

ALGORITHM 3:

MANAGEMENT OF LIFESTYLE FOR ALL WOMEN WITH POLYCYSTIC OVARY SYNDROME

LIFESTYLE MODIFICATION & BEHAVIOUR CHANGE

- * Lifestyle management (single or combined approaches of diet, exercise and/or behavioural interventions) for weight loss, prevention of weight gain, or for general health benefits should be recommended in women with PCOS. **[CR]**
- * Face to face, tailored dietary advice, including education, behavioural change techniques and ongoing support should be provided to women with PCOS and a body mass index $\geq 25\text{kg/m}^2$ (overweight). Dietary modification is the joint responsibility of all health professionals, partnering with women with PCOS. **[C]**
- * Behaviour change techniques should target prevention of weight gain in all women with PCOS including those with a body mass index $\leq 25\text{kg/m}^2$ (lean). **[CR]**
- * Behavioural change techniques, including motivational interviewing, should be used in addition to advice/ education. Simple strategies, including self-monitoring, pedometers and time management techniques, should be encouraged. Interventions could be individual, group or mixed mode, in a range of settings, delivered by a range of health professionals. Individual techniques should not be used in isolation and should be part of a coherent multidisciplinary interventional model. **[PP]**
- * Key messages should be reinforced with women with PCOS, including that achievable goals (5% to 10% loss of body weight in overweight women) yield significant clinical improvements. **[PP]**

COMBINED LIFESTYLE MANAGEMENT

Lifestyle management targeting weight loss (in women with a body mass index $\geq 25\text{kg/m}^2$ (overweight)) and prevention of weight gain (in women with a body mass index $\leq 25\text{kg/m}^2$ (lean)) should include both reduced dietary energy (caloric) intake and exercise and should be first line therapy for all women with PCOS. **[C]**

GOOD PRACTICE POINT

Psychological factors should be considered and managed to optimise engagement and adherence to lifestyle interventions. **[PP]**

DIET

Weight loss should be targeted in all women with PCOS and body mass index $\geq 25\text{kg/m}^2$ (overweight) through reducing dietary energy (caloric) intake in the setting of healthy food choices, irrespective of diet composition. **[C]**

Prevention of weight gain should be targeted in all women with PCOS through monitored caloric intake, in the setting of healthy food choices irrespective of diet composition. **[D]**

GOOD PRACTICE POINT

Weight loss (in women with a body mass index $\geq 25\text{kg/m}^2$ (overweight)) and prevention of weight gain (in women with a body mass index $\leq 25\text{kg/m}^2$ (lean)) is the joint responsibility of all health professionals, partnering with women with polycystic ovary syndrome. Where complex dietary issues arise (or obesity is present), referral to a dietitian should be considered as part of an enhanced primary care plan.

Tools such as *Lifescrpts* could be used for engagement in dietary change: www.health.gov.au/lifescrpts

EXERCISE

Exercise participation of at least 150 minutes per week should be recommended in all women with PCOS, especially those with a body mass index $\geq 25\text{kg/m}^2$ (overweight), given the metabolic risks of PCOS and the long term metabolic benefits of exercise. **[D]**

Of this, 90 minutes per week should be aerobic activity at moderate to high intensity (60% - 90% of maximum heart rate) to optimise clinical outcomes. **[D]**

GOOD PRACTICE POINT [PP]

Encouraging exercise is the joint responsibility of all health professionals, partnering with women with PCOS. Where appropriate, referral to an exercise physiologist or specialist could be considered as part of an enhanced primary care plan. Where there are significant co-morbidities, assessment for exercise participation should be undertaken by the relevant healthcare professionals.

Tools such as *Lifescrpts* could be used for engagement in physical activity: www.health.gov.au/lifescrpts