

SELF-PERCEPTION OF QUALITY OF LIFE, ANXIETY AND DEPRESSION SYMPTOMS IN A SAMPLE OF HISPANIC PATIENTS WITH POLYCYSTIC OVARY SYNDROME

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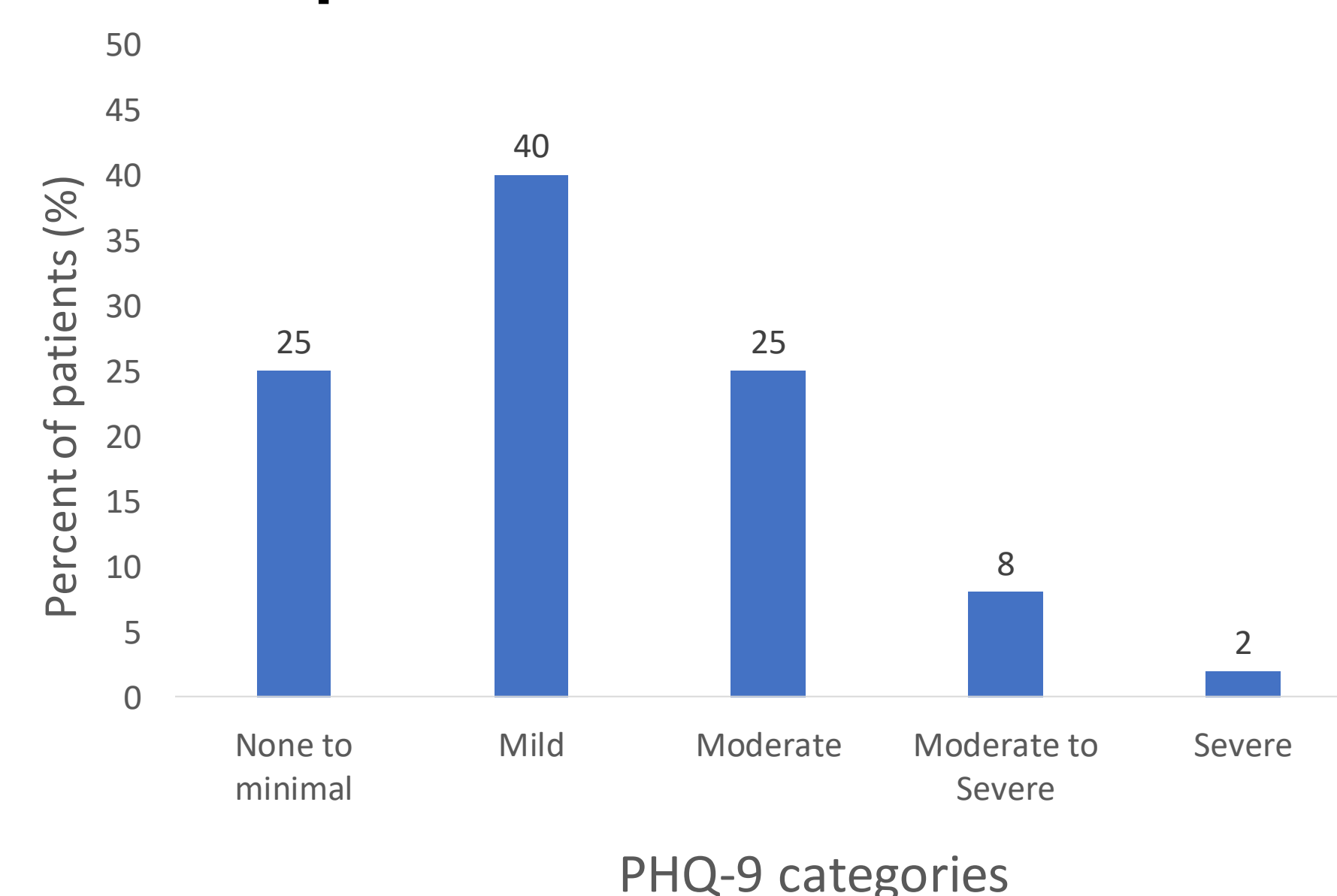


INTRODUCTION

PCOS is a common endocrinopathy affecting females within their reproductive years. This syndrome often presents with hirsutism, androgenic hair loss, weight gain, insulin resistance, infertility, and menstrual irregularities. It is associated to an increased risk of CV disease, endometrial cancer, metabolic syndrome, and diabetes mellitus. Due to endocrine dysregulation and ensuing changes in physical appearance, patients may present with psychiatric comorbidities. In addition, due to phenotypic variance PCOS is often underdiagnosed, hence there is, in most cases, delay of treatment. The social concomitants of this endocrine disorder may impact PCOS patients' mental health and subsequent quality of life (QoL). It has been noted that treatment plans must include lifestyle modifications to support QoL. Of further importance to our goals in providing equitable healthcare is the finding that PCOS differentially affects racial minorities, as African American and Latinx individuals are more frequently and more severely affected than their Caucasian counterparts. Understanding the barriers in diagnosis, and treatment adherence is an essential part of providing culturally-competent and holistic care to a heavily stigmatized, medically underserved patient population.

RESULTS

Figure 1. Overall PHQ-9 values by severity in PCOS patients

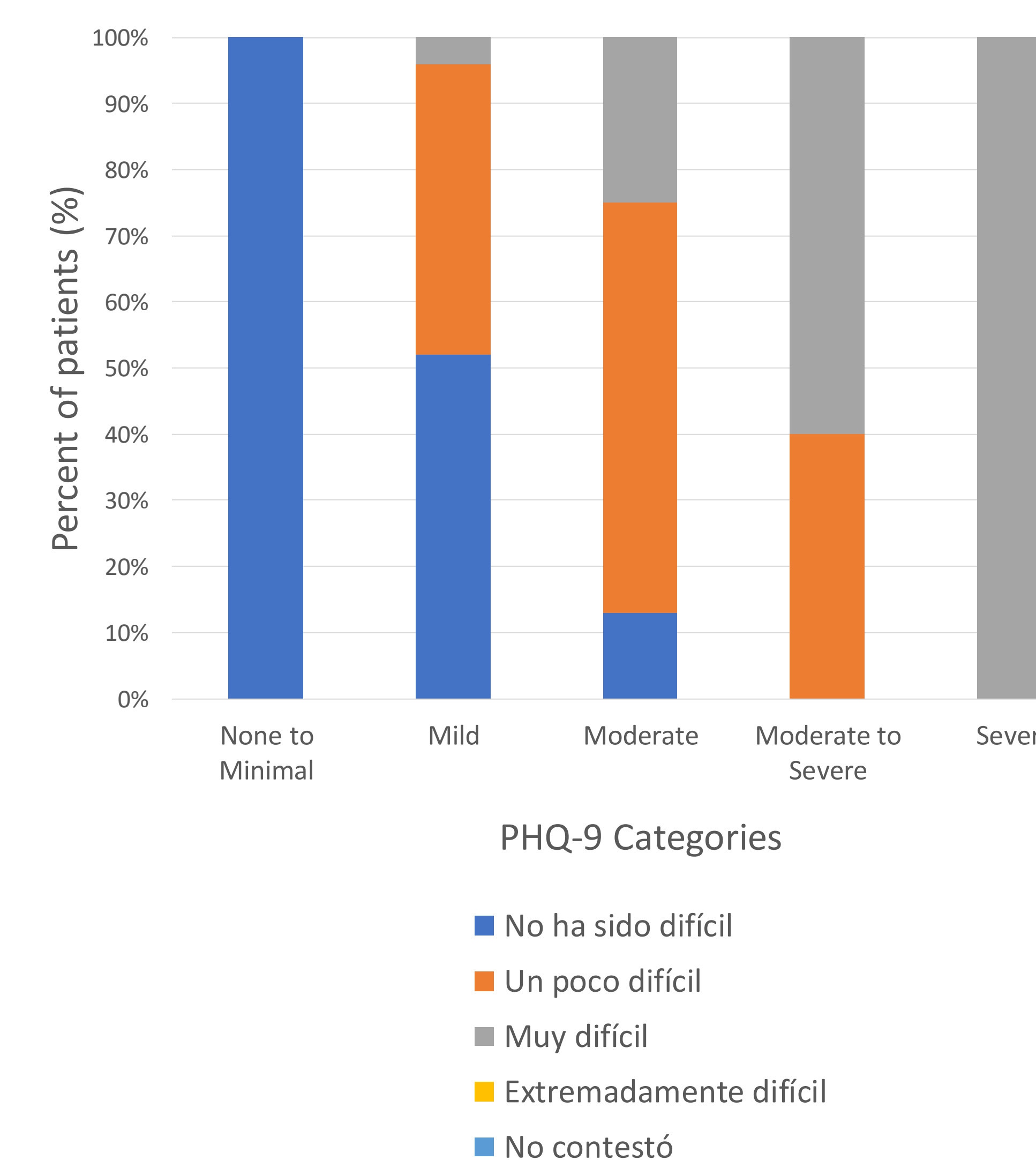


| Proposed Treatment Action by PHQ 9 Score | | |
|--|---------------------|--|
| PHQ-9 Score | Depression Severity | Proposed Treatment Actions |
| 0-4 | Non – Minimal | None |
| 5-9 | Mild | Watchful waiting; repeat PHQ 9 at follow-up |
| 10-14 | Moderate | Review treatment plan if not improving in past 4 weeks; Consider discussion of additional support such as pharmacotherapy |
| 15-19 | Moderately Severe | Consider adjusting treatment plan and/or frequency of sessions; Discuss additional supports such as pharmacotherapy; For SonderMind Anytime Messaging clients, consider converting from asynchronous to synchronous therapy channels |
| 20-27 | Severe | Adjust treatment plan; focused assessment of safety plan and pharmacotherapy evaluation/ re-evaluation; If emergent then refer to higher level of care; Likely Not a candidate for asynchronous/text therapy |

Table 1. Categorization Criteria and Symptoms seen in each PHQ-9 severity category to elucidate a clinical profile for each PHQ-9 group

| Characteristics | None to minimal (n=16) | Mild (n=25) | Moderate (n=16) | Moderate to Severe (n=5) | Severe (n=1) | Total (n=63) |
|----------------------------------|------------------------|-------------|-----------------|--------------------------|--------------|--------------|
| Anhedonia | 1 (6%) | 14 (56%) | 15 (94%) | 5 (100%) | 1 (100%) | 36 (57%) |
| Persistent sadness | 1 (6%) | 16 (64%) | 14 (88%) | 5 (100%) | 1 (100%) | 37 (59%) |
| Irregular sleep | 7 (44%) | 20 (80%) | 14 (88%) | 5 (100%) | 1 (100%) | 47 (75%) |
| Fatigue | 10 (63%) | 23 (92%) | 16 (100%) | 5 (100%) | 1(100%) | 55 (87%) |
| Appetite Changes | 5 (31%) | 19 (76%) | 12 (75%) | 5 (100%) | 1 (100%) | 42 (67%) |
| Feelings of guilt/worthlessness | 2 (13%) | 8 (32%) | 11 (69%) | 5 (100%) | 1 (100%) | 27 (43%) |
| Concentration difficulties | 3 (19%) | 10 (40%) | 13 (81%) | 5 (100%) | 1 (100%) | 32 (51%) |
| Psychomotor irregularities | 0 (0%) | 5 (20%) | 6 (38%) | 5 (100%) | 1 (100%) | 17 (27%) |
| Suicidality or Suicidal Ideation | 0 (0%) | 1 (4%) | 2 (13%) | 2 (40%) | 1 (100%) | 6 (10%) |

Table 2. Self-perception of QoL by PHQ-9 score symptom severity



AIMS

The purpose of this study is to evaluate general health and symptoms of depression and anxiety in a sample of Hispanic patients with PCOS.

METHOD

Cross-sectional study of 63 female patients with PCOS. PCOS was defined using the Rotterdam criteria. In addition to medical, laboratory and imaging studies to confirm PCOS, patients completed a series of questionnaires to assess anxiety and depression symptoms (PHQ-9). PHQ-9 survey answers were evaluated and categorized by severity of symptoms. A symptom profile for each patient group was generated.

CONCLUSIONS

- A high prevalence of depression was found in our study.
- Worrying symptoms (persistent sadness, feelings of worthlessness and suicidal ideation) were common and present among all severity scores.
- These findings emphasize the importance to assess for subtle psychological symptoms, and to implement strategies for better evaluation and improvement in QoL of our PCOS patients. .

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