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## **Polycystic Ovary Syndrome; an underestimated problem in primary care**

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**Key Words:** Polycystic ovary syndrome, primary care, education, database, monitoring

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## **Polycystic Ovary Syndrome; an underestimated problem in primary care**

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Polycystic ovary syndrome (PCOS) is the most common endocrine condition in women of reproductive age with a reported prevalence of up to 15% (1). Women with PCOS are at higher risk of metabolic and mental health complications (1, 2). It is recommended that women with PCOS are monitored for these long-term health issues; especially T2DM and gestational diabetes (1). In a recent report from a UK primary care system, less than 8% were screened for diabetes within 2 years after a diagnosis of PCOS was made (3). This study was conducted in a population with a coded diagnosis of PCOS in the primary care computer systems. However, PCOS is poorly coded in primary care records.

In order to recruit women with PCOS into a randomised control trial (4) we searched the electronic records of 39 general practices in our locality for coded diagnosis of Polycystic ovary syndrome. We found that the recorded prevalence of PCOS based on the estimated population of the reproductive age women (18 – 49 years old) was only 1.5% (range 0.3% to 3.1%), Table 1, which is far below what would be expected.

Table 1: Recorded prevalence of Polycystic Ovary Syndrome in 39 General Practices † based on the population under cover of these Practices

Population under cover of	Estimated number of female ‡	Estimated number of female age 18-49 years old ‡	Number of PCOS patients identified	Recorded prevalence of PCOS
341720	173491 (50.77%)	74775 (43.1%)	1087	1.5%

† Based on the population under cover of these 39 General Practices

‡ Estimation is based on the data released by Office for National Statistics (<https://www.ons.gov.uk/>) for 2012 (year that this recruitment happened).

### Key message

It appears that there is significant under-recording of PCOS in primary care. Because of the long-term comorbidities associated with PCOS, the lack of appropriate monitoring (3) may have long term implications for both women with PCOS as well as health systems which may need to deal with future complications.

We suggest educational campaigns are needed targeting both women as well as health care professionals to increase awareness in primary care about PCOS, its implications and the care required for these patients.

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