

Algorithm 2: Prevalence, screening, diagnostic assessment and treatment of emotional wellbeing

Psychological domains	Screening protocol / tools	Intervention
Quality of life (QoL)	Lower QoL scores in general and PCOS specific tools such as the modified PCOSQ tool.	Capture and consider women's perceptions of their symptoms, impact on their QoL and priorities. Target treatment to areas of greatest concern to those with PCOS.
Anxiety and depressive symptoms	High prevalence of moderate to severe anxiety and depressive symptoms in adults; and a likely increased prevalence in adolescents. Routine screening for all at diagnosis and subsequently based on clinical judgement, considering risk factors, comorbidities and life events. Suggested screening based on regional guidelines OR initial questions could include: Over the last 2 weeks, how often have you been bothered by the following problems: <ul style="list-style-type: none"> • Feeling down, depressed or hopeless? • Little interest or pleasure in doing things? • Feeling nervous, anxious or on edge? • Not being able to stop or control worrying? <p>* Factors including obesity, infertility, hirsutism need consideration along with use of hormonal medications in PCOS, which may independently exacerbate depressive and anxiety symptoms and other aspects of emotional wellbeing.</p>	If responses to initial screening questions positive: Assess risk factors and symptoms using age, culturally and regionally appropriate tools, such as the Patient Health Questionnaire (PHQ) or the Generalised Anxiety Disorder Scale (GAD7) and/or refer to an appropriate professional for further assessment. <ul style="list-style-type: none"> • If treatment is warranted, psychological therapy and/or pharmacological treatment should be offered to women with PCOS, informed by regional clinical practice guidelines. Pharmacological treatment: Avoid inappropriate treatment with antidepressants or anxiolytics and consider impact on weight. Where mental health disorders are clearly documented and persistent, or if suicidal symptoms are present, treatment of depression or anxiety should be informed by clinical regional practice guidelines.
Psychosexual dysfunction	Decreased scores on sexual function screen. If concerns identified, screen adult women with PCOS. Note: Obesity and infertility are common in PCOS and also impact sexual function.	If psychosexual dysfunction is suspected, further assessment, referral or treatment should follow as appropriate.
Body Image	Negative body image has been described in PCOS and can be screened based on regional guidelines or by a stepped approach. Initial questions could include: <ul style="list-style-type: none"> • Do you worry a lot about the way you look and wish you could think about it less? • On a typical day, do you spend more than 1 hour per day worrying about your appearance? • What specific concerns do you have about your appearance? • What effect does it have on your life? • Does it make it hard to do your work or be with your friends and family? 	Consider the impact of PCOS features such as hirsutism, acne, and weight gain in assessing and addressing body image in PCOS.
Eating disorders and disordered eating	High prevalence of eating disorders and disordered eating has been described and can be screened based on regional guidelines or by using the following stepped approach. Initial screening questions can include: <ul style="list-style-type: none"> • Does your weight affect the way you feel about yourself? • Are you satisfied with your eating patterns? Or the SCOFF tool can be used.	If concerns are identified, further screening should involve: <ul style="list-style-type: none"> • Assessment of risk factors and symptoms using age, culturally and regionally appropriate tools. • Referral to an appropriate health professional for further mental health assessment and diagnostic interview. If this is not the patient's usual healthcare provider, inform.