



# Polycystic Ovary Syndrome in Adolescence: From the Cradle to the Grave

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## Dear Editor,

In the last decades, pediatric obesity has increased worldwide, with metabolic syndrome in adolescence or adulthood being its main sequels (1). Unhealthy lifestyle factors such as a diet with inadequate fruit and vegetables, high consumption of processed and junk foods, physical inactivity, high levels of media use as well as sedentary style, and psychosocial stress are risk factors that negatively contribute to overweight and metabolic disorders in adolescence (2).

Adolescence is a transitional period from puberty to adulthood when the physical and mental development occur. Changes in the function of the hypothalamic-pituitary-ovarian axis activation during normal puberty bring about emotional and hormonal changes as well as stimulate physical development such as menstrual patterns and breast development. This period may be affected by polycystic ovary syndrome (PCOS), which has been documented in 6 to 18% of adolescent girls (3, 4). Since the symptoms of PCOS overlap with the features of normal pubertal development, diagnosing PCOS becomes a challenging task during adolescence (5).

Hyperandrogenism and unovulatory cycles are two main characteristics of this syndrome. Clinical signs of hyperandrogenism are the moderate to severe hirsutism and acne. Ovulation disorder may appear as oligo or amenorrhea. Infertility, insulin resistance (IR), impaired glucose tolerance, type 2 diabetes, fatty liver disease non-alcoholic (NAFLD), as well as metabolic syndrome, and increased cardiovascular disease are other consequences of PCOS (6).

In the last decades, PCO has followed an increasing pat-

tern (7). In addition, PCOS incidences in adolescence have recently risen to a peak (8), which requires taking urgent measures to treat it at this early period. Prevention strategies should also be adopted to deal with children and adolescents suffering from metabolic syndrome, since the adolescents with PCOS have higher BMI than normal children with the same age, which makes them prone to metabolic syndrome. Therefore, it is recommended that a proper and early diagnosis of polycystic ovary syndrome should be provided as the main method to prevent metabolic syndrome in adolescence (9).

Hence, therapeutic approaches to treating an adolescent with polycystic ovary syndrome focus mainly on the main clinical symptoms and chief complaints (5, 10). A systematic study has shown that lifestyle modifications such as exercise and weight loss remain the first-line treatment for adolescents with PCOS (11). Taking vitamin D supplements, as well as other supplements such as the combination of myo-inositol and  $\alpha$ -lipoic acid have been also recommended for treating adolescent girls with this syndrome (12-15).

Lifestyle modifications can be added to first-line medications, including metformin, oral contraceptives (OCs), or anti-androgens (16). Approximate weight loss of 5 to 10% in obese PCOS patients improves the clinical, hormonal, and metabolic parameters, quality of life, proper body composition, sleep quality, and self-esteem. Furthermore, it is effective in reducing depression, anxiety, and fatigue (17).

One of the most important steps to take when implementing preventive and therapeutic measures designed to

help adolescents is to provide them with a lifestyle guide prepared by experts in accordance with their native language and culture (18). However, information alone is not enough to produce desirable changes in health behaviors. Raising public awareness is the first step to take when educating children about healthy lifestyle, but it is not the final one when changing behavior is desired (19). Parents also play crucial roles in teaching adolescents the healthy lifestyle and improving their educational process, providing that the facilities are provided, and barriers are removed (20). In addition to the crucial role played by parents in teaching adolescents the healthy lifestyle, schools are of great importance in the given regard. Schools are the main guidance centers where adolescents are taught about healthy lifestyle (21, 22).

In conclusion, modifying bad eating habits among teens and encouraging the teens to participate in physical activities improve their long-term health.

## Footnotes

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## References

- DeBoer MD. Obesity, systemic inflammation, and increased risk for cardiovascular disease and diabetes among adolescents: a need for screening tools to target interventions. *Nutrition*. 2013;**29**(2):379–86. doi: [10.1016/j.nut.2012.07.003](https://doi.org/10.1016/j.nut.2012.07.003). [PubMed: [23022122](https://pubmed.ncbi.nlm.nih.gov/23022122/)]. [PubMed Central: [PMC3578702](https://pubmed.ncbi.nlm.nih.gov/PMC3578702/)].
- Bornhorst C, Russo P, Veidebaum T, Tornaritis M, Molnar D, Lissner L, et al. The role of lifestyle and non-modifiable risk factors in the development of metabolic disturbances from childhood to adolescence. *Int J Obes (Lond)*. 2020;**44**(11):2236–45. doi: [10.1038/s41366-020-00671-8](https://doi.org/10.1038/s41366-020-00671-8). [PubMed: [32943762](https://pubmed.ncbi.nlm.nih.gov/32943762/)]. [PubMed Central: [PMC7577850](https://pubmed.ncbi.nlm.nih.gov/PMC7577850/)].
- Hickey M, Doherty DA, Atkinson H, Sloboda DM, Franks S, Norman RJ, et al. Clinical, ultrasound and biochemical features of polycystic ovary syndrome in adolescents: implications for diagnosis. *Hum Reprod*. 2011;**26**(6):1469–77. doi: [10.1093/humrep/der102](https://doi.org/10.1093/humrep/der102). [PubMed: [21478180](https://pubmed.ncbi.nlm.nih.gov/21478180/)].
- Christensen SB, Black MH, Smith N, Martinez MM, Jacobsen SJ, Porter AH, et al. Prevalence of polycystic ovary syndrome in adolescents. *Fertil Steril*. 2013;**100**(2):470–7. doi: [10.1016/j.fertnstert.2013.04.001](https://doi.org/10.1016/j.fertnstert.2013.04.001). [PubMed: [23756098](https://pubmed.ncbi.nlm.nih.gov/23756098/)]. [PubMed Central: [PMC3813299](https://pubmed.ncbi.nlm.nih.gov/PMC3813299/)].
- Spritzer PM, Motta AB. Adolescence and polycystic ovary syndrome: current concepts on diagnosis and treatment. *Int J Clin Pract*. 2015;**69**(11):1236–46. doi: [10.1111/ijcp.12719](https://doi.org/10.1111/ijcp.12719). [PubMed: [26289303](https://pubmed.ncbi.nlm.nih.gov/26289303/)].
- Witchel SF, Oberfield SE, Pena AS. Polycystic Ovary Syndrome: Pathophysiology, Presentation, and Treatment With Emphasis on Adolescent Girls. *J Endocr Soc*. 2019;**3**(8):1545–73. doi: [10.1210/ajs.2019-00078](https://doi.org/10.1210/ajs.2019-00078). [PubMed: [31384717](https://pubmed.ncbi.nlm.nih.gov/31384717/)]. [PubMed Central: [PMC6676075](https://pubmed.ncbi.nlm.nih.gov/PMC6676075/)].
- Apter D. Endocrine and metabolic abnormalities in adolescents with a PCOS-like condition: consequences for adult reproduction. *Trends Endocrinol Metab*. 1998;**9**(2):58–61. doi: [10.1016/S1043-2760\(98\)00020-4](https://doi.org/10.1016/S1043-2760(98)00020-4). [PubMed: [18406242](https://pubmed.ncbi.nlm.nih.gov/18406242/)].
- Liu J, Wu Q, Hao Y, Jiao M, Wang X, Jiang S, et al. Measuring the global disease burden of polycystic ovary syndrome in 194 countries: Global Burden of Disease Study 2017. *Hum Reprod*. 2021;**36**(4):1108–19. doi: [10.1093/humrep/deaa371](https://doi.org/10.1093/humrep/deaa371). [PubMed: [33501984](https://pubmed.ncbi.nlm.nih.gov/33501984/)]. [PubMed Central: [PMC7970729](https://pubmed.ncbi.nlm.nih.gov/PMC7970729/)].
- Cirik DA, Dilbaz B. What do we know about metabolic syndrome in adolescents with PCOS? *J Turk Ger Gynecol Assoc*. 2014;**15**(1):49–55. doi: [10.5152/jtgga.2014.95776](https://doi.org/10.5152/jtgga.2014.95776). [PubMed: [24790517](https://pubmed.ncbi.nlm.nih.gov/24790517/)]. [PubMed Central: [PMC4004304](https://pubmed.ncbi.nlm.nih.gov/PMC4004304/)].
- Legro RS, Arslanian SA, Ehrmann DA, Hoeger KM, Murad MH, Pasquali R, et al. Diagnosis and treatment of polycystic ovary syndrome: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2013;**98**(12):4565–92. doi: [10.1210/jc.2013-2350](https://doi.org/10.1210/jc.2013-2350). [PubMed: [24151290](https://pubmed.ncbi.nlm.nih.gov/24151290/)]. [PubMed Central: [PMC5399492](https://pubmed.ncbi.nlm.nih.gov/PMC5399492/)].
- Amiri M, Ramezani Tehrani P, Ramezani Tehrani F. [Effect of Interventions Based on Lifestyle Modification on Clinical, Hormonal and Metabolic Findings in the Patients with Polycystic Ovary Syndrome: A Systematic Review]. *Iran J Endocrinol Metab*. 2016;**17**(6):489–500. Persian.
- Abdollahian S, Tehrani FR, Amiri M, Ghodsi D, Yarandi RB, Jafari M, et al. Effect of lifestyle modifications on anthropometric, clinical, and biochemical parameters in adolescent girls with polycystic ovary syndrome: a systematic review and meta-analysis. *BMC Endocr Disord*. 2020;**20**(1):71. doi: [10.1186/s12902-020-00552-1](https://doi.org/10.1186/s12902-020-00552-1). [PubMed: [32429890](https://pubmed.ncbi.nlm.nih.gov/32429890/)]. [PubMed Central: [PMC7236342](https://pubmed.ncbi.nlm.nih.gov/PMC7236342/)].
- Wong JM, Gallagher M, Gooding H, Feldman HA, Gordon CM, Ludwig DS, et al. A randomized pilot study of dietary treatments for polycystic ovary syndrome in adolescents. *Pediatr Obes*. 2016;**11**(3):210–20. doi: [10.1111/ijpo.12047](https://doi.org/10.1111/ijpo.12047). [PubMed: [26132306](https://pubmed.ncbi.nlm.nih.gov/26132306/)]. [PubMed Central: [PMC4698106](https://pubmed.ncbi.nlm.nih.gov/PMC4698106/)].
- Goodman NF, Cobin RH, Futterweit W, Glueck JS, Legro RS, Carmina E, et al. American Association of Clinical Endocrinologists, American College of Endocrinology, and Androgen Excess and Pcos Society Disease State Clinical Review: Guide to the Best Practices in the Evaluation and Treatment of Polycystic Ovary Syndrome—Part 1. *Endocr Pract*. 2015;**21**(11):1291–300. doi: [10.4158/EP15748.DSC](https://doi.org/10.4158/EP15748.DSC). [PubMed: [26509855](https://pubmed.ncbi.nlm.nih.gov/26509855/)].
- Cirillo F, Catellani C, Lazzaroni P, Sartori C, Tridenti G, Vezzani C, et al. HMGB1 is increased in adolescents with polycystic ovary syndrome (PCOS) and decreases after treatment with myo-inositol (MYO) in combination with alpha-lipoic acid (ALA). *Gynecol Endocrinol*. 2020;**36**(7):588–93. doi: [10.1080/09513590.2020.1725967](https://doi.org/10.1080/09513590.2020.1725967). [PubMed: [32054355](https://pubmed.ncbi.nlm.nih.gov/32054355/)].
- Fauser BC, Tarlatzis BC, Rebar RW, Legro RS, Balen AH, Lobo R, et al. Consensus on women's health aspects of polycystic ovary syndrome (PCOS): the Amsterdam ESHRE/ASRM-Sponsored 3rd PCOS Consensus Workshop Group. *Fertil Steril*. 2012;**97**(1):28–38 e25. doi: [10.1016/j.fertnstert.2011.09.024](https://doi.org/10.1016/j.fertnstert.2011.09.024). [PubMed: [22153789](https://pubmed.ncbi.nlm.nih.gov/22153789/)].
- Lim SS, Hutchison SK, Van Ryswyk E, Norman RJ, Teede HJ, Moran LJ. Lifestyle changes in women with polycystic ovary syndrome. *Cochrane Database Syst Rev*. 2019;**3**. CD007506. doi: [10.1002/14651858.CD007506.pub4](https://doi.org/10.1002/14651858.CD007506.pub4). [PubMed: [30921477](https://pubmed.ncbi.nlm.nih.gov/30921477/)]. [PubMed Central: [PMC6438659](https://pubmed.ncbi.nlm.nih.gov/PMC6438659/)].
- Crawford R, Sims ED, Wang KW, Youssef M, Nadarajah A, Rivas A, et al. Traditional knowledge-based lifestyle interventions in the prevention of obesity and type 2 diabetes in Indigenous children in Canada: a systematic review protocol. *Syst Rev*. 2019;**8**(1):69. doi: [10.1186/s13643-019-0961-4](https://doi.org/10.1186/s13643-019-0961-4). [PubMed: [30841917](https://pubmed.ncbi.nlm.nih.gov/30841917/)]. [PubMed Central: [PMC6402164](https://pubmed.ncbi.nlm.nih.gov/PMC6402164/)].

19. Arlinghaus KR, Johnston CA. Advocating for Behavior Change With Education. *Am J Lifestyle Med.* 2018;**12**(2):113-6. doi: [10.1177/1559827617745479](https://doi.org/10.1177/1559827617745479). [PubMed: [30283247](https://pubmed.ncbi.nlm.nih.gov/30283247/)]. [PubMed Central: [PMC6124997](https://pubmed.ncbi.nlm.nih.gov/PMC6124997/)].
20. Fuller AB, Byrne RA, Golley RK, Trost SG. Supporting healthy lifestyle behaviours in families attending community playgroups: parents' perceptions of facilitators and barriers. *BMC Public Health.* 2019;**19**(1):1740. doi: [10.1186/s12889-019-8041-1](https://doi.org/10.1186/s12889-019-8041-1). [PubMed: [31881955](https://pubmed.ncbi.nlm.nih.gov/31881955/)]. [PubMed Central: [PMC6935103](https://pubmed.ncbi.nlm.nih.gov/PMC6935103/)].
21. Committee on Physical Activity and Physical Education in the School Environment; Food and Nutrition Board; Institute of Medicine. Approaches to physical education in schools.in : Kohl HW, Cook HD, editors. *Educating the Student Body: Taking Physical Activity and Physical Education to School.* Washington, USA: National Academies Press (US); 2013. doi: [10.17226/18314](https://doi.org/10.17226/18314).
22. Baghian N, Sari AA, Shati M, Fallahzadeh H, Ahmadi B. Evaluation of students' mental and social health promotion educational programs: A systematic review. *J Educ Health Promot.* 2019;**8**:258. doi: [10.4103/jehp.jehp\\_416\\_19](https://doi.org/10.4103/jehp.jehp_416_19). [PubMed: [32002430](https://pubmed.ncbi.nlm.nih.gov/32002430/)]. [PubMed Central: [PMC6967152](https://pubmed.ncbi.nlm.nih.gov/PMC6967152/)].