

Conclusions

This study provided detailed information on the incidence of climacteric symptoms in women aged 42–56 years. Menopausal symptoms are mainly evident in the peri- and post-menopausal periods. Hypertension, diabetes, and obesity should be taken into account in the treatment of postmenopausal women. Among other things, we can say that it is necessary to give information to women not only about menarche and how it happens but also about the menopausal transition period. This study provided very important information for medical workers, that is, we need to implement certain programs to improve the quality of life of postmenopausal women.

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POLYCYSTIC OVARIAN SYNDROME (PCOS) CLINICAL SYMPTOMS MANAGEMENT IN SRI LANKA

Introduction

Polycystic Ovarian Syndrome (PCOS) is a diverse collection of signs and symptoms, which has gathered together to form a range of disorder that causes disturbances in the reproductive, endocrine and metabolic function. Main ailments of PCOS include menstrual disturbances, obesity and hyperandrogenism. Symptoms of PCOS can affect quality of life from the late teens and young adults. Polycystic Ovarian Syndrome (PCOS) is the most common endocrinopathy of young women. In a recent community survey in Sri Lanka, women aged 15–39 has a 6.3% prevalence to be diagnosed with PCOS [1]. PCOS confirmation in Sri Lanka is defined according to the Rotterdam diagnostic criteria as having two of the following symptoms: Oligo/amenorrhea, clinical and/or biochemical hyperandrogenism and polycystic ovaries on ultrasound [2]. Oligo/amenorrhoea is defined as the absence of menstruation for 35 days and more. Clinical hyperandrogenism accepted as score of 8 and higher according to Ferriman and Gallway (FG) criteria [2]. Biochemical hyperandrogenism includes plasma testosterone 90th centile of normal Sri Lankan women of reproductive age. Polycystic ovaries on ultrasound defined as ≥ 12 of 2–9 mm follicles in a single ovary and or plasma volume $>10\text{cm}^3$ by ultrasound examination performed within 1 week of last menstrual period. To prevent from these complications these women need to manage their symptoms wisely.

Goal

To provide adequate information about women with PCOS in Sri Lanka and their methods of managing clinical symptoms and their effectiveness taking Sri Lanka as an example.

Material and methods of research

The articles are about recent studies which demonstrate the most valuable methods of PCOS symptoms management in PubMed, Medline, EMBASE, NSCID and the web of science. Furthermore, this has information about an anonymous survey which includes responses of 40 participants who were diagnosed with PCOS.

The result of research and their discussion

Clinical symptoms that are common with Sri Lankan women with PCOS comprise of central obesity with a mean BMI 22 kg/m², oligo / amenorrhea, acanthosis nigricans, androgenic alopecia, chronic pelvic pain, infertility, acne and oily skin. [1,3,4] These clinical symptoms identify with hypertension, diabetes mellitus, hyperandrogenism. According to the survey most of them are diagnosed with PCOS at the age of 21 years. 95 % of them got medical help due to worsen symptoms most commonly for amenorrhea and oligomenorrhea. Their presenting symptoms and their severity is recorded and show in figure 1 [4].

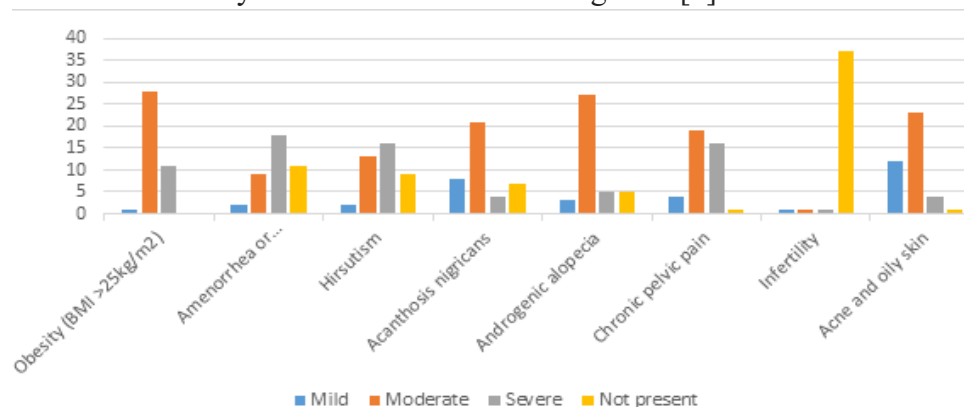


Figure 1 – Symptoms presented and their severity

According to the presenting symptoms most common medical advice they got is weight reduction. PCOS has a strong relation with obesity specifically abdominal obesity which further increases insulin resistance with an increased risk of developing type 2 diabetes mellitus. According to the data based on clinical symptoms, prevalence of Hirsutism, acanthosis nigricans, androgenic alopecia, acne and oily skin has respectively has a similar occurrence [4]. Studies has shown infertility is common with hyperandrogenism, increased glucose and insulin levels yet there are no specific changes in fertility without any complications [2].

Clinical symptoms of PCOS can categorized as menstruation related disorders, androgen related symptoms and infertility. Each category has their own effective type of treatment which includes diet, exercise, ayurveda treatments, contraceptive pills, metformin and surgical interventions. Most commonly hyperandrogenism related symptoms were managed by oral contraceptive pills, antiandrogen therapy, simple laser hair removal and other mechanical hair removal. Metformin is preferred as a drug lowering insulin levels which also helps with weight loss and prevent from future type 2 diabetes risk. PCOS management is mainly associated with lifestyle changes which includes dietary changes and weight reduction. Dietary changes contain limitation of high carbohydrates, high sugar containing food containing food and intake of food rich in fiber. According the survey increase physical activity has a major impact on weight loss and improving the clinical symptoms [4]. In Sri Lanka ayurveda medicine is popular for PCOS and they have helped to improve clinical symptoms and most commonly fertility problems. Surgery can help with PCOS such as ovarian drilling, or in vitro fertilization for fertility complications but it is not common in Sri Lanka [4]. According to the survey, progression of clinical symptoms with common treatment methods in Sri Lanka are shown in figure 2.

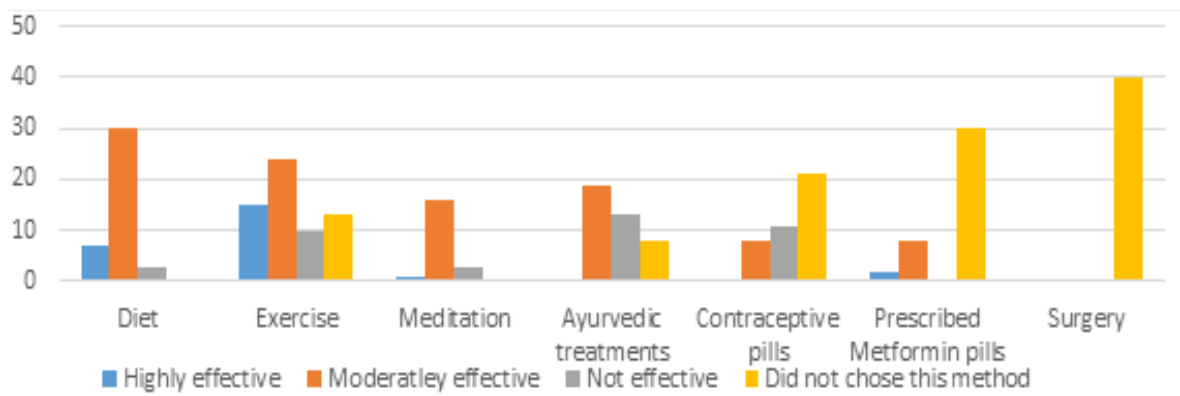


Figure 2 – Progression of clinical symptoms according to the common treatment methods in Sri Lanka

Survey concludes that Sri Lankan women are more likely to reduce weight through exercise (37,5 %) and 100 % of them did not chose surgery as an option for treatment. Even after all treatment methods there was no improvement of clinical symptoms. With treatment, 70 % of people are agreed to manage their symptoms with their lifestyle and others claimed to be have a difficult lifestyle [4]. Most often common reason for absent progression is due to lack of knowledge of other treatment options and not getting continuous treatment. This can be the reason for increased clinical symptoms among Sri Lankan women with PCOS. Majority of Sri Lankan women are concerned of their outer appearance which has a major impact on women with PCOS. Studies has shown that women with PCOS are more likely to develop cardiovascular disorders which includes hypertension, and mental health disorders including anxiety, depression, bipolar disorder and mainly eating disorder [5]. Majority of PCOS diagnosed patients presents with an adverse reproductive profile which includes high risk of pregnancy induced hypertension, preeclampsia and gestational diabetes mellitus. This concludes that management of clinical symptoms of PCOS is important to manage their daily lives and prevent from further complications in the future.

Conclusions

Based on the recent studies and data collected from women who are diagnosed with PCOS can evaluate that modern treatment methods that are used in Sri Lanka for PCOS is insufficient. It mostly depends on the lack of knowledge about PCOS management and their attention for symptoms management. Most of the women in Sri Lanka still suffer from PCOS complications due to poor management of clinical symptoms.

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