Understanding status of PCOS in Nagpur city: A survey based study

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Abstract

Objective: To study the status of Polycystic Ovarian Syndrome (PCOS) in Nagpur city along with the creation of its awareness.

Materials and Methods: This questionnaire based survey was conducted in Nagpur city which included the female subject between 12-60 years of age. A questionnaires consisting of 27 questions related to PCOS prepared in accordance with the available literature and gynecologist’s opinion. Questionnaires were circulated and collected data were analyzed.

Results: Present study revealed that participants surveyed from age group I (12-20 yrs), II (21-40 yrs) exhibit most while group III (41-60 yrs) exhibit less symptoms similar to that of PCOS. In addition, age group II participants found to have diagnosed PCOS condition.

Conclusion: Age group I may be most susceptible while group II is at high risk for the development of PCOS and associated problems.

Keywords: Polycystic Ovarian Syndrome (PCOS), Questionnaire, Hirsutism, Hyperandrogenism.

Introduction

Polycystic Ovarian syndrome (PCOS) or Polycystic Ovarian Disorder (PCOD) is a triangle of Obesity, Amenorrhoea and Hirsutism.¹ PCOS is also referred to as the ‘Syndrome O’ due to Overproduction of insulin, Over-nourishment, Ovulatory disruption and Ovarian confusion. Women with PCOS have higher rates of endometrial cancer, cardiovascular disease, dyslipidemia, type-2 diabetes mellitus and infertility.² It is a complex condition characterized by elevated androgen levels, menstrual irregularities, multiple small ovarian cysts, obesity, acne, hypertension, diabetes, hirsutism, and infertility.²,³ It is the most common lifestyle disorder affecting approximately 2-8% women in between 18-44 years of (reproductive) age worldwide and having 9.13% prevalence rate in India.⁴-⁷

PCOS may be caused due to several factors like hyperandrogenism, neuroendocrine abnormalities, polycystic ovaries, menstrual irregularity, genetic predisposition, sedentary lifestyle, obesity, intrauterine exposure, lack of physical exercise, the use of oral contraceptives, long term use of the seizure medicines, hypertension, diabetes, smoking, and alcoholism.⁸

PCOS can be diagnosed by observing above symptoms and laboratory investigations. Treatment for PCOS comprises of non pharmacological and pharmacological approach. The former approach includes identification of condition and lifestyle modification while the latter involves the use of oral contraceptives, antiandrogens, anti diabetic, anti-obesity and statins. A surgical procedure which is a final option for cure involves ovarian drilling.⁹-¹⁴

Studies on PCOS are performed only in hostel girls of reproductive age (15-44 year) from same residence but not in the age group more than 45 years and from different localities.⁸ Hence, the aim of present study was to know the status of PCOS in females (12-60 years) of Nagpur city along with the creation of awareness among the population regarding the occurrence, cause, and risk factors of PCOS.

Materials and Methods

The questionnaire survey was conducted in females of 12-60 years of age to check the status of PCOS in Nagpur city. The voluntarily participated females are categorized into three different age groups which are as follows:

| S. No. | Age Groups (years) | Category/group | Total no. of participants surveyed |
|-------|--------------------|----------------|-----------------------------------|
| 1.    | 12 - 20            | I              | 141                               |
| 2.    | 21 - 40            | II             | 128                               |
| 3.    | 41 - 60            | III            | 38                                |

In this survey study, questionnaire containing 27 questions relevant to PCOS was prepared and given to the individual (girl student and women) volunteer from various

Fig. 1: Signs and symptoms of polycystic ovarian syndrome

Table 1: Total numbers of participants surveyed

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localities of Nagpur city. Individuality was assured when the participant filled the survey questionnaire using paper and pen method along with her signature. The medical history of the participants was recorded using the questionnaire to know whether the participant had been previously diagnosed or identified with a PCOS. The questionnaire was prepared in accordance with the available literature and gynecologist’s opinion covering all the questions relevant to different age groups.

Females were categorized in three different age groups to know which age group is highly susceptible or at risk for the occurrence of PCOS. Menstrual irregularity was assessed as a usual cycle length of less than 21 days or more than 35 days. Participant’s demographics and outcomes were kept confidential to protect privacy. During the survey an awareness of PCOS and some common female problems were created, and after the data collection results were analyzed manually.

Participants consent
Informed consent was obtained from all individual participants included in the study. Willingly participating females in between 12-60 year of age from different schools, colleges and married women (including working and housewives) were included (n=320) in this study. The participants below 12 and above 60 years were excluded. The participants who filled the incomplete questionnaire forms were also excluded from the study.

Results
Participants having menstrual irregularities
Among the surveyed participants, 25.8%, 17.57% and 11.71% from age group I, II and III respectively found to possess the menstrual irregularities. Group I has a higher percentage of menstrual irregularity than II and III as shown in Fig. 2.

Participants having acne and skin pigmentation
As shown in Fig. 3, out of the total analyzed participants, 30.98%, 31.782% and 24.99% from group I, II and III respectively found to possess the acne and skin pigmentation problem. The age group I and II show nearly equal percentage of acne problem which is greater than group III.

Fig. 3: Graph indicating percentage of participants having acne problems and skin pigmentation problem

3. Participants having Hirsutism
As shown in Fig. 4, Data analysis results revealed that, hirsutism was completely absent in group III while group II had 11.62% of hirsutism which is greater than group I (7.74%).

Fig. 4: Graph indicating percentage of participants having hirsutism

4. Participants having PCOS
Data analysis shows that the group II (3.906%) has a greater percentage of diagnosed PCOS participants than group I (0.704%). On the contrary not a single female had PCOS problem in group III (Fig. 5).

Fig. 5: Graph indicating percentage of participants having PCOS

5. Participants having a mood disorder
Among the participants surveyed from all the age group I, II and III, and found to have the mood disorder (Fig. 6). Group II (23.241%) has more percentage of the mood disorder than the group I (19.014%) and III (19.736%).
PCOS self assessment form:

**Questionnaire for PCOS**

This survey is aimed to study the present status of PCOS (Polycystic Ovarian Syndrome) along with its awareness and future prospects. The information provided by you will be kept confidential with us and utilized for the benefit of society. We request you to fill the required details and answer the questions correctly.

| Sr. No. | Questionnaire                                                                 | Yes / No |
|---------|-------------------------------------------------------------------------------|----------|
| 1.      | I crave for carbohydrates and sugar                                          |          |
| 2.      | I feel extremely hungry, irritable, sleepy, or fatigued after eating sweets. |          |
| 3.      | I have / had continuous weight gain.                                          |          |
| 4.      | I have always had difficulty with losing weight.                             |          |
| 5.      | My waistline is greater than 35 inches.                                      |          |
| 6.      | I have / had acne problems in the past.                                      |          |
| 7.      | My menses (periods) are unpredictable.                                       |          |
| 8.      | My menstrual cycle last longer than 35 days.                                 |          |
| 9.      | My menses are very heavy or last longer than a week.                         |          |
| 10.     | Yet, I don’t have a menses.                                                  |          |
| 11.     | I have excess hair growth on my face and upper thighs.                      |          |
| 12.     | I have pubic hair that grows up my abdomen and around the navel.             |          |
| 13.     | I have hair loss problem                                                     |          |
| 14.     | I have symptoms of hypoglycemia.                                            |          |
| 15.     | I have a family history of: Cardiovascular disease, Diabetes, Gestational diabetes, Obesity, Hypertension and PCOD |  |
| 16.     | I have high or low level of thyroid hormone                                  |          |
| 17.     | My Serum FSH and LH level is normal                                          |          |
| 18.     | I have noticed skin color or pigmentation changes                           |          |
| 19.     | I use to work /study under extreme stress conditions                        |          |
| 20.     | I have high level of: Testosterone, Cholesterol                             |          |
| 21.     | I use oral contraceptive pills                                               |          |
| 22.     | I have problems of skin or Ovarian cyst                                      |          |
| 23.     | I have problem of: Depression, mood swing, fertility                        |          |
| 24.     | I have / had difficulties in getting pregnant first or subsequent child     |          |
| 25.     | I have / had problem of miscarriage                                         |          |
| 26.     | My siblings suffer from PCOS                                                 |          |
| 27.     | I have Post Menopausal Symptoms (PMS).                                       |          |

All the information provided above is correct with voluntary participation.

Date: ____________________________

Signature of participant: ____________________________

Date: ____________________________

Signature of evaluator: ____________________________

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6. Participants having weight problems
As shown in the Fig. 7, the age group II and III has 46.87% and 47.36% weight abnormality respectively, while group I (58.77%) has the greatest percentage of the weight abnormality problem.

7. Participants having stress conditions
As shown in Fig. 8, age group I, II and III, 33.33%, 40.31% and 26.31% of participants respectively found to be suffering from a stress condition. Group II has a higher percentage of stressed participants than I and III.

8. Participants having fertility issues
Among the participants from age group I and II, 1.807% and 18.42% of participants found to have the fertility issues which was completely absent in group III (Fig. 9).

9. Participants having hair loss problems
Among the total number of participants from age group I, II and III, 59.57%, 64.34% and 63.15% of participants were presented with hair loss problems (Fig. 10). Group III has great while group II has the greatest percentage of hair loss than group I.

10. Participants having hormonal imbalance (testosterone, cholesterol)
As shown in figure 11, among the total number of participants surveyed, 0.7092% and 0.77513% of participants from age group I, and II respectively found to have testosterone imbalance and 2.8368 %, 3.10078% and 10.5263% of participants have cholesterol imbalance from age group I, II and III respectively.
11. Participants having a family history of the diabetes
Among the total number of participants from age group I, II and III, 15.602%, 24.031% and 7.984% of participants found to have the family history of the diabetic condition. As shown in figure 12 group II posses more diabetic population than others.

12. Total number of participants having a family history of CVS disorder
Among the participants from age group I, II and III, 6.38%, 11.62% and 18.42% of participants found to have the family history of cardiovascular disorder. As shown in Fig. 13, CVS disorders are lowest in group I, moderate in group II and highest in group III.

Discussion
In recent years, life style modification has tremendously increased the prevalence of PCOS amongst women, which leads to various complications including cancer, CVS disorder, infertility. Signs and symptoms of PCOS include menstrual irregularity, hair growth problem, diabetes, weight abnormality, acne, skin pigmentation, stress, mood disorder, and hormonal imbalance etc.23 The appearance of these symptoms indicates the possibility of presence PCOS. Hence, the questionnaire was prepared based on the above related symptoms. The response was recorded and collected from willingly participating 320 females of which 307 were analyzed and 13 were excluded due to incompleteness of the form.

The problem of PCOS can be seen at any stage of reproductive age, hence, participants were divided into 3 groups, group I-12 to 20, II-21 to 40 and III-41-60 year of age.15

The present study showed that age group I possess high percentages of menstrual irregularity, acne, skin pigmentation, and weight abnormality problems as compared to the other groups. These symptoms are exactly similar to the PCOS symptoms, hence it can be suggested that females from this group are prone for the development of PCOS.

Our survey results indicate that, the symptoms like acne, skin pigmentation, hirsutism, mood disorder, weight abnormality, stress, hair loss, and diabetic condition are more common in age group II, hence in terms of symptoms this age group may be susceptible to the presence of PCOS. In fact the patient having PCOS diagnosed by gynecologist was found to be more in this group.

Group III found to show the highest percentage of CVS disorders and cholesterol level, whereas mood disorder and hair loss problems were equivalent to group I. The menstrual irregularity and other problems are less while the PCOS, testosterone level and infertility problems were absent in group III, which may be due to the lifestyle and older age or menopause.

Conclusion
The survey study revealed that most of the females participated in this survey exhibited symptoms similar to that of the PCOS. The participants of age 12-40 years are found to be at a high risk for the occurrence of PCOS, at present or in future. The prevalence of the PCOS is high in 20-40 year of age, whereas females during the age more than 40 years may suffer from the CVS and lipid disorder which may be critical in the future if untreated. This study helped to identify the status of PCOS in the selected region along with the creation of awareness in society for future prospect.

Present study needs to be extrapolated in the future with increased number of participants from different regions and statistical analysis.
Authors contributions

P. N. Amale designed the study and prepared the manuscript. V. M. Barethia and S. A. Deshpande acquired and analyzed the data. All authors read and approved the final manuscript.

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Conflict of interest

There is no potential conflict of interest to declare

References

1. Stein IF, Leventhal, MN. Amenorrhea associated with bilateral Polycystic Ovaries. Am Obstrat and Gynaecol 1935;29:181.
2. McFarland C. Treating polycystic ovary syndrome and infertility. MCN The Am J Mat Child Nurs 2012;37:116-21.
3. Umland EM, Weinstein LC, Buchanan EM. Menstruation-related disorders. In: DiPiro JT, Talbert RL, Yee GC. Pharmacotherapy: A Pathophysiologic Approach. 8th edition. New York: McGraw-Hill; 2011:1393.
4. Knochenhauer ES, Key TJ, Kahsar-Miller M, Waggoner W, Boots LR, Aziz R. Prevalence of Polycystic Ovarian Syndrome. J Clin Endocrinol Metabol 1998;83:3078-82.
5. Aubuchon M, Legro RS. Polycystic ovary syndrome: Current infertility management. Clin Obstetr Gynecol 2011;54:675-84.
6. Nidhi R, Padmalatha V, Nagarathna R, Amritanshu R. Prevalence of Polycystic Ovarian Syndrome in Indian adolescents. J Paed Adolesc Gynaecol 2011;24:223-7.
7. American Congress of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 108: Polycystic Ovary Syndrome. Obstet Gynecol 2009;114:936-49.
8. Rekha M, Manasa M, Reddy C. A Study on identification of risk factors in developing Poly Cystic Ovarian Syndrome among teenagers and minimizing them by Life Style Modifications through Advanced Patient Counselling by Doctor of Pharmacy; Pharma Tutor; 2018;6(1);72-8.
9. Homburg R, Hendriks ML, König TE, Anderson RA, Balen AH, Brincat M et al. Clomifene citrate or low-dose FSH for the first-line treatment of infertile women with anovulation associated with polycystic ovary syndrome: A prospective randomized multinational study. Hum Reprod 2012;27:468-73.
10. Parsippany, N. J. Ferring, Menotropins for injection (Menopur), prescribing information; 2010.
11. Badawy A, Moshah A, Shady M. Anastrozole or letrozole for ovulation induction in clomiphene-resistant women with polycystic ovarian syndrome: A prospective randomized trial. Fertil Steril 2008;89:1209-12.
12. Nair S. Hirsutism and acne in polycystic ovary syndrome. In: Merchant R, Allahbadia GN, Agrawal R, editors. Polycystic Ovary Syndrome. Kent, U.K.: Anshan Ltd.; 2007:183-4.
13. Gao L, Zhao FL, Li SC. Statin is a reasonable treatment option for patients with polycystic ovary syndrome: A meta-analysis of randomized controlled trials. Exp Clin Endocrinol Diabetes 2012;120:357-75.
14. Banaszewska B, Pawelczyk L, Spacynski RZ, Duleba AJ. Comparison of simvastatin and metformin in treatment of polycystic ovary syndrome: Prospective randomized trial. J Clin Endocrinol Metabol 2009;94:4938-45.
15. March WA, Moore VM, Wilson KJ, Phillips DL, Norman R, Davies MJ. The prevalence of polycystic ovary syndrome in a community sample assessed under contrasting diagnostic criteria. Hum Reprod 2010;25(2):544-51.

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