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RESEARCH ARTICLE

POLYCYSTIC OVARY SYNDROME (PCOS): THE OVERLOOKED PSYCHIATRIC STRUGGLE

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ABSTRACT

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder among women of reproductive age, yet its psychological impact is often overlooked. Beyond reproductive and metabolic concerns, women with PCOS face elevated risks of depression, anxiety, disordered eating, and impaired quality of life. Symptoms such as hirsutism, acne, obesity, and infertility contribute to body dissatisfaction, emotional distress, and social isolation, further worsening long-term mental health outcomes. Despite these challenges, psychiatric screening is rarely integrated into gynecology or endocrinology clinics. Incorporating simple tools like the PHQ-9 and GAD-7 can facilitate early detection and referral for appropriate care. Given the complex interplay of metabolic, reproductive, and psychological factors, multidisciplinary collaboration among gynecologists, dietitians, and mental health professionals is essential. Recognizing PCOS as a whole-person condition and prioritizing psychological assessment within routine care can improve well-being and ensure more comprehensive patient management.

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INTRODUCTION

Polycystic ovarian syndrome (PCOS) is the predominant female endocrine condition affecting women of reproductive age, impacting approximately one in seven women in this demographic worldwide (1,2), and it continues to exist throughout the reproductive lifespan. While reproductive and metabolic aspects of PCOS are well acknowledged, the mental health burden remains under-addressed. Studies have reported that women with PCOS are at a higher risk of experiencing depressive and anxiety symptoms (3, 4). Also, reports of increased prevalence of anxiety, depression, and eating disorders in PCOS underscore the need for a greater clinical focus on psychological impacts (2). The concerning mental health situation of females with PCOS calls for the immediate integration of psychological healthcare approaches (4). However, mental health screening is currently not a routine practice in many gynecology or endocrinology clinics. Additionally, despite the considerable struggles induced by PCOS symptoms and its relevant long-term concerns, the emphasis of PCOS research and treatment tends to skew towards physical and reproductive direction, neglecting mental health concerns inadvertently (5). PCOS patients experience markedly lower self-esteem and body dissatisfaction with their appearance with acne, hirsutism, obesity and fertility issues(6-7). Furthermore, the unpleasant

physical manifestations of PCOS can lead to emotional distress, including anger, stress, guilt, frustration, and isolation, markedly impairing the social well-being of women (5). Long-term stressors also contribute to brewing up chronic mental health disorders (5). Researchers reported a high prevalence of disordered eating, particularly binge-eating, among women with PCOS, indicating the need to screen these patients for binge-eating symptoms (8). Given the high prevalence of psychological distress in women with polycystic ovary syndrome, physician sensitivity toward patients' psychiatric struggles and evaluating mental health, with particular attention to depression, anxiety, and disordered eating behaviours, should be part of patient visit encounters. Considering busy clinic schedules, simple, validated screening tools such as the PHQ-9 (for depression) and GAD-7 (for anxiety) can be incorporated into patient visits and serve as an easy tool for appropriate mental health referrals. Addressing the complicated interactions among metabolic, reproductive, and psychological factors in PCOS needs a multidisciplinary approach. Mental health professionals, dietitians, and gynecologists can collaborate to provide integrative care for patients, ensuring symptom management and offering comprehensive support for long-term well-being. In conclusion, PCOS is not just a reproductive or metabolic condition. Instead, it should be recognized as a whole-person issue, and we should integrate mental health care into PCOS

management. Relevant research and clinical care should emphasize psychiatric screening protocols and multidisciplinary interventions to improve the quality of life of women with PCOS.

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