

**Disease Interview: Polycystic Ovary Syndrome**

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### **Disease Findings**

Polycystic Ovary Syndrome, or PCOS is defined as a “condition in which the ovaries produce an abnormal amount of androgens, male sex hormones that are usually present in women in small amounts” (John Hopkins, 2019). The disease’s name, Polycystic Ovary Syndrome, refers to how those with it develop multiple small cysts in their ovaries due to the excessive amount of androgens (John Hopkins, 2019). The disease is characterized by cysts, however not all patients develop them (John Hopkins, 2019). When the hormones required for ovulation are not present, ovulation doesn’t happen and the ovaries begin to grow cysts. Usually PCOS is diagnosed when women are struggling to get pregnant, but it can develop as early as the first menstrual cycle (Centers for Disease Control and Prevention, 2022). There are three common diagnostic tools used to determine if a patient has PCOS. The first is a pelvic exam which tests for any growth or irregularities on reproductive organs. Blood tests search for an excessive amount of androgens found in the blood. Lastly, ultrasounds can be used to detect cysts. Those with PCOS may also have “irregular periods or no periods, caused from lack of ovulation” or “excess hair on the face and body, acne, or thinning scalp hair” (Centers for Disease Control and Prevention, 2022). Other symptoms include oily skin, acne, and weight gain (John Hopkins, 2019).

John Hopkins Medicine states that the cause of PCOS is unclear, but adds that you are at a greater risk for PCOS if you are obese or someone in your family has it. Obesity also creates a possible negative feedback loop in PCOS patients by raising insulin levels (John Hopkins, 2019). Those with PCOS are known to be insulin resistant, so when insulin levels rise within the patient, androgen levels rise as well, worsening PCOS symptoms (John Hopkins, 2019). PCOS also comes with an extensive list of possible complications. These include infertility, diabetes, high blood pressure, sleep apnea, endometrial cancer, stroke, and even depression and anxiety (Mayo Clinic, 2022; Centers for Disease Control and Prevention, 2022). Available treatments for PCOS include medications and lifestyle changes. Mayo Clinic states that patients may experience less symptoms of PCOS by losing as little as 5% of their body weight. There are

many medications available for each patient's needs: birth control pills and progesterone therapy are used for period regulation, Clomiphene and Letrozole increase odds of pregnancy, and Spironolactone wards off acne and hair growth that occur because of high androgen levels.

### **Polycystic Ovary Syndrome Interview**

#### **When were you diagnosed with PCOS, and how did you react?**

“I was diagnosed with PCOS in 2005. I wasn’t too surprised by my diagnosis, my doctors didn’t really know what I had. They knew my symptoms but had trouble placing them for a while. I was anxious, and wanted a name to identify these problems I was having. When I was finally diagnosed, I felt frustrated more than anything. At the time they didn’t know much about PCOS and potential treatments so I was a little annoyed. I wanted to have another baby and I was upset that it would get in the way.”

#### **How familiar were you with PCOS; do you have a family history with this disease?**

“I didn’t know anything about PCOS before my diagnosis. I had never heard of it. More than likely, some of the women in my family have PCOS. There is no one I know of in my family with an official PCOS diagnosis, but my mom and my cousins have had period cycles similar to mine. I think a lot of women in my life exhibited the same symptoms I have, but my side of the family doesn’t really like going to the doctor, and we don’t really talk about it.”

#### **What kind of treatment or medication do you use for PCOS?**

“Currently I don’t use any treatment for PCOS; I don’t need to. I will not be having more children, I read that apple cider vinegar helps so I try to drink some every day. I was recommended to take birth control pills when I was younger but they didn’t work for me. I was constantly sick and they made me miserable. After I stopped taking those pills my doctor recommended an ablation. My pap smear was always abnormal and I experienced heavy bleeding, so it was the best option.”

#### **Follow Up: How has your ablation affected your PCOS?**

“My cycles are significantly reduced, and my bleeding is way lighter. It wasn’t unusual for me to take days off during my period, because sometimes I didn’t have the energy to do anything but sleep and

try and ease the pain I was in. After I experienced a bleeding episode so bad I had to be rushed to the hospital I got my ablation. Instead of a 2 week long period, it was 2 days. Also, after the ablation I had really bad cramps with my periods and my PMS was way worse.”

### **How did PCOS affect your reproductive health?**

“I feel like my diagnosis came at the worst possible time for me. I was diagnosed while I was trying for a second child and it made things very difficult. I always had abnormal pap smears, and I moved from medication to medication hoping they would help me get pregnant, but usually they made me sick. From 2005 to 2007 when I was first diagnosed with it it took me about 2 years to get pregnant, I was having a lot of trouble. In my opinion I probably ignored some medications that would have improved my reproductive health because I wanted a baby.”

### **Health Equity Response**

The individual I interviewed was familiar with the idea of healthy equity, and understood the two examples provided. We had a short conversation about the future of health equity in our community, and I asked if she had ever faced any disparities in her journey with PCOS that a healthcare worker aided her with. She told me she had not, but was kind enough to provide an example from a few years ago. She said “When my husband first got out of the hospital, his heart medication, Entresto, was not covered by insurance. His doctor signed us up for multiple assistance programs so we could get it for free. Once that ran out, the hospital was kind enough to provide him with samples every 2 weeks for months until he no longer needed it. I don’t have a ton of experiences like that, and I think that working in healthcare and having knowledge of the system may have protected me from most disparities. But, working with doctors most of my career has helped me provide those experiences for others.”

## **Interview Conclusions**

### **How can the health equity responses relate to my future career?**

Using the knowledge from my interview, I can recognize that the most impactful healthcare workers go a step beyond what is required of them, and strive to provide patients with the best care possible. I can use my education and training to share resources that patients may not be aware of. I understand that in order to reach health equity I must recognize that certain groups are susceptible to disparities, the best care possible looks different for some patients.

### **What shocked or enlightened you?**

What shocked me during this interview was the period of time that my interviewee went with PCOS symptoms without receiving care. She struggled with painful, heavy periods throughout her teenage years and well into adulthood. She thought the experience was normal because her mother had the same problem and opted to receive a hysterectomy so she wouldn't have to take medication. No one around her talked about their periods. This really demonstrates the importance of annual checkups and transparency with a primary care provider.

### **Give at least two recommendations for fulfilling the individual's dimensions of wellness, behavior, and holistic health.**

Although treatments for diseases that include medications are often critical for the body, these medications can work in tandem with a healthy mind to keep symptoms, pain, and mental disorders at bay. I firmly believe that exercise and social support groups would prove helpful for this individual. John Hopkins states that obesity can worsen symptoms of PCOS. Obesity could also lead to low self-esteem and a "high psychosocial burden" that may "impact successful treatment" (Sarwer & Polonsky, 2018). I also think that the individual would benefit from regularly interacting with a group of older mothers that have PCOS. This individual is at risk for diabetes because of PCOS and her family history, so having a strong support group that empowers her to be more health conscious could change her behavior towards the healthcare system that she inherited from her mother.

## APA Sources

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