

# UNCERTAINTY, DEPRESSION AND QUALITY OF LIFE AMONG WOMEN WITH POLYCYSTIC OVARY SYNDROME

Margaret X.C. Yin\*, Celia H.Y. Chan, Cecilia L.W. Chan and YL Fung

The University of Hong Kong, Department of Social Work and Social Administration, Hong Kong, China

\*Email: xicanyin@hku.hk

## Background

Women with Polycystic Ovary Syndrome (PCOS) may experience infertility and are under high risks of cardiovascular diseases. They reported higher levels of depression and lower levels of quality of life than healthy women. In Mishel's Uncertainty in Illness Theory, positive communication with doctors can relieve patients' depression and worries on illness uncertainty. Therefore, this study aimed to examine the influence of uncertainty in treatment on the depression and quality of life of women with PCOS.

## Methods

40 women aged 21-35 year-old, diagnosed with PCOS, voluntarily filled a questionnaire containing the Mishel Uncertainty in Illness Scale (Adult) (MUIS-A), the Beck's Depression Inventory (BDI) and the Polycystic Ovary Syndrome Questionnaire (PCOSQ). Another 15 women with PCOS, aged 25-35 years old, joined a semi-structured interview lasted for 25-75 minutes. Questions relating to their medical treatment experience and evaluation on doctors and nurses, as well as their moods change after each treatment were asked.

## Results

As shown in Table 1, participants illness uncertainty could significantly predict 36% of their depression ( $p < 0.001$ ) and 27% of their health-related quality of life ( $p < 0.01$ ).

Qualitative interview results also indicated that positive and more communication with doctors and nurses would significantly reduce PCOS women's feelings of uncertainty, thereby decrease their depressive symptoms and enhance health-related quality of life.

Table 1 Influence of illness uncertainty on depression and quality of life

Dependent variables	$\beta$	95% CI	p	F(1,38)	R <sup>2</sup>
Depression	1.17	[0.65, 1.68]	<0.001	21.15	0.36
Health-related quality of Life	-3.79	[-5.85, -1.73]	0.001	13.88	0.27
Obese-related QoL	-0.90	[-1.64, -0.17]	0.018	6.14	0.14
Emotion-related QoL	-1.72	[-2.41, -1.03]	0.000	25.21	0.40

### Positive communication with doctors gives psychological comfort

"Every time I go to see a doctor, the doctor actually says, my situation is not a big problem. In fact, I still think it will be a problem because after all I have not given birth now. But I feel not so anxious, not as anxious as before, and will focus on how to deal with this disease. After the doctor's speaking like this, I will feel a little bit of psychological comfort."

"Maybe when you tell normal healthy people (the symptoms), they will think 'ah, it (PCOS) is so serious', but when you tell the doctors, the doctors all think you are not serious, not a big deal for you. Every time I see the doctor, I feel my stress has been relieved."

"I told (the doctor) that I was bleeding during ovulation, I felt troublesome and worried. After talking about it, the doctor would explain to me patiently, and then I would feel relieved psychologically."

"At that time, I asked the doctor, would I be unable to have a child? She gave me much confidence. She said that it is not particularly difficult to have a child, and there is still a way to solve it. I'm not so worried anymore."

Doctor-patient conversation at the time of diagnosis is crucial. As patients' role and attitude towards treatment change with time, suitable doctor-patient communication models are suggested to be used at different treatment stage.

### Information-oriented needs from the medical professionals when diagnosed

"After I was diagnosed, I asked the doctor, can this be cured? Because I had no way to understand why it couldn't be cured. The doctor told me that someone might not be diagnosed with polycystic ovary syndrome, but they are not pregnant, or have other problems. She told me the cause of the disease, which may be related to the environment, food, and hormones. Then I can understand."

"Because doctors are more professional, I believe them."

"When I was diagnosed, I collapsed and thought very extremely. I kept crying all the time. After consulting the doctor, I feel okay. I asked a lot of questions, the doctor answered them (one-by-one)."

### Active autonomy when make fertility-related treatment decisions

"Another doctor asked me to take (a surgery on) the right fallopian tube, and then I asked this doctor. This doctor said that the probability may only be around 60%. Then I thought, if I have to do this (surgery), I might just choose to do a IVF session."

"I have checked a lot of online information on myself, and I also ask the doctor's opinion."

"The relationship between doctors and patients is very harmonious, so this is one of the reasons why I chose here."

"From some online fertility knowledge, then to go to the hospital for medical treatment, and then listen to some doctors' suggestions, I make a decision after (receiving) comprehensive information."

## Implications

Positive and more communication with medical professionals is important in PCOS patients' holistic treatment. Emanuel's Informative Model in doctor-patient relationship is advocated when women were first diagnosed with PCOS; the Deliberative Model is suggested to be used in the following treatment, especially for infertility treatment.