

## **Polycystic Ovary Syndrome And Body Image**

Mrs. Harjit<sup>1</sup>, Dr. Devasirvadam Victor<sup>2</sup>

<sup>1</sup>Professor, College Of Nursing, CMC & H, Ludhiana.

<sup>2</sup>Professor, Director Faculty Of Nursing, DBU, Mandi Gobindgarh, Punjab.

---

Date of Submission: 11-05-2023

Date of Acceptance: 21-05-2023

---

### **I. Introduction:**

Polycystic ovarian syndrome (PCOS) is a diverse endocrine condition that affects a large number of women globally who are of reproductive age [1]. This condition is frequently linked to enlarged and dysfunctional ovaries, high levels of androgen, insulin resistance, etc. [2]. According to estimates, one in ten women suffers from PCOS and associated problems before menopause. [3]

The precise etiology and pathophysiology of PCOS are not completely understood [4,5], even though the high luteinizing hormone (LH) to follicle-stimulating hormone (FSH) ratio and increased frequency of gonadotropin-releasing hormone (GnRH) recognized to be its underlying causes. Research points to the involvement of several external as well as internal variables, including genetics, epigenetics, hyperandrogenism (HA), insulin resistance (IR), and environmental factors. The risk of other consequences such as cardiovascular illnesses, type 2 diabetes mellitus [5,6], metabolic syndrome, depression, and anxiety [7] is also increased by PCOS, which is also important to note.

The most important step in managing this illness is to decrease at least 5% of body weight, hence every woman experiencing PCOS should follow a consistent exercise regimen and a diet low in fat and sugar. However, because of their pre-existing beliefs, reduced prices, etc., some people find that using complementary and alternative medical techniques in addition to or instead of conventional therapies is beneficial.

### **II. CAUSES OF PCOS**

Unknown is the exact etiology of PCOS. Yet, the study found that high amounts of male hormones prevent ovaries from generating hormones and eggs. A typical hormonal imbalance linked to PCOS and the uncomfortable symptoms women must endure is increased androgen levels. Excess insulin mostly stimulates the ovarian synthesis of androgens, although the adrenal glands also create a substantial quantity of androgens. The following are the remaining PCOS causes:

- **Excess Androgen Level:** The body's higher androgen levels are a result of the adrenal glands being active as a result of stress. Hence, experiencing a lot of stress might exacerbate PCOS symptoms.
- **Hereditary:** It is often believed that hereditary PCOS runs in families. So, if one family member has PCOS, it is feasible for it to be passed on to later generations.
- **Insulin Resistance:** Diabetes is a common symptom of PCOS in women, which prevents their body cells from using insulin because of this, it causes a spike in insulin levels, which in turn causes a surge in the synthesis of androgen.
- **Inflammation:** Inflammation is also brought on by PCOS in women. As a result, excess weight can aggravate inflammation, which in turn increases androgen levels.

### **III. SIGNS AND SYMPTOMS OF PCOS**

Symptoms of polycystic ovary syndrome typically begin during puberty and worsen with time. Ovulatory dysfunction is usually present at puberty, resulting in primary amenorrhea; thus, polycystic ovary syndrome is unlikely if regular menses occurred for a time after menarche. Premature adrenarche is common, caused by excess dehydroepiandrosterone sulfate (DHEAS) and often characterized by early growth of axillary hair, body odor, and microcomedonal acne. Typical symptoms include:

- **Irregular menstrual cycle:** Usually oligomenorrhea, amenorrhea.
- **Obesity:** Up to half of women with PCOS weight is normal, some women are underweight or increase in weight (which can be difficult to manage at times).
- **Hirsutism.** Body hair may grow in a male pattern (e.g., on the upper lip, chin, back, thumbs, and toes; around the nipples; and along the linea alba of the lower abdomen).

- Acne: Some women have acne, while others have virilization symptoms such as temporal hair loss.

Additional indicators may include exhaustion, poor energy, sleep-related issues (such as sleep apnea), mood changes, depression, anxiety, and headaches. Some women experience diminished fertility. Symptoms vary from woman to woman.

#### **IV. Complications**

Women with PCOS can develop serious health problems, especially if they are overweight:

- Diabetes – By the age of 40, type 2 diabetes strikes more than half of PCOS-afflicted females.
- Gestational Diabetes—This increases the chance for both the mother and the unborn child's development of type 2 diabetes later in life.
- Heart diseases-The risk is increased for PCOS-positive women, and it rises with age.
- Hypertension - which harms vital organs like kidneys, brain, and heart
- Increase LDL cholesterol and low HDL cholesterol—increasing the risk for heart disease.
- Sleep apnea - A condition that impairs breathing while you sleep and increases your chance of developing type 2 diabetes and heart disease.
- Stroke—plaque i.e., Cholesterol and white blood cells clogging blood vessels which leads to blood clots that may result in stroke

#### **V. Diagnosis of PCOS**

PCOS is now diagnosed by the Rotterdam criteria, the internationally accepted diagnostic criteria requiring any two of the following three criteria:

- Oligo- or anovulation
- Clinical (hirsutism) and/or biochemical hyperandrogenism (elevated testosterone levels)
- Polycystic ovary morphology on ultrasound (not recommended in adolescent women) (exclusion of other aetiologies that may mimic PCOS).

#### **VI. Body Image**

The term "body image" was originally used by Paul Schilder in the 1930s to describe the mental image we have of our bodies. He made the case that our attitude towards ourselves and how we interact with others also have an impact on how we see our bodies.

Simply said, a person's view, thoughts, and feelings regarding their body are referred to as their body image. It comprises perceptions and assessments of the body's size, shape, and weight that are both favorable and negative. Other personal and contextual influences that affect body image include family, peer influences, the media, and culture.

The four aspects of one's body image:

- **Perceptual:** The way you see yourself
- **Affective:** Feelings about the way you look
- **Cognitive:** Thoughts and beliefs about your body
- **Behavioural:** What you do about the way you look

PCOS frequently has long-term effects on the woman, deteriorating both her mental and physical well-being. Symptoms can have a negative influence on self-acceptance as well as frustration, despair, and body image. They can also hurt the sense of identity, because of how it influences ideas, feelings, behavior in daily life, and interpersonal interactions, body image is important.

Higher self-esteem, confidence, the feeling of personal beauty, and happiness are all correlated with positive body image. Poor self-perception is linked to fewer and lower-quality social connections, and it can cause damaging behavior to live up to the socially prescribed standard of beauty. [11]

For PCOS sufferers, negative body image perceptions include dissatisfaction with appearance, a sense of loss of femininity, a sense of diminished sexual attractiveness, and self-consciousness about appearance (12). Body image perception is a complex process with cognitive, emotional, social, and cultural components. The ideal of beauty is greatly influenced by media, which is further strengthened by society's emphasis on having a slender physique. Even with a diet that is appropriate for age and gender, this might result in body image dissatisfaction [13]. Social interaction, self-worth, and quality of life are all impacted by how one experiences their own body. Body image and the assessment of femininity are related. A key component of women's mental as well as physical wellness is said to be their body image

Interpersonal behaviors are seen to be the most significant of the various behaviors influenced by body image. Negative body image sufferers avoid public speaking, are more reserved, and isolate themselves from

social interactions. They concentrate on receiving during the communication process. Based on this, it can be argued that feeling satisfied with one's physique results in increased social comfort and confidence, which has an impact on both intimate and everyday relationships. On the other side, having a poor body image is associated with increased social anxiety and disengagement from social situations. [14]

A study conducted on 214 women with polycystic ovary syndrome who were between the ages of 18 and 4 found that people with polycystic ovarian syndrome have a poor body image and are not happy with how they look on the outside. Aging has a big impact on how we see our bodies. Women under the age of 25 have more trouble accepting their physical appearance. Women with average body weight have bad body image due to the prevalent idolization of thinness. (15)

**Improve bodyImage:** The ways that can help in the management of body image are-

**Learn to appreciate and accept yourself:** Focus on what your body can do, and not on what it looks like.

**Be gentle to yourself at all times:** We look for compassion in others and persist with those who inspire us. So, let's be kind to ourselves. How one feels and acts are influenced by their thinking. When they experience emotions of personal inadequacy, resilient people engage in self-compassion. Practice talking to yourself like you would a friend.

**Never evaluate yourself against others:** An inaccurate body image might result from body dissatisfaction. One must understand that a flawless physique does not exist. A person might be of any size or form. Our strength lies in our diversity, which also makes life exciting. Focus on what your body can do, and not on what it looks like. Skin, body shape, and the number on the scale are just some aspects. People are so much more than their physical selves.

**Look after your body:** Concentrate on health-related objectives rather than weight loss. A poor self-perception might make a person preoccupied with losing weight or changing the way for body looks, and it can easily push a person to engage in harmful eating and exercise habits. Nonetheless, genes play a role in some elements of who you are. A person cannot just alter the height or bone structure, for example. However, these methods seldom provide the intended outcome and will only increase the sense of disappointment.

**Recognize the issue:** Understand physical attributes that affect self-image. Learn about the risks associated with frequent dieting, dietary facts, and cultural ideals of the ideal physique. Manage problems by being aware of them. Also, it will help in decision-making regarding health and medical treatment

**Join a group of supporters:** A support team can help to manage and cope with the disease and reduce stress. Visit the PCOS Awareness Association website at <https://www.pcosaa.org/> for additional details about PCOS support groups. There are also a lot of support groups on social media sites like Facebook and Reddit.

**Consider therapy:** Depression, anxiety, low self-esteem, and a negative body image are all symptoms of PCOS. Don't handle anything by yourself. See a therapist if more support is needed or having problems.

**Including physical activity:** Mindful movement has several advantages, including lowering anxiety, depression, and depressive symptoms, as well as elevating mood and enhancing cognitive performance. Include any enjoyable physical action. Walking, yoga, gardening, and swimming are a few examples.

## VII. Conclusions

Women with PCOS face several medical and gynecologic challenges, but the psychological component of this multifaceted syndrome must also be acknowledged and addressed. The emotional well-being of the patients presenting with the syndrome needs to be recognized more fully, particularly about low self-esteem, poor body image and struggles with weight, menstrual irregularities, hirsutism, and infertility.

## References

- [1]. Deans R. Polycystic ovary syndrome in adolescence. *Med. Sci.* 2019;7:101. doi: 10.3390/medsci7100101.
- [2]. Witchel S.F., E Oberfield S., Peña A.S. Polycystic Ovary Syndrome: Pathophysiology, Presentation, and Treatment With Emphasis on Adolescent Girls. *J. Endocr. Soc.* 2019;3:1545–1573. doi: 10.1210/je.2019-00078.
- [3]. Polycystic Ovary Syndrome. [(accessed on 22 September 2021)]; Available online: <https://www.womenshealth.gov/a-z-topics/polycystic-ovary-syndrome>
- [4]. Bednarska S., Siejka A. The pathogenesis and treatment of polycystic ovary syndrome: What's new? *Adv. Clin. Exp. Med.* 2017;26:359–367.

- [5]. Ganie M.A., Vasudevan V., Wani I.A., Baba M.S., Arif T., Rashid A. Epidemiology, pathogenesis, genetics & management of polycystic ovary syndrome in India. *Indian J. Med Res.* 2019;150:333–344.
- [6]. Glueck C.J., Goldenberg N. Characteristics of obesity in polycystic ovary syndrome: Etiology, treatment, and genetics. *Metab.* 2019;92:108–120.
- [7]. Damone A.L., Joham A.E., Loxton D., Earnest A., Teede H.J., Moran L.J. Depression, anxiety and perceived stress in women with and without PCOS: A community-based study. *Psychol. Med.* 2019;49:1510–1520
- [8]. Kamiński P. Dwuskładnikowa tabletkowa antykoncepcyjna z octanem chlormadinonu w leczeniu objawów androgenizacji a wpływ na libido. *Ginekologia po Dyplomie* 2018;20(5):44-48.
- [9]. Sajdak D, Bakon I, Zborowska K et al. PCOS u nastolatków - jak postępować? *Klinika Pediatryczna* 2018; 26: 7090-7094.
- [10]. Hohl A, Ronsoni M, de Oliveira M. Hirsutism: diagnosis and treatment, Polycystic ovary syndrome and the perception of body image by women *Arq Bras Endocrinol Metab.* 2014;58(2):97- 107
- [11]. Zarek A. Obraz ciała w ujęciu procesu lub obiektu a satysfakcja z własnego ciała, *Annales Academiae Medicae Stetinesis* 2009;55(1):100-106.
- [12]. Kriti, V., Kumari, S., & Joshi, S. (2022). Body Image and Self-Esteem in Girls with Polycystic Ovary Syndrome (PCOS): The Indian Scenario. *Mind and Society*, 11(01), 82–88. <https://doi.org/10.56011/mind-mri-111-202211>
- [13]. Rodrigues da Silva LP, de Oliveira Tucan AR, Rodrigues EL et al. Dissatisfaction about body image and associated factors: a study of young undergraduate students, *Einstein (Sao Paulo)*. 2019;17(4):1-9.
- [14]. Wiśniewska L. Kobiece ciało - kobieca psychika. Ja cielesne a psychospołeczne funkcjonowanie młodych kobiet. Red. Wakarecy I. Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika. Toruń 2014:89-117.
- [15]. U. Sioma-Markowska et al. – Polycystic ovary syndrome and the perception of body image by women© *GinPolMedProject* 1 (59) 2021: 028-034