Original article

A descriptive study of Polycystic ovarian syndrome in adolescent girls among a tertiary care hospital of Bangalore

¹Dr. Kalavathi. D. Biradar, ²Dr.Amrita N Shamanewadi

Corresponding author: Dr. Kalavathi. D. Biradar

Abstract:

Background: Polycystic ovarian syndrome (PCOS) is one of the most common reproductive endocrinological disorders with a broad spectrum of clinical manifestations affecting about 6-8% of women of reproductive years.

Objectives: To determine the prevalence of PCOS among adolescent girls attending Gynaecology OPD of a tertiary care hospital.

Materials and Methods: Present study is a descriptive study conducted in Gynaecology OPD of Dr.B. R Ambedkar Medical College, Bangalore.Study population comprised of Adolescent girls attending the gynaecology OPD were included in the study. Data thus obtained was entered in MS excel and data was analysed using SPSS version 17. Appropriate statistical tests were applied and p value of < 0.05 was considered as significant.

Results: A total of 126 adolescent girls had visited the Gynaecology OPD from Jully – August 2014. Majority that is 76.2% of adolescents were in their late adolescence. Ultrasound report of the adolescents revealed that 30(23.8%) of them were diagnosed as PCOS. This difference was statistically significant.

Conclusion: Early diagnosis and intervention will reduce the long term health complications associated with PCOS.

Key words: PCOS, adolescent girls, tertiary care hospital

Introduction:

Polycystic ovarian syndrome (PCOS) is one of the most common reproductive endocrinological disorders with a broad spectrum of clinical manifestations affecting about 6-8% of women of reproductive years.¹

The European Society of Human Reproduction and Embryology/American Society for Reproductive Medicine criteria, often called Rotterdam, includes various phenotypes based on a combination of any two of the three findings of hyperandrogenism, menstrual irregularity, and polycystic ovaries on ultrasound.²

PCOS remains a syndrome and as such, no single diagnostic feature is sufficient in itself to establish the clinical diagnosis. Similarly, PCOS is diagnosed by exclusion, and disorders having a phenotype related to that of PCOS must be ruled out; such as congenital adrenal hyperplasia, Cushing syndrome and virilising tumors.³

The exact prevalence of PCOS is not known as the syndrome is not defined precisely and depends on the choice of diagnostic criteria. World Health Organization (WHO) estimates that it affected 116 million women worldwide in 2012 (3.4% of women). Globally, prevalence estimates of PCOS are highly variable, ranging from 2.2% to as high as 26%.⁴

In India, the prevalence is gradually increasing. In Indian Express in 2013, it was published that PCOS becoming 'epidemic' in Bangalore city, because of the lifestyle that people have adopted. Almost all

¹ Associate Professor, Department of Obstretics and Gynaecology, Dr.B. R. Ambedkar Medical College, Bangalore.

²Assistant Professor, Saptagiri Institute of Medical Sciences, Bangalore.

foods are packed with chemicals that lead to hormonal imbalance. The cause of PCOS remains unclear.

PCOS is a major health concern because patients with PCOS are at increased risk of infertility, pregnancy loss, obesity, cardiovascular disorders, ^{5,6} diabetes mellitus, ⁷ obstructive sleep apnea, ^{8,9} depression, non-alcoholic fatty liver disease, ¹⁰ endometrial hyperplasia ¹¹ and endometrial carcinoma, ¹² etc. Infertility occurs in 75% due to anovulation. ¹³ Other risks have been reported in different percentage as cutaneous hyperandrogenism in the form of obesity is found in 40-60% cases ¹⁴ acne in 15-25%, hirsutism in 65-75%, alopecia in 5-50% cases ¹⁵

Objective: To determine the prevalence of PCOS among adolescent girls attending Gynaecology OPD of a tertiary care hospital.

Material and Methods:

Present study is a descriptive study conducted in Gynaecology OPD of Dr.B. R Ambedkar Medical College, Bangalore.Study duration was from July 2014 – September 2014.Study population comprised of Adolescent girls attending the gynaecology OPD were included in the study. The girls who were married and who did not give consent were excluded from the study.

Detailed history about their menarche, menstrual pattern, menstrual loss, dysmenorrhoea, past and present medical and surgical problems was taken. General physical examination especially their height in meters and weight in kilograms for body mass index, waist and hip measurements in inches, their ratio, hirsutism in FerrimanGallways scoring system,12 thyroid enlargementand any other abnormality was noted. Body mass index of up to23 was taken as normal, between 23 to 24.9 kg/m² was taken as overweight, and more than 25 was considered as obese according to the WHO criteria. FerrimanGallways score of 8 or less was taken as normal and more than 8 was considered as hirsute. Ultrasound was done in the Radiology department for the presence of Polyysticovaries and other pelvic pathology. The girls who were confirmed as having Polycysticovaries ultrasound were then advisedserum FSH, LH, Prolactin, Testosterone and TSH. Serum FSH:LH ratio of 1:3 was taken as raised and below this was considered normal. Data thus obtained was entered in MS excel and data was analysed using SPSS version 17. Appropriate statistical tests were applied and p value of<0.05 was considered as significant.

Results:

Table 1: Age wise distribution of study population

Age	Number	Percentage
Early Adolescence	30	23.8
Late Adolescence	96	76.2
Total	126	100

Age wise distribution of study population shows that among the adolescents majority that is 76.2% of adolescents were in their late adolescence.

Table 2:Findings of USG report among the study population

Age	PCOS	Non – PCOS	Total	p value
Early Adolescence	3(10%)	27(90%)	30	
Late Adolescence	27(28.13%)	69(71.87%)	96	0.04*
Total	30(23.8%)	96(76.2%)	126	

^{*}p value < 0.05

Ultrasound report of the adolescents revealed that of the 126 adolescents who attended the OPD 30(23.8%) of them were diagnosed as PCOS and of the 30 who were diagnosed as PCOS majority of

them were in their late adolescence. This difference was statistically significant.

Table 3: Symptoms associated with PCOS among study population

S.no	Symptoms	Number*	Percentage
1.	Irregular cycles	21	16.6%
2.	Obesity	18	14.3%
3.	Hirusitism	12	9.5%
4.	Alopecia	7	5.5%
5.	Acne	21	16.6%
6.	Depression	6	4.8%

^{*}multiple responses

With respect to the symptoms of PCOS, the major symptoms observed were irregular cycles and acne which were observed in 16.6% of the study population followed by obesity which was seen in 14.3% of the subjects.

Discussion:

PCOS among adolescents is an emerging problem that needs careful assessment, timely intervention, and appropriate treatment. ¹⁶Thediverse manifest-tations of PCOS start at an early age when a girl is maturing into a young woman. During this pubertal transition, several features may be in evolution and thus many findings may be transitory which stabilize later during adolescence. However, it is important to make an early diagnosis in order to prevent early and late sequel of the syndrome. Hence, the present study was conducted to know the prevalence of PCOS among adolescents

attending OPD of Dr. B. R Ambedkar Medical College.

In the present studyprevalence of PCOS was found to be 23.8%. Williamson et al in their study reported the prevalence of PCOS between 2.2-26%. According to a prospective study conducted by Nidhi et al, on 460 girls aged 15-18 years in a residential college in Andhra Pradesh, South India, the prevalence of PCOS was found to be 9.13% in adolescents. 18

In another study conducted on Saudi girls, the estimated prevalence of PCOS was observed to be 53.7% which is strikingly higher. One of the explanations may be high incidence of obesity in Saudi Arabia which has an established association with PCOS.¹⁹

Community based studies using Rotterdam criteria among reproductive age group women have

demonstrated varied prevalence figures in few Asian countries ranging from 2% to 7.5% in China to 6.3% in Srilanka.²⁰

The feasibility of conducting such communitybased study justifies the need to upscale this effort to get an overall estimate of the disorder in a diverse sociocultural and economic background, providing an opportunity for early detection and prevention of morbidities among adolescents and young women in India.

Conclusion:

Based on the observation it is concluded that the prevalence of PCOS is increasing gradually in India and it may be a major health concern in future. Hence, early diagnosis and intervention will reduce the long term health complications associated with PCOS.

References:

- 1. Azziz R, Marin C, Hoq L, Badamgarav E, Song P. Health care-related economic burden of the polycystic ovary syndrome during the reproductive life span. J ClinEndocrinolMetab 2005;90:4650-8.
- 2. Eshre R. Revised 2003 consensus on diagnostic criteria and longterm health risks related to polycystic ovary syndrome. Fertility and Sterility 2004;81(1):19.
- Legro RS, Barnhart HX, Schlaff WD, Carr BR, Diamond MP, Carson SA, et al. Clomiphene, metformin, or both for infertility in the polycystic ovary syndrome. New England Journal of Medicine 2007;356(6):551–66.
- 4. Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet 2012;380(9859):2163-96.
- 5. Bohler H Jr, Mokshagundam S, Winters SJ. Adipose tissue and reproduction in women. FertilSteril 2010;94(3): 795-825.
- Grundy SM, Cleeman JI, Daniels SR, Donato KA, Eckel RH, Franklin BA, et al; American Heart Association; National Heart, Lung, and Blood Institute. Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. Circulation 2005;112(17):2735-52
- 7. Farrell K, Antoni MH. Insulin resistance, obesity, inflammation, and depression in polycystic ovary syndrome: biobehavioral mechanisms and interventions. FertilSteril 2010;94(5):1565-74.
- 8. Vgontzas AN, Legro RS, Bixler EO, Grayev A, Kales A, Chrousos GP. Polycystic ovary syndrome is associated with obstructive sleep apnea and daytime sleepiness: role of insulin resistance. J ClinEndocrinolMetab 2001;86(2):517-20.
- Tasali E, Van Cauter E, Ehrmann DA. Relationships between sleep disordered breathing and glucose metabolism in polycystic ovary syndrome. J ClinEndocrinolMetab 2006;91(1):36-42.
- 10. Cerda C, Pérez-Ayuso RM, Riquelme A, Soza A, Villaseca P, Sir-Petermann T, et al. Nonalcoholic fatty liver disease in women with polycystic ovary syndrome. J Hepatol 2007;47(3):412-7.
- 11. Hardiman P, Pillay OC, Atiomo W. Polycystic ovary syndrome and endometrial carcinoma. Lancet 2003;361(9371):1810-2.
- 12. Giudice LC. Endometrium in PCOS: Implantation and predisposition to endocrine CA. Best Pract Res ClinEndocrinolMetab 2006;20(2):235-44.

- 13. Patel SM, Nestler JE. Fertility in polycystic ovary syndrome. EndocrinolMetabClin North Am 2006;35(1):137-55, vii.
- 14. Moran LJ, Pasquali R, Teede HJ, Hoeger KM, Norman RJ. Treatment of obesity in polycystic ovary syndrome: a position statement of the Androgen Excess and Polycystic Ovary Syndrome Society. FertilSteril 2009;92(6):1966-82.
- 15. Azziz R, Carmina E, Dewailly D, Diamanti-Kandarakis E, Escobar-Morreale HF, Futterweit W, et al; Task Force on the Phenotype of the Polycystic Ovary Syndrome of The Androgen Excess and PCOS Society. The Androgen Excess and PCOS Society criteria for the polycystic ovary syndrome: the complete task force report. FertilSteril 2009;91(2):456-88.
- Gainie MA, Khurana ML, Eunice M, Gupta N, Diwivedi SN, Gulati MS, et al. Prevalence of glucose intolerance among adolescent and young women with polycystic ovary syndrome in India. Indian J EndocrinolMetab 2004.
- 17. Williamson K, Gunn AJ, Johnson N, Milsom SR. The impact of ethnicity on the presentation of polycystic ovarian syndrome. Aust N Z J ObstetGynaecol 2001;41(2):202-6.
- 18. Nidhi R, Padmalatha V, Nagarathna R, Amritanshu R. Prevalence of polycystic ovarian syndrome in Indian adolescents. J PediatrAdolescGynecol 2011;24(4):223-7.
- Shaista Salman Guraya, Prevalence and ultrasound features of Polycystic ovaries in young unmarried Saudi females, Jounal of Microscopy and Ultrastructure:1(2013) 30-34.
- 20. Kumarapeli V, Seneviratne R de A, Wijeyaratne CN, Yapa RM., Dodampahala SH. A simple screening approach for assessing community prevalence and phenotypes of polycystic ovary syndrome in semiurban population in Srilanka. Am J Epidemiol 2008;168:321-7.