# PCOS: Psychological impacts

**Dr Leah Brennan, Clinical and Health Psychologist:** The main psychological disorders we see in women with PCOS are depression, anxiety, and eating disorders. There are also a range of psychological symptoms that are increased in women with PCOS, and that includes low self-esteem, body image distress, disordered eating, psychosexual dysfunction, and issues with feminine identity. We are still trying to understand why women with PCOS are at increased risk of some of these psychological concerns. There are a number of explanations. So some of it is biological, so some of the biological factors of PCOS are linked to some mental health concerns. Some of it is to do with the clinical features of PCOS. So we know, for example, that infertility, excess body hair, acne, are all particularly linked to mental health concerns. And also some of the treatments for PCOS might be linked to mental health concerns. So some medications, intentional weight loss, for example, can be associated with poorer mental health.

We've been aware for a while that depression and anxiety are elevated in women with PCOS, and more recently we're starting to understand that disordered eating and eating disorders are also elevated in women with PCOS. This is important because these disorders are impactful and distressing in and of themselves, but they also increase the risk of other mental health conditions as well. Importantly, there is a bit of a misconception that eating disorders and disordered eating occur in extremely thin women, but that's not the whole story. So actually the majority of people with eating disorders are in a normal weight or a higher body weight. So that I think partly explains why we've missed some of these conditions up until now. Some of the clinical features of PCOS put people at risk of disordered eating and eating disorders such as distress associated with body image, acne, excess hair, weight gain, can all contribute to body image distress, and then disordered eating and eating disorders. Importantly, also, there's potentially some of the treatment approaches can contribute to disordered eating and eating disorders. So if women are attempting very restrictive weight loss diets, for example, that increases their risk of eating disorders and disordered eating.

It's really important that health professionals are aware of the increased prevalence of mental health conditions in women with PCOS, that this forms part of regular discussions with women, and these concerns are explored and validated. There are validated assessment tools that can be used as part of standard practice like the K10, the DASS, the Eating Disorders Examination Questionnaire, obviously forms part of general clinical assessment, and the option is there to refer on to others for more comprehensive assessment if needed. The other key point is that this needs to be done throughout care, so at, key points might being at point of diagnosis, at point of comorbidity realisation, during life transition such as trying to have children, or when there are different interventions that are being implemented that might trigger some mental health concerns.

Referral can be really important in taking care of women with PCOS. Most GPs have really good referral networks that they can use in this situation. I think the key things to keep in mind are, health professionals that have an understanding of chronic disease and the relationship between mental and physical health, and also health professionals that are really good at working as part of an interdisciplinary team.

Sometimes women with mental health concerns can't access a psychologist or don't want to see a psychologist. I guess my first suggestion would be to try and explore that with the woman and try and find some solutions with them. With telehealth now, there is much more access to specialised mental health care, and we do have good evidence to show that that can be just as effective as face-to-face care. There are also a whole range of other online options available for people. So as a first point of call, I'd recommend things like Beyond Blue, Black Dog, Butterfly, This Way Up, the Centre for Clinical Interventions, for example.

Weight bias, stigma and language are really important in the work we do with women with PCOS. Unfortunately, we all live in a society where weight bias is the norm, and we are not immune to that. There are multiple studies showing that health professionals are particularly stigmatising towards heavier people. So I think the first thing is, check in with your own biases, and seek some professional development and training in this space. There are a few important key points that can be helpful. So one is, thinking about your language and the way that you talk about weight with women. There is research showing that women don't like the terms 'obesity' and 'overweight', and some preferred terms can be 'higher weight', 'higher BMI', 'living in a larger body', for example. But a great tip is to check in with the individual and ask what their preferred terms are.

The second thing is, be aware of your own weight biases in your practice. A really common one is making assumptions about health based on an individual's weight. So either the presence of or absence of health concerns because of high or low weight. So that's really important. The other is checking some of the other messages that might be coming in your clinic. So, for example, the magazines, the artwork, the other messages that might be around that people are tuning into. The equipment, the furniture, to make sure they are accessible for people in different sized bodies. And finally, when thinking about weighing women, I guess the key thing being, only doing that when it is clinically necessary, explaining to the woman why it is clinically necessary and how the information will be used, and seeking their active consent to weigh for that purpose.

**End of transcript**

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