

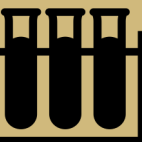

PCOS Quality of Care: A Retrospective Analysis

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Introduction

- Patients with PCOS struggle getting a diagnosis and after one is made, struggle with proper care and symptom management.
- Provider recommendations are often not aligned with patients’ goals for care.
- Weight bias is prevalent in PCOS care.
- Risks and comorbidities associated with PCOS include insulin resistance, dyslipidemia, and metabolic syndrome, placing these patients at increased risk of cardiovascular complications.
- High quality, evidence-based PCOS care guidelines can help prevent and mitigate these long-term complications.

Guidelines

- ACOG and International guidelines by Teede et al. (2018) and Neven et al. (2018).
-  **Metabolic:**
- ACOG: Screen for type 2 diabetes and impaired glucose tolerance with a fasting glucose level followed by a 2-hour glucose tolerance test (GTT).
 - International: Glycemic status with GTT, fasting glucose or HbA1c should be assessed at baseline in all women with PCOS, followed by reassessments every 1-3 years.
 - Regular monitoring for weight changes.
-  **Cardiovascular:**
- BMI, fasting lipid and lipoprotein levels, and metabolic syndrome factors.
 - Women with PCOS and overweight or obesity should have a fasting lipid profile, followed by reassessments based on hyperlipidemia and global CVD risk.

Methodology

- Retrospective analysis of patients with PCOS at UCH, part of COMIRB 22-2299.
- Inclusion: patients aged 18-50 years old with an “Encounter Diagnosis”, “Medical History”, or a “Problem List” including PCOS, from 1/1/2018 through 12/31/2022.
 - Patients also had to have at least one visit within UCH since 2021.
- Labs of interest as outlined by society and international guidelines: HbA1c, Glucose Tolerance Test (GTT), fasting lipids (lipid panel and individual components, LDL, HDL, cholesterol, triglycerides), and fasting glucose.

Demographics & Results

Characteristic		N = 8,090 (%)
Age at first visit ¹		32 (27, 38)
Family history of diabetes		4,365 (54%)
Race		
White Or Caucasian		6,150 (79%)
Other		739 (9.5%)
More Than One Race		443 (5.7%)
Black Or African American		350 (4.5%)
American Indian Or Alaska Native		41 (0.5%)
Other Pacific Islander		12 (0.2%)
Asian Indian		11 (0.1%)
Unknown		344
¹ Median (IQR)		
Lab Test		N = 8,090 (100%)
Hemoglobin A1c		4,096 (51%)
Lipids (any)		3,678 (45%)
Glucose		5,635 (70%)
GTT		788 (9.7%)

Discussion

- The percentage of patients with PCOS receiving appropriate screening at appropriate intervals for glycemic status, diabetes, related metabolic disorders, and cardiovascular disorders, is low.
- 54% of the patients in this study also have a family history of diabetes, already placing them at increased risk of developing diabetes.
- Comparisons with screening for other serious conditions:
 - Cervical cancer: 83% (goal 93%)
 - Breast cancer: 72% (goal 81.1%)
 - Colorectal cancer: 67% (goal 70.5%)
- Encouraging, since these involve more invasive procedures.
- Reasons for missed screening: providers may not be aware of guidelines, lack of endorsement of existing international guidelines by primary care organizations.

Limitations

- Patients with visits and care outside of UCH
- Not all patients are eligible for or need all possible interventions for PCOS.
- Age as a possible confounding variable, with patients more likely to have regular metabolic screening as their age increases.

Acknowledgments

- Data acquisition by the Health Data Compass Data Warehouse (healthdatacompass.org).
- Data management and statistical analysis supported by the Center for Innovative Design and Analysis (CIDA).
- This project is supported by the Office on Women's Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award (ASTWH220117-01-00) totaling \$806,849 with 100 percent funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit <https://www.womenshealth.gov/>.



No conflicts of interest to disclose.
References: <https://bit.ly/4lcsX9U>