



Dietary Modifications in Patients with Polycystic Ovary Syndrome: A Public Health Concern

Tallat Anwar Faridi¹

¹University Institute of Public Health, The University of Lahore, Lahore, Pakistan

*tallat.anwar@pht.uol.edu.pk

ARTICLE INFO

How to Cite:

Faridi, T. A. . (2023). Dietary Modifications in Patients with Polycystic Ovary Syndrome: A Public Health Concern: Dietary Modifications in Patients with PCOS. *Pakistan BioMedical Journal*, 6(02). <https://doi.org/10.54393/pbmj.v6i02.845>

Occasional periods or no menstrual periods at all are typical symptoms of polycystic ovarian syndrome (PCOS). It is due to an excessive synthesis of the hormone androgens, people with PCOS frequently have numerous ovarian cysts [1]. According to literature between 33 and 83 percent of women with PCOS who are overweight or obese shows signs of acne, hirsutism, and male pattern baldness and if not managed high blood pressure, cardiovascular diseases and endometrial cancer. Insulin levels in PCOS patients are frequently reported to be higher than usual. The pancreas is where hormone insulin is made [2]. It works with the body's cells in converting sugar (glucose) into energy. The sugar levels in blood may increase if your body doesn't create enough insulin [3]. This can also occur when you develop insulin resistance, which prevents you from adequately using the insulin that you do make [4]. The body may try to produce excessive amounts of insulin if you develop insulin resistance in an effort to maintain normal blood sugar levels. Your ovaries may start to create more androgens like testosterone if your insulin levels are too high [5]. The obese and overweight according to BMI can cause the insulin resistance [6]. Due to their insulin resistance, people with PCOS typically deal with this issue, which can keep reduced weight more challenging [7]. It could be more challenging to regulate insulin resistance and, as a result, weight reduction if you eat a diet high in refined carbs, which including starchy and sugary meals [8].

Dietary modifications in PCOs

The use Carbohydrates: It is a primary source of energy that can be added to their which can reduce symptoms PCOS and balance their hormonal level. Give a low carbohydrate, high saturated fatty acid diet for at least 2 months to infertile and overweight women, their BMI drop, and ovulation process maintain and increase fertility [9-11].

The use of Protein: The protein is very like carbohydrates and fats so added in their diet as healthy protein sources and improve their insulin sensitivity and reduce their weight good source of protein whey protein that can be added to their diet and that can give 35 g of that supplements and after 7 days check their GLUT 4 response, that is an insulin-stimulated transporter and that was regulate glucose level and insulin level so whey protein helpful in alleviate PCOS symptoms [12].

The use of Fats and Oils: The diet related to saturated fats can cause dyslipidemia and then HDL level decreases and increase cholesterol and LDL level. Apo lipoprotein B increases because of insulin resistance and causes imbalance in androgens and corticosteroids hormones level and increase estrogen secretion. Healthy options of diet like monounsaturated fatty acids and poly unsaturated fatty acids like almonds and walnuts improve ovulation [13].

The use of Micronutrients: The utilization of vitamin D can be helpful in reproductive function and in insulin sensitivity. Inositol, folate, folic acid omega 6 fatty acid and omega 3 fatty acid added in their diet that can improve menstrual problems balance their hormonal level. Glycyrrhizin, vitamin Selenium and catechin effective in lowering testosterone level influence

proinflammatory state in PCOS[14].

Conflicts of Interest

The authors declare no conflict of interest

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article

REFERENCES

- [1] Witchel SF, Oberfield SE, Peña AS. Polycystic ovary syndrome: pathophysiology, presentation, and treatment with emphasis on adolescent girls. *Journal of the Endocrine Society*. 2019 Aug; 3(8): 1545-73. doi: 10.1210/js.2019-00078.
- [2] Williams T, Mortada R, Porter S. Diagnosis and treatment of polycystic ovary syndrome. *American Family Physician*. 2016 Jul; 94(2): 106-13.
- [3] John A, Ali A, Shaheen M, Akram M. Thyroid Volume Measurements in Normal Adult Females of Gujrat, Pakistan. *Pakistan BioMedical Journal*. 2022 Apr; 5(4): 158-61. doi: 10.54393/pbmj.v5i4.374.
- [4] Shahzad H, John A, Ali A, Ashraf A, Naeem MA. Incidence of infertility in females and Evaluation of its Causes Using Ultrasonography. *Pakistan BioMedical Journal*. 2022 Apr; 5(4): 55-58. doi: 10.54393/pbmj.v5i4.342.
- [5] Pervaiz S, Naeem MA, Ali A, John A, Batool N. Frequency of Uterine Anomalies Associated with Persistent Miscarriages in Pregnancy on Ultrasound. *Pakistan Journal of Health Sciences*. 2022 Jun; 3(1): 55-58. doi: 10.54393/pjhs.v3i01.54.
- [6] Gill A, John A, Iqbal N, Faridi TA, Noor S. Assessment of biochemical profile among patients of Microbiological Quality Assessment of Bakery Products Available in Lahore, Pakistan. *Diet Factor (Journal of Nutritional & Food Sciences)*. 2020 Jun; 1(1): 24-9. doi: 10.54393/df.v1i01.1.
- [7] Qaiser H, John A, Ali A, Bano S, Ashfaq N. Evaluation of Pregnancies with Pre-existing Hypertension and Diabetes. *Diet Factor (Journal of Nutritional & Food Sciences)*. 2022 Jun; 3(1): 10-13. doi: 10.54393/df.v3i1.44.
- [8] Liepa GU, Sengupta A, Karsies D. Polycystic ovary syndrome(PCOS)and other androgen excess-related conditions: can changes in dietary intake make a difference? *Nutrition in Clinical Practice*. 2008 Feb; 23(1): 63-71. doi: 10.1177/011542650802300163.
- [9] Love JG, McKenzie JS, Nikokavoura EA, Broom J, Rolland C, Johnston KL. The experiences of women with polycystic ovary syndrome on a very low-calorie diet. *International Journal of Women's Health*. 2016 Jul; 8: 299-310. doi: 10.2147/IJWH.S100385.
- [10] Sedighi S, Akbari SA, Afrakhteh M, Esteki T, Majd HA, Mahmoodi Z. Comparison of lifestyle in women with polycystic ovary syndrome and healthy women. *Global journal of Health Science*. 2015 Jan; 7(1): 228. doi: 10.5539/gjhs.v7n1p228.
- [11] Zhang X, Zheng Y, Guo Y, Lai Z. The effect of low carbohydrate diet on polycystic ovary syndrome: a meta-analysis of randomized controlled trials. *International Journal of Endocrinology*. 2019 Nov; 2019: 4386401. doi: 10.1155/2019/4386401.
- [12] Mehrabani HH, Salehpour S, Amiri Z, Farahani SJ, Meyer BJ, Tahbaz F. Beneficial effects of a high-protein, low-glycemic-load hypocaloric diet in overweight and obese women with polycystic ovary syndrome: a randomized controlled intervention study. *Journal of the American College of Nutrition*. 2012 Apr; 31(2): 117-25. doi: 10.1080/07315724.2012.10720017.
- [13] Foroozanfar F, Rafiei H, Samimi M, Gilasi HR, Gorjizadeh R, Heidar Z, et al. The effects of dietary approaches to stop hypertension diet on weight loss, anti-Müllerian hormone and metabolic profiles in women with polycystic ovary syndrome: a randomized clinical trial. *Clinical Endocrinology*. 2017 Jul; 87(1): 51-8. doi: 10.1111/cen.13333.
- [14] Hager M, Nouri K, Imhof M, Egarter C, Ott J. The impact of a standardized micronutrient supplementation on PCOS-typical parameters: a randomized controlled trial. *Archives of Gynecology and Obstetrics*. 2019 Aug; 300: 455-60. doi: 10.1007/s00404-019-05194-w.