

# **Quality of Life among Women with Polycystic Ovarian Syndrome**

Thesis

Submitted for Partial Fulfillment of the  
Requirements of the Master Degree in  
Nursing Science  
(Maternity -Neonatal Nursing)

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# جودة الحياة بين السيدات اللاتي يعانين من تكيسات المبيض

رسالة

مقدمة للحصول على درجة الماجستير في علوم التمريض  
(تمريض الأم والرضيع)

مقدمة من

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## **ABSTRACT**

Polycystic ovary syndrome (PCOS) is one of the most common complex female endocrine disorders that offer no cure. . The symptomatology of PCOS in general causes a major reduction in the QOL of affected women the study **aim** was to assess the effect of polycystic ovary syndrome on Women's Quality of life. **A descriptive study** included **a convenient sample of 154** women with PCOS from Ain Shams University Maternity Hospital. **Two tools** were used for data collection; structured-interviewing questionnaire sheet, and health-related quality of life questionnaire for women with polycystic ovary syndrome (**HRQOL**). **The results revealed that** half of the studied sample developed poor total quality of life regarding Psychological, Physiological and Social QOL domains ,More than one third of the studied sample developed poor psychological QOL domain, more than one third of the studied sample developed poor Physiological QOL domain. and One third of women of the studied sample developed poor Social QOL domain .**The study recommended** that early detection of women with PCOS & effective management strategies for preventing and dealing with related psychological disturbances, **further researches** on larger sample size & other to increase women awareness about life style modifications to improve women's QOL through educational programs & brochures.

**Key words:** Quality of life, Polycystic Ovary Syndrome.



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## **LIST OF ABBREVIATIONS**

<b>Abbrev.</b>	<b>Full term</b>
<b>BMI</b>	Body mass index
<b>CT</b>	Computed tomography
<b>CVD</b>	Cardiovascular disease
<b>DHEAS</b>	A dehydroepiandrosterone sulfate
<b>DM</b>	Diabetes mellitus
<b>EFH</b>	Excessive facial hair
<b>FAI</b>	Free androgen index
<b>FSH</b>	Follicular-stimulating hormone
<b>HDL –C</b>	High density lipoprotein cholesterol
<b>HRQOL</b>	Health related quality of life
<b>HTV</b>	HTV metabolic syndrome
<b>IR</b>	insulin resistance
<b>IVF</b>	Invetro vertilization
<b>LBW</b>	Low-birth-weight
<b>LDL –C</b>	Low density lipoprotein cholesterol
<b>LH</b>	Luteinising hormone
<b>MOH &amp;P</b>	Ministry of health and population
<b>MRI scan</b>	Magnetic resonance image
<b>NAFLD</b>	Non-alcoholic fatty liver disease
<b>NASH</b>	Non-alcoholic steatohepatitis
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>OGTT</b>	Oral glucose tolerance test
<b>P</b>	propability
<b>PCO</b>	Polycystic Ovaries
<b>PCOD</b>	Polycystic Ovarian disease
<b>PCOS</b>	Polycystic Ovary Syndrome
<b>PCOSQ</b>	Polycystic ovary syndrome questionnaire
<b>QIP</b>	Quality improvement programs
<b>QOL</b>	Quality of life
<b>spss</b>	Statistical packages for social science
<b>SWB</b>	Subjective well-being
<b>TZD</b>	Thiazolidinediones
<b>WHOQOL – BREF</b>	World health organization quality of life-BREF scale

## **LIST OF Appendices**

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## INTRODUCTION

Polycystic ovary syndrome (PCOS) is the most common endocrine disorder among women of reproductive age in the development world, affecting 5-10% of this population. It is typically defined as the association of hyperandrogenism with chronic anovulation in women without specific underlying disease of the adrenal or pituitary glands. Moreover, PCOS is diagnosed on the clinical picture, supported in some women by biochemical abnormalities and/or polycystic ovaries on ultrasonography (*Hart et al., 2004*).

The symptoms typically associated with PCOS are irregular menstrual periods, oligomenorrhea and or heavy menstrual bleeding, chronic anovulation, subfertility, clinical and/ or biochemical signs of hyperandrogenism including (hirsutism cystic acne & alopecia), hair loss, oiliness of the skin, seborrhea, ovarian micro polycystic appearance and metabolic abnormalities such as hyperinsulinaemia & obesity. Not all these symptoms are necessarily present in the same woman (*Frantonio et al., 2005*).

The impact of these symptoms on women's quality of life may be profound and can result in psychological distress that threatens for feminine identity and possible disturbances in sexual attitude and behavior. The condition may therefore results in altered self-perception, a dysfunctional family

dynamic and problems at work (*Katz et al., 2007 and Kitzinger et al., 2002*).

Quality of life (QOL) is a multidimensional dynamic concept that encompasses physical, emotional, social and cognitive aspects associated with a specific disease or its treatment. So, World Health Organization defines quality of life (QOL) as individuals' perception of their position in life in the context of culture and value system in which they live and their relation to their goals, standards and concerns. This definition includes three broad domains: physical health, psychological status and social relationships (*King & Hinds, 2004*).

Accumulating evidence on the long term health risks associated with PCOS (e.g. diabetes mellitus) may also have a negative impact on psychological well-being. Indeed, the diagnosis of PCOS has been found to be associated with feeling of frustration and anxiety (*Toulis et al., 2009*).

Accordingly, patients with PCOS may be expected to have a higher morbidity and mortality from the sequela of the metabolic syndrome (type 2 diabetes mellitus, obesity, hypertension, lipid disorders, heart disease, and atherosclerosis (*Legro, 2002*).

As there is currently no cure, the management of PCOS is directed towards improving the patient's quality of life by means of symptomatic alleviation and prevention of long term complications. Nurses can have a positive impact on women

with PCOS through counseling and education. This can also provide support for women dealing with negative self-image secondary to the physical manifestation of PCOS. This kind of education helps women understand the syndrome and its associated risk factors to prevent long-term health problems. It encourages women to make positive life-style changes makes community referrals to local support groups to help women build their coping skills.

Nurses directly or indirectly play an important role in evaluating and improving patients QOL throughout the PCOS. In addition to this, nurses represented abroad range of care settings and diverse specialty areas including clinical practice, education, administration and research. So, nurses are key providers of PCOS care. Hence, their respectives on quality of life for polycystic ovary syndrome patients are very important (*Scott Riccisusan, 2009*).

### **Significance of the Study:**

Clients with Polycystic ovary syndrome experience group of medical, psychological and social problems that diminish their quality of life, which are reflected negatively on women's family.

Polycystic ovary syndrome constitutes a major health problem among women during child bearing period with a high prevalence rate worldwide. It affects approximately 5-10% of women during child bearing period. Women with Polycystic

ovary syndrome face serious problems and complication if they are not resolved well through early intervention for life style modification and the use of various medications. This is essential to prevent the medical co-morbidities associated with polycystic ovary syndrome (*Hoeger, 2006*).so the current study was done to assess the QOL of women with PCOS.