

EDITORIAL



PCOS: We see what we know, we understand what we do

Shrestha PS
Diabetes and Endocrine Unit
Bir Hospital
NAMS

I recently went through an article published in DEAN journal regarding the awareness and knowledge of Polycystic ovarian syndrome (PCOS) among final year medical students and interns of a medical college. It is praiseworthy that the authors have conducted a study on a topic which very common in the community yet with very scarce data.

The KAP study has successfully highlighted various aspects of PCOS information. The disorder often leading to subfertility is still considered as a social stigma as made evident by more than three fourth of the respondents in the study think that PCOS patients may hide their PCOS status. However, the Nepalese community is gradually opening up about reproductive health and related disorders and it is of utmost importance that there should not only be widespread information, but the information should be accurate provided from a reliable source preferably health personnel.

It seems that the respondents have difficulty in finding authentic materials for PCOS (97 % vs 3 %) and have mostly relied on mass media and social media where the quality of information can be extremely variable. It is important that very common health conditions are given due priority in formal education channels so that the information can be regulated and updated so as to defy various unwanted myths, misconceptions and make true information available and trustworthy.

It also is comforting to know that most respondents had some knowledge regarding losing excess body weight, use of oral contraceptives as part of treatment for the condition. But PCOS is a disorder that may require a multidisciplinary approach depending upon the clinical conditions and having a reproductive health clinic involving gynaecologists, endocrinology, dermatologist and others at one place can greatly enhance the level of comprehensive care that such patients may require at the time of visit or in the future. Although gynaecologists have a major role in treatment of patients with PCOS (85 % of the respondents according to the study) depending upon the condition, metabolic issues and hirsutism related problems may have to be individualised and separately managed based upon the gravity and the manifestation of the condition. A study done in North America has also revealed that obstetriciangynaecologists were less concerned about the psychosocial aspects of PCOS as compared to other medical personnel. 1 However, another multinational study with physicians as participants also showed that psychosocial needs of PCOS were not well managed.2 Virtually all responders in this study however have answered they will comfort of someone with PCOS demonstrating that the younger generation may be more accommodating but at the same time, they have doubts about getting support from their own colleagues as compared to their family members.

Hence our medical fraternity needs to work hard towards providing comprehensive care for PCOS patients and articles like this will certainly benefit in raising awareness, an important first step in this goal.

Corresponding Author:

Dr Prajaya Shikhar Shrestha

Diabetes and Endocrine Unit, Bir Hospital B.P.Koirala Institute of Health Sciences, Dharan, Nepal.



EDITORIAL



References

- Dokras A, Saini S, Gibson-Helm M, Schulkin J, Cooney L, Teede H. Gaps in knowledge among physicians regarding diagnostic criteria and management of polycystic ovary syndrome. Fertil Steril. 2017 Jun;107(6):1380-1386.e1. doi: 10.1016/j.fertnstert.2017.04.011. Epub 2017 May 5. PMID: 28483503.
- Piltonen TT, Ruokojärvi M, Karro H, Kujanpää L, Morin-Papunen L, Tapanainen JS, Stener-Victorin E, Sundrström-Poromaa I, Hirschberg AL, Ravn P, Glintborg D, Mellembakken JR, Steingrimsdottir T, Gibson-Helm M, Vanky E, Andersen M, Arffman RK, Teede H, Falah-Hassani K. Awareness of polycystic ovary syndrome among obstetrician-gynecologists and endocrinologists in Northern Europe. PLoS One. 2019 Dec 26;14(12):e0226074. doi: 10.1371/journal.pone.0226074. PMID: 31877155; PMCID: PMC6932801.