

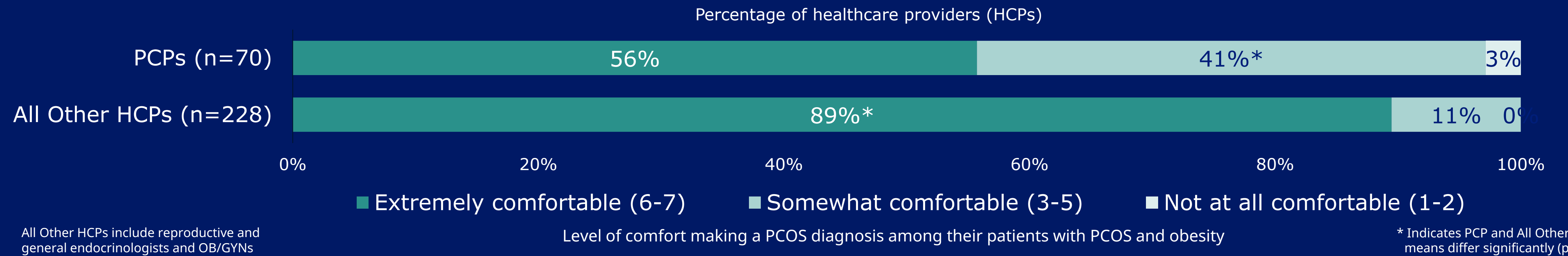
# Medical Journey of Patients with PCOS and Obesity: A Cross-sectional Survey of Patients and PCPs

Katherine Sherif<sup>1</sup>, Jamie Coborn<sup>2</sup>, Anthony Hoovler<sup>2</sup>, and Lisa Gill<sup>3</sup>

<https://sciencehub.novonordisk.com/sgim/Share/erif.html?cid=qr-5794499380>



## PCPs are less comfortable diagnosing PCOS than other healthcare providers

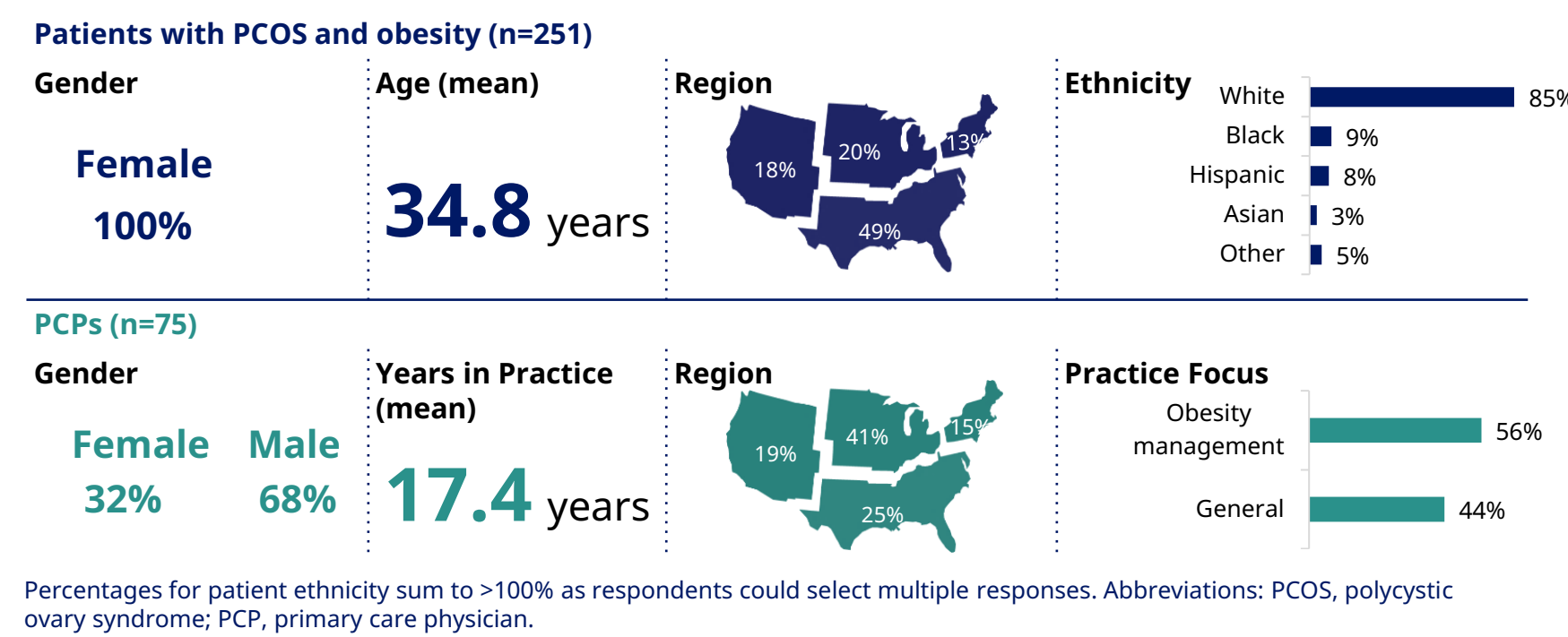


### Background and Aim

- Polycystic ovary syndrome (PCOS) presents with varied symptoms making it difficult to diagnose. Previous survey research demonstrated that patients with PCOS report dissatisfaction with the diagnostic process. Patients with PCOS are more likely to have overweight or obesity.
- The metabolic interplay of PCOS is complex; PCOS contributes to obesity and achieving weight loss can alleviate or resolve PCOS.
- We wanted to understand the role of primary care physicians (PCPs) in the diagnosis and treatment of patients with PCOS and obesity.
- Learning objectives:
  - To gain an appreciation of the importance of obesity management in treatment of patients with PCOS and obesity including a range of obesity treatment options.
  - To consider the resources we have available to help patients with obesity management.

### Key Results

Figure 1: Patient and PCP Characteristics



- Characteristics of the patient and PCP populations are shown in **Figure 1**.
- In the most common patient journey, approximately half of patients were diagnosed in the same month they had initial discussions about symptoms with a healthcare professional. However, the remaining patients waited an average of 34 months for a diagnosis (**Figure 2**).
- Among all healthcare providers surveyed, PCPs were the least comfortable diagnosing PCOS. Compared to PCPs without a focus on obesity management, PCPs with an obesity management focus diagnosed a greater proportion of their patients with PCOS themselves (**Figure 3**) and initiated PCOS treatment for a greater proportion of patients (PCPs with obesity management focus: 57% compared to PCPs without an obesity management focus: 42%; p < 0.05).
- For ongoing management of PCOS in patients with obesity, PCPs reported they recommend metformin (92%), lifestyle changes (81%), oral contraceptives (78%), spironolactone (77%), specific diets (62%), anti-obesity medications (55%), letrozole (31%) and/or medroxyprogesterone (28%).
- Compared to PCPs without an obesity focus, PCPs with an obesity focus estimated that they refer a greater proportion of patients to a medical weight loss program (29% vs 15%) and prescribe anti-obesity medications to a greater proportion of patients (p < 0.05) (**Figure 4**).
- According to PCPs, difficulty with obesity management, lack of treatment efficacy, and change in insurance coverage were the top three reasons that patients with PCOS and obesity stopped seeing them for PCOS management (**Figure 5**).

Figure 2: Most common patient journey (comprising 76% of patients) which involved patients discussing symptoms with a healthcare provider, followed by diagnosis and treatment.

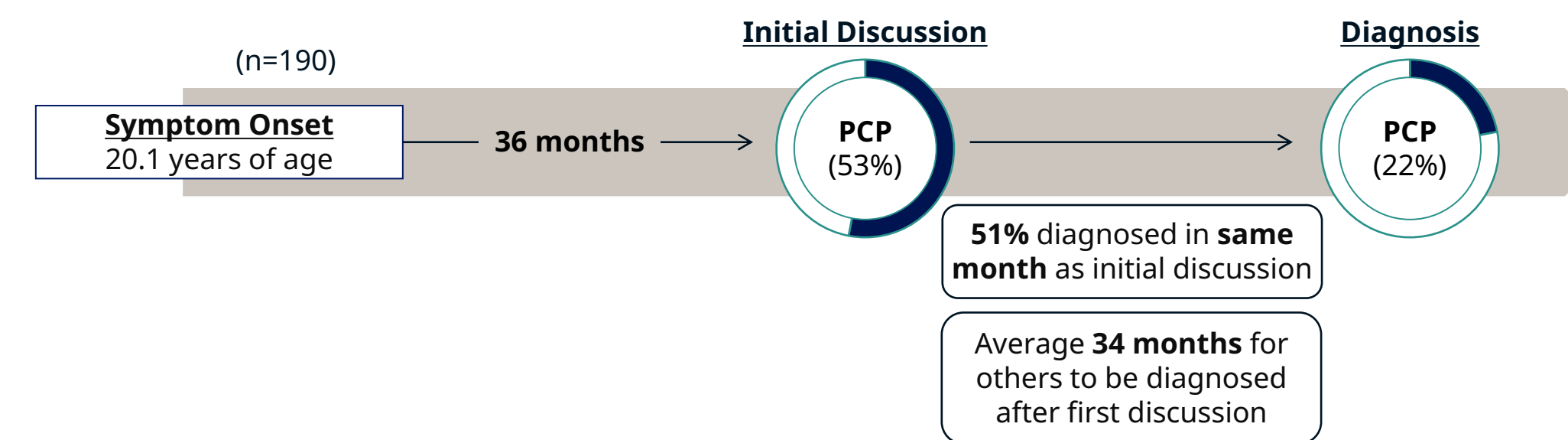


Figure 3: Proportion of patients with PCOS and obesity that PCPs reported diagnosing.

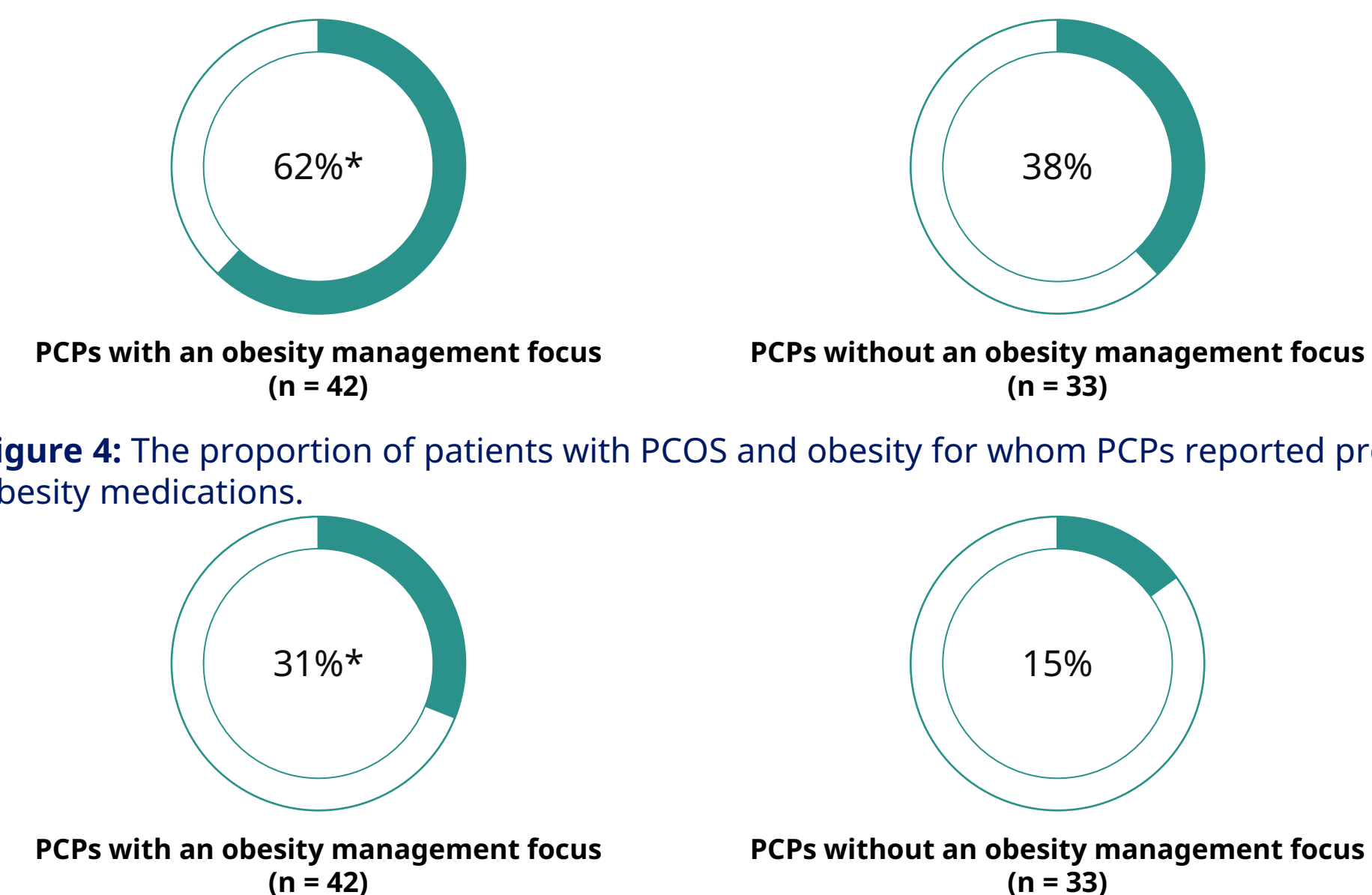
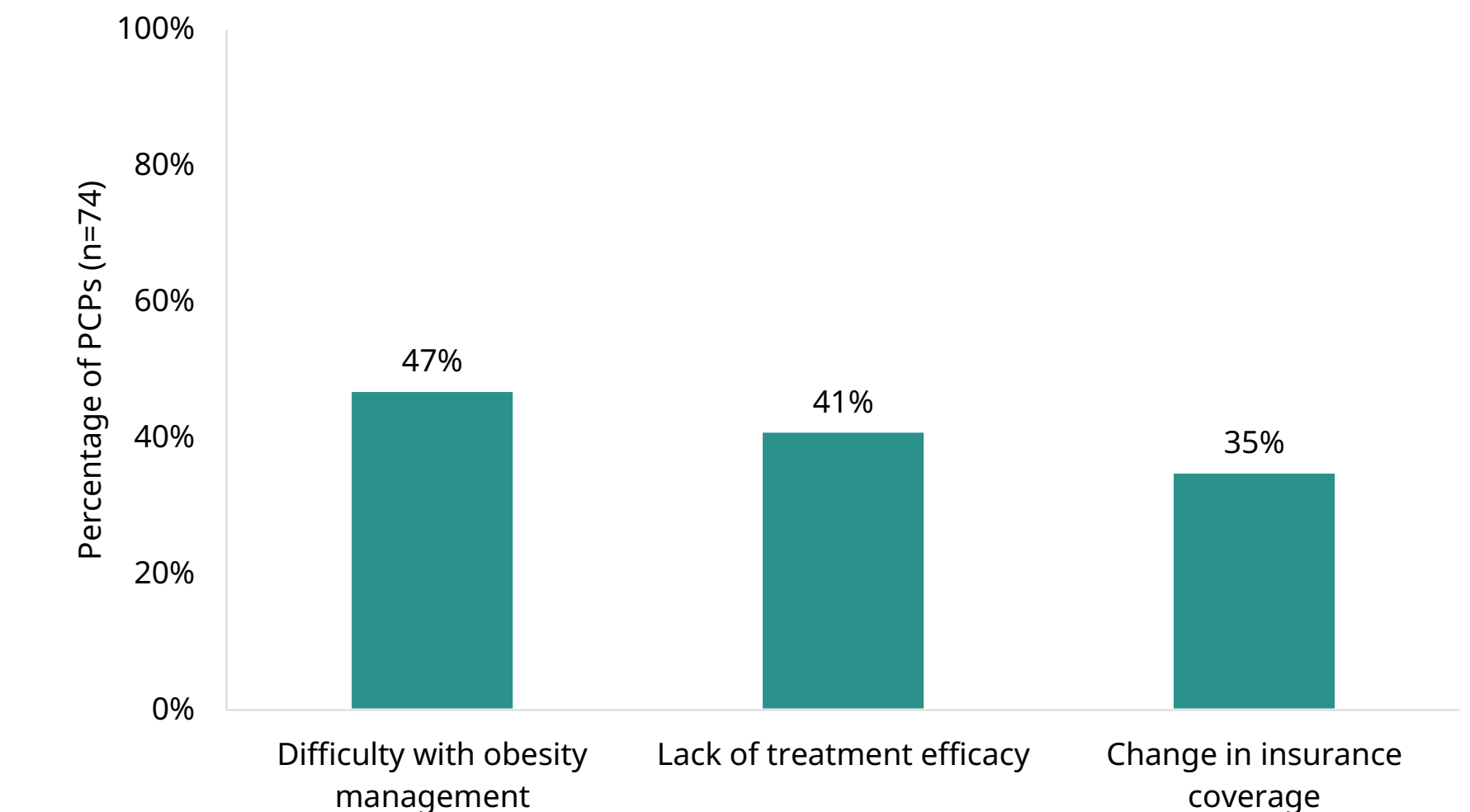


Figure 4: The proportion of patients with PCOS and obesity for whom PCPs reported prescribing anti-obesity medications.

Figure 5: Top three reasons patients no longer see PCPs for PCOS management, according to PCPs



### Summary and Conclusions

- PCPs are an important primary touchpoint for patients with PCOS and obesity but lack comfort in diagnosing PCOS.
- PCPs with a focus in obesity management are more comfortable diagnosing and managing PCOS than PCPs without an obesity management focus.
- Empowering PCPs to confidently diagnose and treat patients with PCOS and obesity may improve time to diagnosis and intervention.
- Increasing obesity management education and support for PCPs may offer a path to improved outcomes for patients with PCOS and obesity.