



# Evidence based lifestyle interventions in Polycystic Ovary Syndrome

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Polycystic ovary syndrome (PCOS) is a common endocrine condition which affects up to 13% of reproductive-aged women and is associated with reproductive, metabolic and psychological features. Women with PCOS have a higher prevalence of longitudinal weight gain in population-based cohort studies compared to women without PCOS. On meta-analysis, women with PCOS also have an increased prevalence of overweight, obesity and central obesity, compared with controls. PCOS is therefore associated with an elevated prevalence of overweight and obesity which further worsen metabolic, reproductive and psychological dysfunction. Given the association between overweight and obesity and metabolic, reproductive and psychological dysfunction in women, weight management is a logical treatment strategy. This can be defined as prevention of excess weight gain, achieving a modest weight loss and sustaining a reduced weight long-term. This is best achieved through lifestyle management which traditionally refers to a complex multidisciplinary approach that combines dietary modification, physical activity and behavioural interventions. Lifestyle interventions and modest weight loss (5-10% of initial body weight) are associated with improvements in outcomes including central adiposity, hyperandrogenism, insulin resistance and cardiovascular risk factors. In PCOS specifically for dietary interventions, the majority of evidence indicates no differences between dietary approaches. Lifestyle management advice should therefore follow general population guidance which states that lifestyle intervention can be achieved through a variety of dietary approaches providing these are tailored to dietary preferences and ensure the nutritional and health status of the individual patient with referral to a nutrition professional where possible. These recommendations are summarised in the 2023 International Evidence-based Guidelines on the Assessment and Management of PCOS.<sup>1</sup> These guidelines are now being translated and implemented internationally.

## Reference

1. Teed HJ, Tay CT, Laven JJE *et al.* (2023) *Eur J Endocrinol* **189**(2), G43–G64