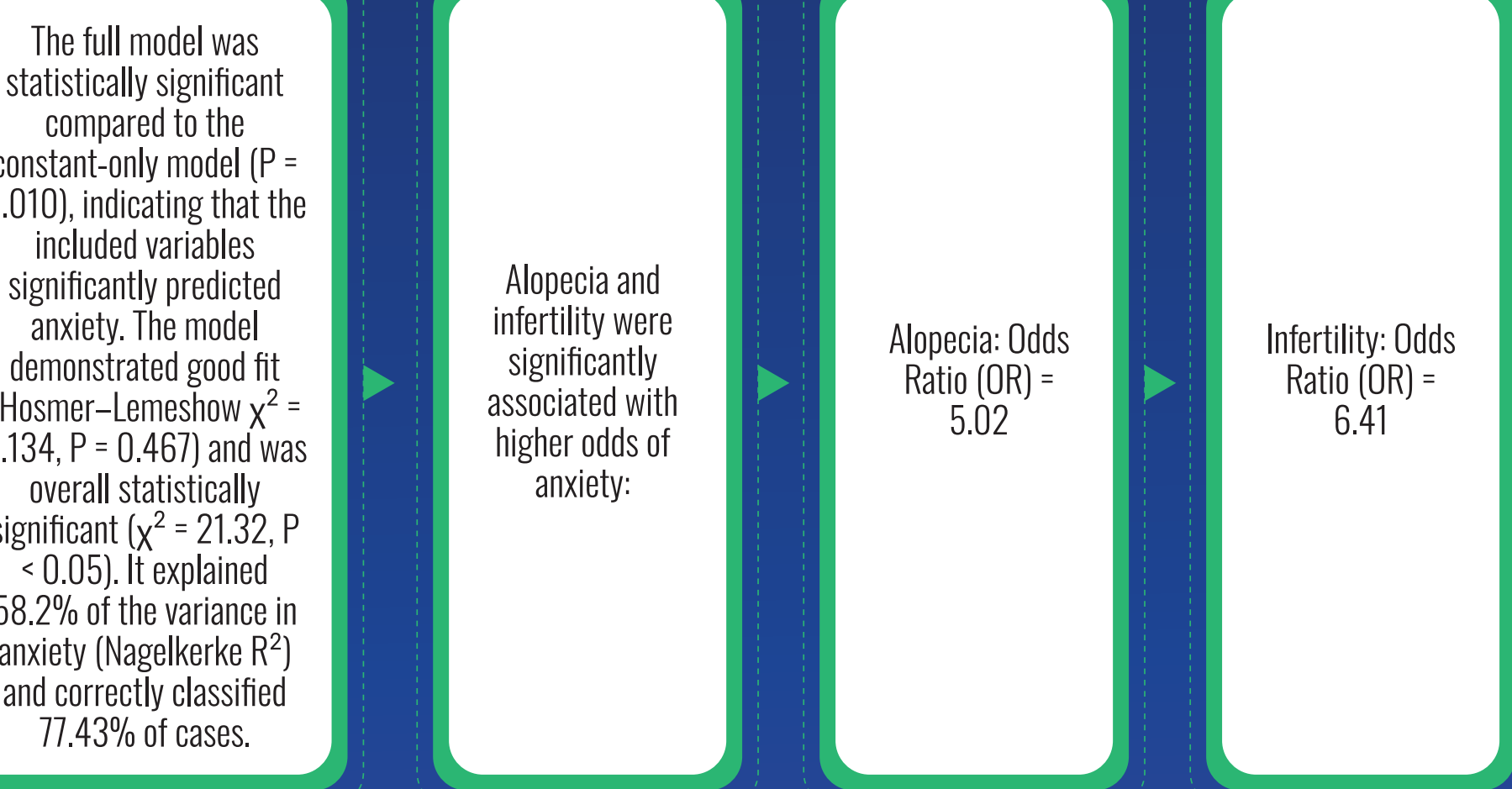
The prevalence of common clinical symptoms among participants was as follows:



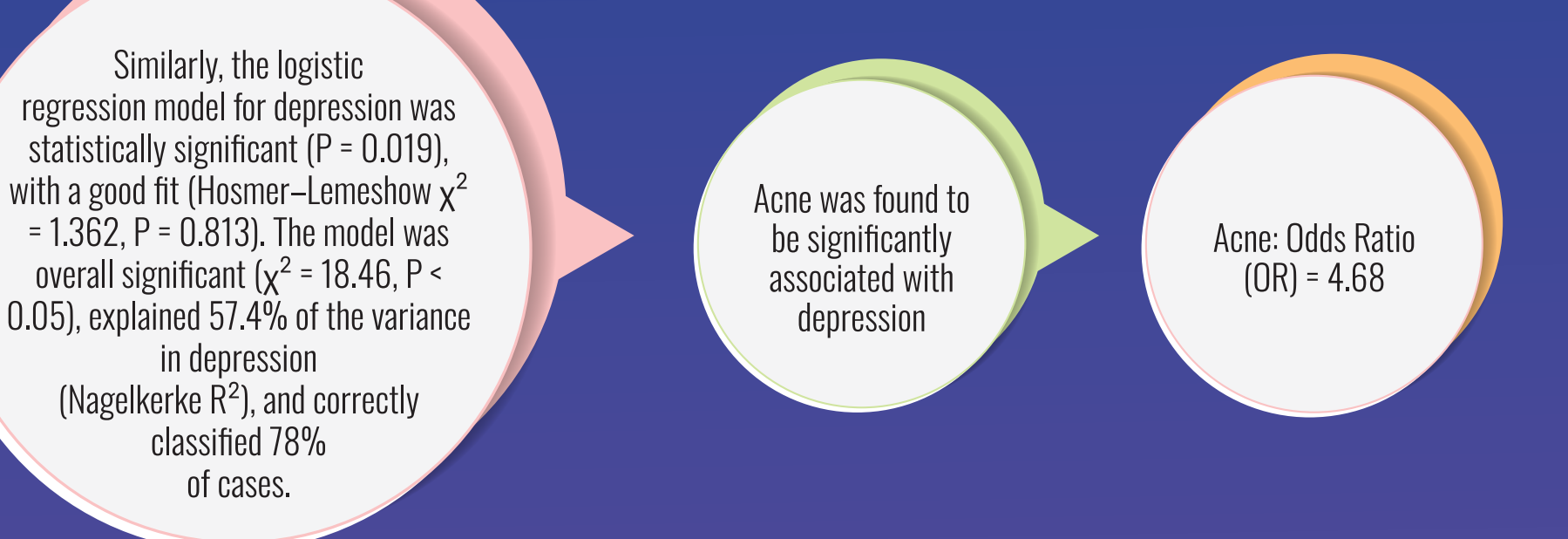
ASSOCIATION BETWEEN PCOS SYMPTOMS AND PSYCHIATRIC MORBIDITY

Logistic regression analysis was conducted to assess the impact of PCOS symptoms on the likelihood of anxiety and depression. Independent variables included alopecia, hirsutism, acne, obesity, acanthosis, menstrual irregularities, and infertility (infertility data were collected only from married participants).

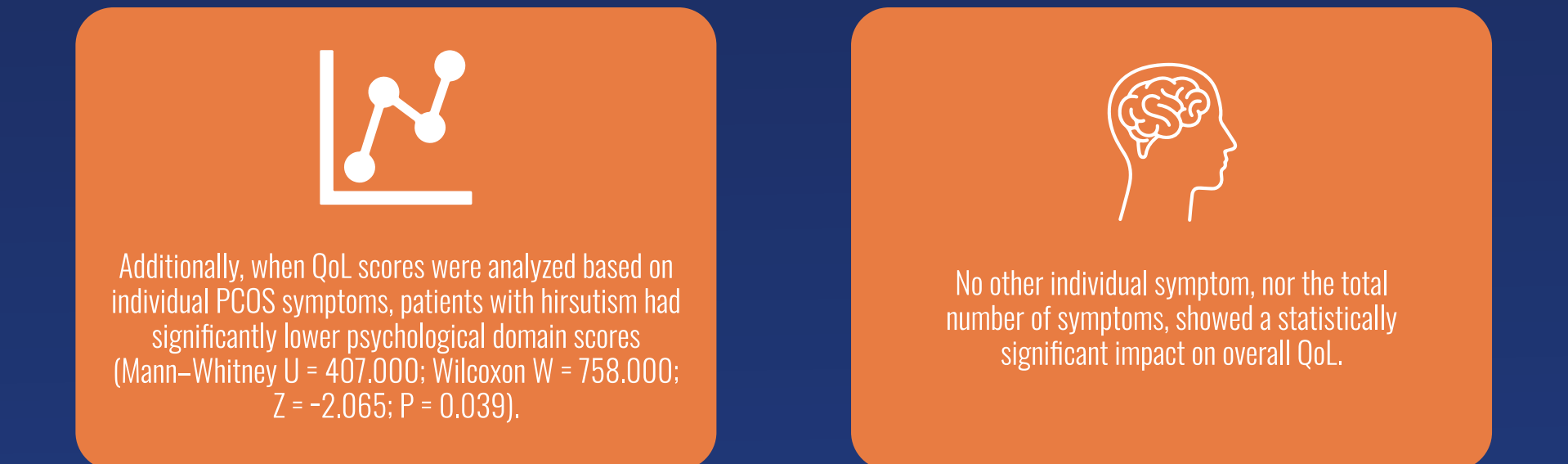
ANXIETY



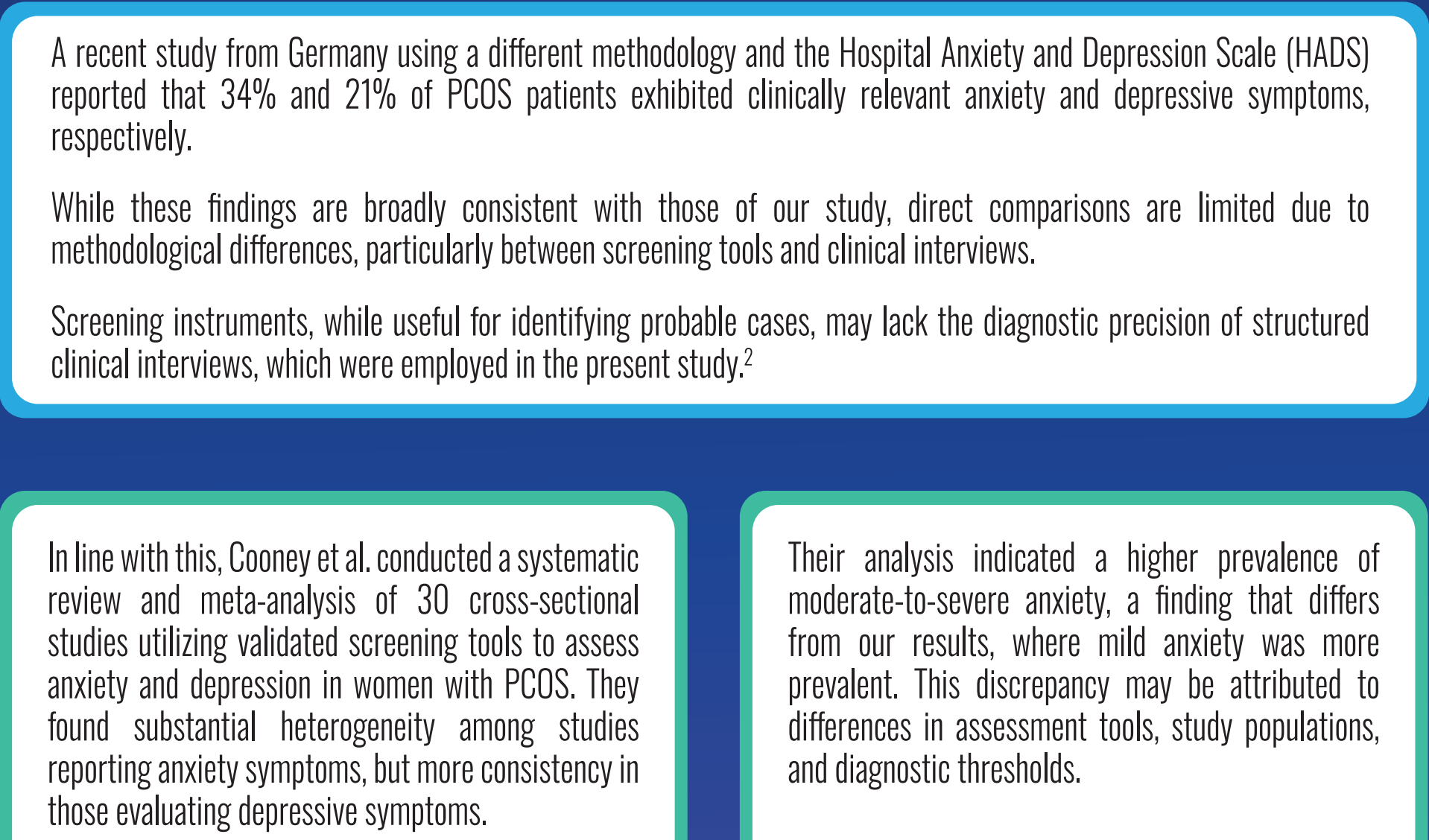
DEPRESSION



IMPACT OF PSYCHIATRIC MORBIDITY ON QUALITY OF LIFE (QOL)



DISCUSSION



Over the 24-month study period, both anxiety and depression scores remained significantly elevated compared to population norms ($p < 0.05$). Additionally, QoL scores declined, particularly in the physical and emotional health domains ($p < 0.01$). Women with higher body mass index (BMI) and more severe menstrual irregularities reported more intense symptoms of anxiety and depression. Furthermore, regression analyses identified insulin resistance as a significant predictor of poorer QoL and elevated depressive symptoms ($p < 0.05$). These findings suggest that both metabolic and psychological factors interact to shape the overall well-being of women with PCOS.⁵

CONCLUSION

Polycystic Ovary Syndrome (PCOS) is far more than a physical health condition—it is a multifaceted disorder that deeply impacts the emotional and psychological well-being of those affected. This research highlights the often-overlooked mental health burdens experienced by women with PCOS, including anxiety, depression, body image disturbances, and a profound sense of isolation. Despite the high prevalence of these issues, mental health support remains inadequately integrated into routine PCOS care.

The findings underscore the urgent need for a more holistic and empathetic approach to PCOS management—one that recognizes and addresses the emotional suffering that accompanies the condition. Healthcare providers must prioritize mental health screening, provide accessible psychological support, and foster a safe environment where patients feel heard and validated. By breaking the silence surrounding the unspoken sorrows of PCOS, we can move toward more compassionate, comprehensive, and effective care.

RECOMMENDATION

The findings of this study indicate that symptoms of Polycystic Ovary Syndrome (PCOS) are significantly associated with increased rates of anxiety and depression. These mental health conditions, in turn, are strongly linked to a reduced quality of life (QoL).

Early identification and timely treatment of anxiety and depression are crucial for improving both mental health outcomes and overall quality of life.

A multidisciplinary approach that includes psychological support alongside medical management may offer the most effective strategy for addressing the complex needs of this population.

LIMITATIONS

This study is limited by the absence of a control group, which restricts direct comparisons. Therefore, the results were interpreted in the context of earlier research findings.

REFERENCES

- Hussain A, Chandel RK, Ganie MA, Dar MA, Rather YH, Wani ZA, et al. Prevalence of psychiatric disorders in patients with a diagnosis of polycystic ovary syndrome in Kashmir. Indian J Psychol Med. 2015;37:66–70.
- Zangeneh FZ, Naghizadeh MM, Nasrin Abedinia N, Haghighi F, Hezarehei D. Psychological signs in patients with polycystic ovary syndrome. J Fam Reprod Health. 2012;6:45–151.
- Quinn M, Shinkai K, Pasch L, Kuzmich L, Cedars M, Huddleston H, et al. Prevalence of androgenic alopecia in patients with polycystic ovary syndrome and characterization of associated clinical and biochemical features. Fertil Steril. 2014;101:1129–34.
- Deeks AA, Gibson-Helm ME, Paul E, Teede HL. Is having polycystic ovary syndrome a predictor of poor psychological function including anxiety and depression? Hum Reprod. 2011;26:1399–407.
- Sundararaman PG, Shweta, Sridhar GR. Psychosocial aspects of women with polycystic ovary syndrome from South India. J Assoc Physicians India. 2008;