

ALGORITHM 2:

ASSESSMENT FOR EMOTIONAL WELLBEING FOR ALL WOMEN WITH POLYCYSTIC OVARY SYNDROME

INTERDISCIPLINARY CARE [CR]

Interdisciplinary care, with multiple health professionals involved, should be offered to women with PCOS, where appropriate based on the chronic and complex nature of the disease. An interdisciplinary care model is the collaboration between a woman with PCOS and a care team who have shared goals for her total wellbeing. It should have the following integral components:

- * A care team, comprised of and representation from, varied health disciplines (eg. may include dietetics, psychology, endocrinology, gynaecology, exercise physiology, general practice)
- * A care plan which has been developed and agreed with the woman, and if relevant, the carer
- * A designated care coordinator, who oversees the care plan and monitors and evaluates outcomes, which is often the general practitioner
- * Clear and regular communication (eg. information sharing via different forms of media, including internet, letters, case conferencing, email, teleconference)

The complexity of the woman's need will determine the extent of interdisciplinary care required.

GOOD PRACTICE POINT

When referring a woman with PCOS to other health professionals ie. psychologists, a resource has been developed ([Appendix IV](#)) to inform the professional about PCOS.

STEP 1: SCREENING

Depression and/or anxiety should be *routinely screened* and assessed by all appropriately qualified health professionals in women with PCOS.

If a woman with PCOS is positive on screening, the practitioner should further assess for depression and/or anxiety.

If depression and/or anxiety are detected, appropriate management should be offered.

The following questions could be asked:

1. During the last month, have you often been bothered by feeling down, depressed, or hopeless?
2. During the last month, have you often been bothered by having little interest or pleasure in doing things?
3. During the last month, have you been bothered by feeling excessively worried or concerned?

The following areas should be *considered* for further screening according to presented clinical symptoms:

Assessing Body Image

1. Do you worry a lot about the way you look and wish you could think about it less?
2. On a typical day, do you spend more than 1 hour per day worrying about your appearance? (More than 1 hour a day is considered excessive)
3. What specific concerns do you have about your appearance?
4. What effect does it have on your life?
5. Does it make it hard to do your work or be with your friends and family?

Assessing Disordered Eating

1. Do you worry you have lost control over your eating?
2. Do you ever feel disgusted, depressed, or guilty about eating?
3. Have you tried fasting or skipping meals in an attempt to lose weight?
4. Have you tried vomiting, laxatives or diuretics in an attempt to lose weight?
5. Have you had significant (eg. >5-7%), recurrent fluctuation in body weight?

Assessing Psychosexual Dysfunction

1. During the last few months, have you often been bothered by problems with your sex life such as reduced satisfaction, diminished desire, pain, or any other problems?
2. Do you feel that PCOS affects your sex life?
3. (If relevant) Do sexual problems affect your current relationship and/or have sexual problems affected your past relationships?

STEP 2: ASSESSMENT

If issues of depression and/or anxiety, body image, disordered eating or psychosexual dysfunction are identified on screening explore the assessment further by undertaking a clinical interview using one of the recommended tools.

If you do not feel confident to do so refer to an appropriate specialist.

STEP 2: Suggested tools to use for depression and/or anxiety:

- A. Kessler Psychological Distress Scale 10 (K-10)
- B. Depression Anxiety Stress Scale (DASS-21)
- C. Patient Health Questionnaire (PHQ9)
- D. Generalised Anxiety Disorder Tool (GAD7)

Step 2: Further questions for body image:

- A. Identify any focus of concern of the patient and respond appropriately
- B. Assessing the level of depression and/or anxiety (if they have not done so already) (see 4.1a)
- C. Identify if there is any distortion of body image (eg. presence of anorexia nervosa or body dysmorphic disorder)

Step 2: Suggested tools to use for disordered eating:

- A. EAT 26
- B. If you have not already done so assess the level of depression and/or anxiety using the above questions and tools

Step 2: The choice of scale selected should be at the discretion of the clinician, based on specific sexual problem, accessibility and expertise of the practitioner.

STEP 3: MANAGEMENT

If issues of depression and/or anxiety, body image, disordered eating or psychosexual dysfunction are identified appropriate management should be offered.