PMS symptoms also showed an increase from “Severe” to “Very Severe.” This indicates that stress increases PMS symptoms, which may affect the quality of life and academic performance among students during exam time.

Interestingly, the duration of menstrual bleeding was unchanged among the students. This indicates that while stress affects the timing of menstrual cycles, it does not affect the duration of menstrual bleeding.

Conclusions

On the basis of the results obtained from this study, it can be concluded that the periods of exams are linked with identifiable disturbances in the menstrual cycles of female students. The results showed a marked trend towards the increased irregularity of cycles, with the number of students experiencing “often irregular” cycles close to doubling during the periods of exams. Moreover, there was a marked increase in the number of missed cycles and a substantial increase in the severity of premenstrual symptoms. Although the duration of bleeding did not change, the dramatic changes in the timing and severity of symptoms indicate that academic stress affects the hypothalamic-pituitary-ovarian axis of female students suffering from gynecological disturbances.

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PREVALENCE OF POLYCYSTIC OVARY SYNDROME (PCOS) SYMPTOMS IN THE GENERAL POPULATION AND THEIR CORRELATION WITH QUALITY OF LIFE AND HEALTHCARE-SEEKING BEHAVIOR

Introduction

Polycystic ovary syndrome (PCOS) represents a prevalent endocrine disorder among reproductive-aged women globally and constitutes a significant cause of female infertility and associated long-term health sequelae. Current epidemiological estimates indicate that PCOS affects approximately 6–13% of women in this demographic, yet a substantial proportion of cases-up to 70% worldwide-remain undiagnosed. [1] The clinical presentation of PCOS is primarily defined by hormonal dysregulation, manifesting as menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. These physiological disturbances contribute to adverse outcomes across multiple domains, including reproductive function, metabolic health, and psychological well-being [1].

In normal physiology, ovarian function operates through a cyclical pattern governed by intricate endocrine feedback mechanisms. In PCOS, however, this regulatory process is

impaired, resulting in oligo-ovulation or anovulation, frequently accompanied by clinical signs of hyperandrogenism. These disruptions may manifest as early as adolescence and often extend throughout the reproductive years, exerting influence on multiple dimensions of health [2].

The psychological burden associated with PCOS is well-documented, with aberrant symptom patterns contributing to elevated rates of anxiety, depression, and diminished quality of life. Existing literature indicates that women with PCOS are at increased risk for mood disorders, including anxiety and depression, as well as eating disorders. These psychological sequelae are often compounded by emotional distress, stress, and social isolation, which may arise from both the visible manifestations of the syndrome and the associated societal stigma [3]. These psychological difficulties are frequently intensified by concomitant psychosocial stressors, particularly body image dissatisfaction and impaired social functioning [3].

Despite the high prevalence and multifaceted burden of PCOS, healthcare-seeking behavior among affected women frequently remains suboptimal. Qualitative findings indicate that the dismissal of symptoms prior to formal diagnosis adversely affects patient well-being. Furthermore, a perceived misalignment in care goals between providers and patients is commonly reported, with clinical management often disproportionately focused on weight management and fertility, potentially at the expense of broader health concerns [4]. In many instances, patients report that self-advocacy becomes essential for obtaining diagnostic clarity, leading them to rely on social media as a primary source of health information [4].

Elucidating the prevalence of PCOS symptoms within the general population and their association with quality of life and healthcare-seeking behavior is essential for advancing early detection and fostering comprehensive, patient-centered management. Timely identification of symptomatic patterns and implementation of appropriate interventions may mitigate the development of psychological comorbidities and contribute to improved long-term health outcomes [5].

Goal

This study investigates the frequency of Polycystic Ovary Syndrome (PCOS) symptoms in a community-based sample of 188 women. Using data collected via an online questionnaire in a month, the research examines how these symptoms relate to quality of life and the decision to seek medical care.

Materials and methods of research

This cross-sectional study investigated the prevalence of Polycystic Ovary Syndrome (PCOS) symptoms and their subsequent impact on daily living. Data were collected via a Google Form questionnaire from 188 members of the general population aged from 18–24 years in Sri Lanka.

The survey captured demographic details, clinical diagnosis status, and the presence of specific symptoms such as hirsutism, acne, and alopecia. It also assessed quality of life and healthcare-seeking behaviors. The analysis focused on the prevalence of these symptoms and their correlation with self-esteem and patterns of medical consultation.

Data analysis was conducted using Microsoft Excel. A quantitative approach was employed to evaluate the relationship between symptom prevalence, quality of life, and healthcare-seeking behavior within the study cohort.

The results of the research and their discussion

This analysis explores the prevalence of PCOS symptoms and their correlation with quality of life and healthcare-seeking behavior among 188 respondents.

Based on the diagnostic status classifications, respondents were divided into three distinct categories. The majority of participants (n=139/ 73, 9%) reported having received a formal PCOS diagnosis. In contrast, 16,0% (n=30) indicated they had not been diagnosed, while the remaining 10,1% (n=19) were either uncertain of their status or in the process of seeking a diagnosis. These results demonstrate that although over one-quarter of the sample (26,1%) exists in a state of

diagnostic uncertainty or non-diagnosis, the cohort is predominantly composed of individuals with confirmed PCOS.

Hirsutism was the most prevalent symptom, affecting 99 respondents (52,7%), followed by male-pattern hair loss (n=16/8,5%) and acne (n=14/7.4%). Regarding quality of life, one-third of participants (33,0%) reported that their symptoms frequently negatively impacted their self-esteem and body image, with 33 respondents (17,6%) indicating they were “Often affected” and 29 (15,4%) “Always affected”. Healthcare-seeking behavior was notably high, as 172 respondents (91,5%) had consulted a physician regarding their symptoms, while only 14 (7,4%) had not sought medical advice.

Hirsutism was the most frequently reported symptom, affecting over half of the sample, whereas acne and hair loss were observed at lower frequencies. A considerable proportion of respondents (33,0%) reported that their symptoms frequently adversely affected their self-esteem and body image. Furthermore, healthcare consultation rates were substantial, with 91,5% of participants having sought medical advice for their symptoms, leaving only a small fraction without professional consultation. These findings highlight the pronounced prevalence of PCOS symptoms, particularly hirsutism, their considerable impact on psychological well-being, and the strong tendency toward healthcare engagement within this population.

Conclusions

The findings demonstrate a high burden of PCOS symptomatology within this cohort. Confirmed diagnoses were reported by 73,9% of participants, with hirsutism emerging as the predominant clinical feature (52,7%), underscoring the prevalence of hyperandrogenic manifestations in this population. Beyond clinical presentation, the psychological impact was considerable: one-third of respondents indicated that symptoms frequently compromised their self-esteem and body image, reflecting the substantial psychosocial morbidity associated with the condition. Despite this, healthcare engagement was robust, with 91,5% having sought medical consultation for their symptoms. However, the presence of 26,1% of respondents without a formal diagnosis suggests potential gaps in case identification. These results support the integration of routine PCOS symptom screening into primary care to facilitate earlier diagnosis and intervention. A holistic management approach addressing both physiological and psychological dimensions may mitigate adverse outcomes and improve patient well-being.

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