

LOSING WEIGHT, GAINING FERTILITY

INTRODUCTION

Polycystic ovary syndrome (PCOS) is a common endocrine disturbance that affects 5–10% of women in their reproductive years. Losing as little as 5 to 10% of the initial body weight improves all clinical features and often leads to spontaneous ovulation and pregnancy in women with PCOS. Therefore, the aim of this study is to investigate the effect of a multidisciplinary lifestyle program on body mass index (BMI) as well as on reproductive outcomes in women with PCOS.

Protocol and preliminary results of a multidisciplinary lifestyle program for overweight women with polycystic ovary syndrome (PCOS).

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PARTICIPANTS

Inclusion criteria:

- PCOS (Rotterdam consensus)
- BMI >25 kg/m²
- 18 to 38 years old
- wish to have a child

Exclusion criteria:

- inadequate command of the Dutch language
- obesity with another somatic cause
- ovarian tumours
- other malformations of internal genitalia
- pregnancy



INTERVENTIONS

Treatment group (N=156)

- lifestyle intervention consisting of cognitive-behavioural therapy, dietary advice and physical activity.
- 20 group sessions in 12 months
- 5 individual counselling sessions

Control group (N=78)

- The control group receives treatment as usual which involves individual counselling provided by the treating physician in 5 meetings



OBJECTIVES

1) Changing dietary habits

- Education about healthy food
- Learning to read food labels
- Recognizing of emotional eating and dealing with temptation

2) Encouraging and promoting physical activity

- How to exercise with overweight/obesity
- Making exercising more fun
- Implementing physical activity in everyday life
- Aware of the positive effects of physical exercise

3) Changing behaviours and cognitions

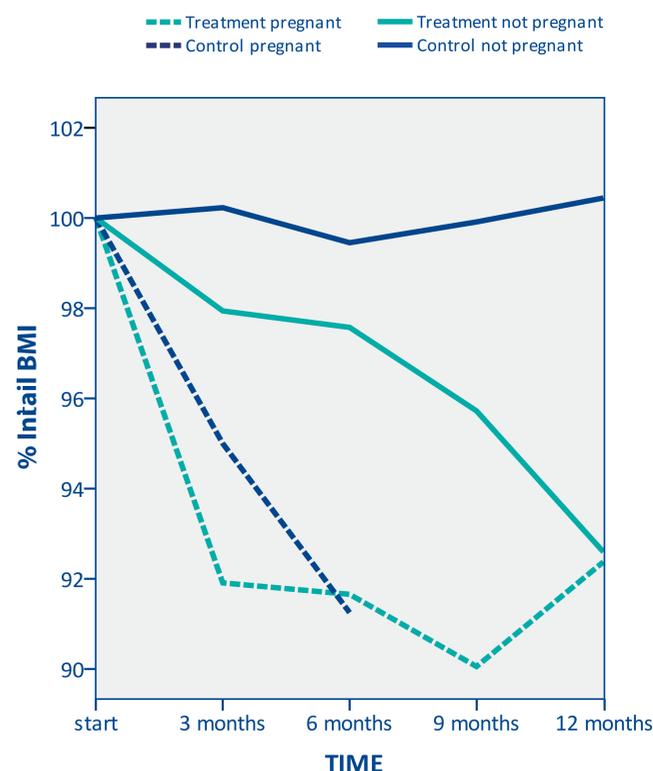
- Formulating individual goals
- Feedback on performance and behaviour
- Encouragement of positive behaviour change
- Changing negative cognitions
- Assertiveness training and role play

4) Activating social support

- Sharing experiences with other participants
- Supporting each other
- Partner and/or family meetings

PRELIMINARY RESULTS

		Start N= 48	3 months N= 36	6 months N= 29	9 months N=21	12 months N=15
Regular Cycle	Treatment	0 %	8 %	14 %	38 %	40 %
	Control	0 %	0 %	7 %	5 %	0 %
		Median [IQR]	Median [IQR]	Median [IQR]	Median [IQR]	Median [IQR]
FAI	Treatment	7,5 [5,9-11,8]	5,4 [3,4-7,9]	6,8 [4,7- 9,1]	5,4 [2,8-9,6]	3,4 [2,6-6,5]
	Control	5,7 [3,3-10,6]	5,4 [4,2-7,3]	7,3 [3,1- 9,6]	8,3 [4,1-10,8]	6,3 [1,6-14,9]
Antral follicle count	Treatment	17 [14-28]	21 [16-29]	20 [16-24]	21 [16-28]	19 [16-27]
	Control	23 [15-30]	25 [15-32]	18 [13-31]	22 [15-25]	25 [19-30]



CONCLUSION

Based on preliminary results it seems that a multidisciplinary cognitive-behavioural lifestyle program (treatment) leads to a greater sustainable weight loss in women with PCOS and overweight or obesity than usual care (control). By changing dietary habits and improving physical activity through activating social support and changing behaviours as well as cognitions it is expected that clinical and biochemical PCOS features, as well as reproductive, anthropometric, and psychological outcomes will change.



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