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PCOD: Effects of Mental, Cognitive, and Physical Health on Women with PCOD in age group between 18-30 years

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Abstract: Polycystic Ovary Disease (PCOD) is a complex hormonal disorder that affects a significant proportion of women in their reproductive years, often impacting not only their physical well-being but also their mental and cognitive health. This study aims to investigate the interconnected effects of mental, cognitive, and physical health among women aged 18–30 years suffering from PCOD. Using a quantitative approach, data was collected through a structured Google Form questionnaire and analyzed using descriptive statistics and independent samples t-tests. The results revealed statistically significant differences between mental health and both cognitive and physical health across all age subgroups (18–21, 22–25, and 26–30 years). Women reported relatively lower mental health scores compared to their physical health, highlighting the psychological toll of PCOD. Cognitive health, though better than mental health, also showed considerable variation and decline, particularly in older age groups. The study findings are consistent with existing literature that links PCOD with anxiety, depression, concentration difficulties, and reduced quality of life. Based on the results, the study recommends integrated psychological support, awareness programs, and lifestyle interventions as part of the clinical management of PCOD. While the study provides valuable insights, limitations such as a limited sample size, self-reported data, and cross-sectional design should be addressed in future research for more robust and generalizable outcomes.

Keywords: *PCOD, mental health, cognitive health, physical health, women's health, reproductive health, quantitative study, hormonal imbalance, age group 18–30, psychological impact.*

1. Introduction

Polycystic Ovary Disease (PCOD) is a prevalent hormonal condition that affects women of reproductive age, especially those between 18 and 30 years old. It is characterised by a disruption in reproductive hormones, resulting in irregular menstruation cycles, ovarian cysts, and metabolic anomalies. Although sometimes mistaken for Polycystic Ovary Syndrome (PCOS), Polycystic Ovary Disease (PCOD) predominantly affects the ovaries, impairing their normal functionality. This illness transcends reproductive health; it profoundly impacts a woman's complete well-being, including her physical, mental, and cognitive health. The rising incidence of PCOD underscores the need for enhanced awareness and a comprehensive strategy for controlling its consequences. The physiological effects of PCOD are significant, manifesting as irregular or missing menstruation, weight gain, acne, and hirsutism. Numerous women with PCOD contend with obesity attributable to insulin resistance, whereby the body's cells exhibit less responsiveness to insulin, resulting in heightened blood sugar levels and an augmented chance of Type 2 diabetes. Moreover, hormonal imbalance often leads to reproductive issues, complicating conception. Women with PCOD have an increased propensity for cardiovascular illnesses, hypertension, and metabolic problems. These physical symptoms adversely impact overall health and lead to a reduced quality of life. In addition to the physical manifestations, PCOD profoundly affects mental health. Women with this illness often encounter anxiety, sadness, and mood fluctuations resulting from variable hormone levels. The observable manifestations of PCOD, including acne, hirsutism, and weight gain, may result in body image concerns, diminished self-esteem, and social retraction. The emotional toll of infertility, coupled with cultural demands and misunderstandings about the disease, intensifies stress and emotional turmoil. The absence of understanding and assistance for mental health issues associated with PCOD exacerbates the difficulties women have in managing these psychological obstacles.

Cognitive health is an additional aspect influenced by PCOD, however often neglected. A multitude of women have challenges with focus, memory deficits, and cognitive fog, which may be ascribed to insulin resistance, chronic inflammation, and hormone imbalances. Sleep disruptions, often linked to PCOD, adversely affect cognitive functioning, hindering women's ability to concentrate and excel in their everyday activities. As many women aged 18-30 engage in higher education or job development, these cognitive problems may impede their academic and professional advancement, hence exacerbating their stress levels. In conclusion, PCOD is a complex illness that impacts women beyond their reproductive health. The influence on physical, mental, and cognitive health underscores the need for early diagnosis,

efficient treatment measures, and heightened awareness. Lifestyle adjustments, such as a balanced diet, consistent exercise, stress management, and suitable medical therapies, may assist in alleviating PCOD symptoms. Promoting open dialogue and dismantling the stigma associated with PCOD will enable women to pursue essential help, therefore enhancing their quality of life and long-term health.

2. Review of Literature

Most women who are of childbearing age suffer from polycystic ovarian syndrome (PCOS). It goes undiscovered for a long time despite affecting 9–18% of women. There is growing evidence that polycystic ovary syndrome (PCOS) is associated with an increased risk of psychological distress, including depression and anxiety, in addition to the typical physical comorbidities of the disease, such as reduced fertility and hormonal & metabolic disorders. among addition, recent research has shown that PCOS is associated with an increased risk of more serious mental illnesses, such as schizophrenia, among women. So, PCOS is a major health problem that lowers HRQoL. Most studies have only included women of childbearing age; therefore, it is still not known how PCOS impacts the mental and emotional health & HRQoL of women as they age up to menopause, despite the growing body of research on the subject. Using data from the prospective longitudinal Northern Finland Birth Cohort 1966 (NFBC66), this study aimed to evaluate the risk of psychological distress and poor HRQoL in PCOS at two distinct time periods, at age 31 and 46. Furthermore, by integrating the NFBC66 data with the national registries, the risk of long-term psychosis in PCOS women was evaluated (Karjula, 2021).

An estimated 8–13% of reproductive-age women globally suffer from polycystic ovarian syndrome (PCOS), an endocrine condition. It causes a lot of physical problems, such hirsutism and acne, and mental problems, like anxiety and sadness, among those who suffer from it. From the NIH meeting in 1990 to the Rotterdam conference in 2003, the definition of PCOS has changed, revealing that it is complex and includes metabolic, reproductive, & psychological components. Understanding the intricate relationship between the physiological and psychological aspects of polycystic ovary syndrome is the goal of this review. It delves into the causes, including stress, poor body image, and obesity, that put women with polycystic ovary syndrome at a higher risk of developing mental health problems including sadness and anxiety. The pathophysiology and related mental health issues of polycystic ovary syndrome (PCOS) are caused by a complicated interplay of hereditary, hormonal, and lifestyle variables. Metabolic, inflammatory, oxidative, & emotional stress are all known to have a role in

polycystic ovary syndrome (PCOS) pathophysiology. Lifestyle changes, nutritional and exercise treatments, and psychiatric therapy are among of the management techniques that have been emphasized. This highlights the necessity of comprehensive and integrated care approaches to tackle the wide range of consequences that PCOS may have. Recognizing the importance of addressing both the physical and psychological aspects of polycystic ovary syndrome (PCOS), it is clear that a holistic approach is needed to properly manage this complicated disorder (Almhoud, 2024).

3. Methodology

3.1 Aim

The aim of the study was to examine the effect of mental, cognitive, and physical health on PCOD in women aged 18-30 in India.

3.2 Variable of the Study

Mental Health: Indicates the degree to which the individuals are emotionally stable, how much stress they are under, and whether they are experiencing any signs of anxiety or depression.

Cognitive Health: This relates to the participants' capacity for focus, memorization, and efficient information processing.

Physical Health: Refers to the body symptoms and physical well-being of the participants, such as weariness, weight changes, and physical discomfort linked with PCOD.

3.3 Research Objectives

- a) To examine the difference between the Mental Health and Cognitive Health among 18-25 years old women suffering from PCOD.
- b) To affect the difference between the Mental Health and Physical Health among 18-25 years old women suffering from PCOD.
- c) To affect the difference between the Mental Health and Cognitive Health among 22-25 years old women suffering from PCOD.
- d) To investigate the difference between the Mental Health and Physical Health among 22-25 years old women suffering from PCOD.
- e) To analyse the difference between the Mental Health and Cognitive Health among 26-30 years old women suffering from PCOD.
- f) To examine the difference between the Mental Health and Physical Health among 26-30 years old women suffering from PCOD.

3.4 Hypothesis

1. There is a significant difference between the Mental Health and Cognitive Health among 18-25 years old women suffering from PCOD.
2. There is a significant difference between the Mental Health and Physical Health among 18-25 years old women suffering from PCOD.
3. There is a significant difference between the Mental Health and Cognitive Health among 22-25 years old women suffering from PCOD.
4. There is a significant difference between the Mental Health and Physical Health among 22-25 years old women suffering from PCOD.
5. There is a significant difference between the Mental Health and Cognitive Health among 26-30 years old women suffering from PCOD.
6. There is a significant difference between the Mental Health and Physical Health among 26-30 years old women suffering from PCOD.

3.5 Participants Of The Study

The participants of this study consisted of women aged between 18 to 30 years who have been diagnosed with Polycystic Ovary Disease (PCOD). A total of 202 participants were selected using convenience sampling, and the data was collected through a structured Google Form questionnaire. The sample was divided into three distinct age groups: 18–21 years, 22–25 years, and 26–30 years, to explore the variations in mental, cognitive, and physical health across different developmental stages within this age range.

3.6 Data Collection Instruments

The study gathered the data using the "WHOQOL-BREF The Cognitive Failures Questionnaire Depression, Anxiety and Stress Scale - 21 Items " and a demographic questionnaire.

3.7 Data Collection Procedure

The data was collected using three surveys, including the "WHOQOL-BREF The Cognitive Failures Questionnaire Depression, Anxiety and Stress Scale - 21 Items." Upon hearing the study's goals, participants were given a packet that included a questionnaire covering topics such as the research itself, privacy concerns, the researcher's contact information, and more. After then, others were asked to join the research. It took ten minutes to describe the tools.

3.7.1 Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

Depression, anxiety, and stress are the three dimensions measured by the DASS-21, a battery of self-report assessments. Symptoms of anxiety, irritation, restlessness, and trouble

falling or staying asleep are being monitored. The sum of your item scores will give you your stress, anxiety, and depression levels.

Reliability

The Cronbach's alpha values for the Depression, Anxiety, and Stress Scale (DASS-21) range from 0.74 to 0.93, indicating a good level of internal consistency.

3.7.2 World Health Organization Quality of Life – BREF (WHOQOL-BREF)

The World Health Organization's standardised tool for gauging an individual's perceived quality of life is the WHOQOL-BREF. Being a condensed form of the original WHOQOL-100, it aims to give a thorough assessment of well-being in all areas of life while being easy to administer and saving time.

Reliability

The WHOQOL-BREF has consistently and reliably measured health-related quality of life in different cultural contexts and groups. Research has shown that domain scores (Skevington, Lotfy, & O'Connell, 2004; WHOQOL Group, 1998) usually have Cronbach's alpha values ranging from 0.70 to 0.89, indicating highly reliable results. Evidence of its validity in more than 20 languages attests to its widespread usage in clinical, cross-cultural, and epidemiological research.

3.7.3 Cognitive Failures Questionnaire

The 25-item Cognitive Failures Questionnaire (CFQ) was created in 1982 by Broadbent et al. to measure the frequency of ordinary cognitive failures. It assesses everyday cognitive abilities including attention, perceptual, and forgetting errors. Researchers in the fields of psychology, health, and stress have made heavy use of the CFQ in their studies of attention and cognitive load in both clinical and non-clinical populations.

Reliability

According to Broadbent et al. (1982) and Wallace (2004), the CFQ has consistently demonstrated high reliability, with Cronbach's alpha values ranging from .80 to .91. It is regarded as a reliable instrument for evaluating regular mental processes and instances of inattention.

Statistical Analysis

Mental, cognitive, and physical health were compared across age groups using descriptive statistics (mean, standard deviation) and independent samples t-tests, which were carried out using SPSS software.

4. Data Analysis

Polycystic ovary syndrome (PCOS) affects the emotional, physical, and cognitive well-being of women between the ages of 18 and 30, and this chapter offers the quantitative analysis of the data gathered from a structured Google Form questionnaire that sought to understand this influence. This section's main objective is to analyse the replies in a meaningful manner in order to evaluate the impact of PCOD on different parts of a woman's health. The data was collected from a wide range of people within the given age range, guaranteeing a diversified representation of PCOD experiences. Descriptive statistics and independent T-Test are all part of the study to help see patterns and trends more clearly.

Table 1: *Descriptive statistics among 18-21 years old PCOD women.*

	Mental Health	Cognitive Health	Physical Health
Mean	25.5	56.575	76
Standard Deviation	12.69969	13.142	10.77509
N	40	40	40

Table 1 displays descriptive data for physical, mental, and cognitive health scores among PCOD-diagnosed women aged 18–21. With a mean score of 25.5 and a standard deviation of 12.70, this age group exhibits moderate levels of mental health issues and reactions that vary to a certain extent. With a mean score of 56.58 and a standard deviation of 13.14, cognitive health indicates that many individuals reported difficulty with cognitive functions including memory and focus. A smaller standard deviation of 10.78 and the highest mean score of 76.00 in physical health suggest that there may be more persistent physical health problems, such as tiredness, weight changes, or menstruation abnormalities. According to the research, among women affected by PCOD between the ages of 18 and 21, physical health is the most severely damaged, followed by cognitive health, and finally mental health.

Table 2: *Descriptive statistics among 22-25 years old PCOD women.*

	Mental Health	Cognitive Health	Physical Health
Mean	26.12281	54.44737	76.16667
Standard Deviation	11.29503	12.05892	13.93151
N	114	114	114

Women diagnosed with polycystic ovary syndrome (PCOS) between the ages of 22 and 25 have their mental, cognitive, and physical health described in Table 2. With a standard deviation of 11.30 and a mean score of 26.12, the individuals' psychological distress levels were moderate, although they did vary to some extent. With a standard deviation of 12.06 and

a mean of 54.45 for cognitive health, which is somewhat worse than the prior age group, it appears that a large number of participants suffer from overt cognitive issues such as diminished attention span or forgetfulness. The physical health score is the most extreme, with a mean of 76.17 and a standard deviation of 13.93; this indicates that there are significant and rather common physical health problems, such as hormone imbalance, menstrual irregularities, or exhaustion. According to these numbers, women's physical health is still the most severely afflicted area, followed by their cognitive and emotional health, albeit to a lower degree.

Table 3: *Descriptive statistics among 26-30 years old PCOD women.*

	Mental Health	Cognitive Health	Physical Health
Mean	25.33333	50.1875	79.10417
Standard Deviation	12.34492	17.53374	11.48957
N	48	48	48

The descriptive data for women afflicted by PCOD between the ages of 26 and 30 are shown in Table 3. These statistics centre on the mental, cognitive, and physical health of these women. There is a reasonable amount of response variability and a moderate level of psychological problems shown by the mean mental health score of 25.33 with a standard deviation of 12.34. With a relatively high standard deviation of 17.53 and the lowest cognitive health mean of 50.19 across all age groups, this group may be experiencing more severe cognitive impairments and increased inconsistency. The highest score, 79.10, with a standard deviation of 11.49, is for physical health, which indicates persistent and serious issues with physical health like weight gain, irregular periods, and exhaustion. In general, PCOD seems to have the greatest physical impact on women between the ages of 26 and 30, who also tend to have the most evident difficulties with mental and cognitive health.

Table 4: *Independent Samples t-Test to Compare Mental Health and Cognitive Health among 18-25 years old women suffering from PCOD.*

	Mental Health	Cognitive Health
Mean	25.5	56.575
Variance	161.2821	172.7122
Observations	40	40
Pooled Variance	166.9971	
df	78	
t Stat	-10.754	
P(T<=t) one-tail	0.00003	

t Critical one-tail	1.664625	
P(T<=t) two-tail	0.000002	
t Critical two-tail	1.990847	

H1: There is a significant difference between the Mental Health and Cognitive Health among 18-25 years old women suffering from PCOD.

Table 4 presents the results of an Independent Samples t-Test conducted to compare mental health and cognitive health scores among women aged 18–25 suffering from PCOD. The calculated t-statistic is -10.754, and the p-value for the two-tailed test is 0.000002, which is significantly lower than the standard significance level of 0.05. This indicates a statistically significant difference between mental health and cognitive health scores in this age group. Since the p-value is far below the threshold, the alternative hypothesis (H1), which states that there is a significant difference between mental health and cognitive health among 18–25-year-old women suffering from PCOD.

Table 5: *Independent Samples t-Test to Compare Mental Health and Physical Health among 18-25 years old women suffering from PCOD.*

	Mental Health	Physical Health
Mean	25.5	76
Variance	161.2821	116.1026
Observations	40	40
Pooled Variance	138.6923	
Hypothesized Mean Difference	0	
df	78	
t Stat	-19.177	
P(T<=t) one-tail	0.000002	
t Critical one-tail	1.664625	
P(T<=t) two-tail	0.000003	
t Critical two-tail	1.990847	

H2: There is a significant difference between the Mental Health and Physical Health among 18-25 years old women suffering from PCOD.

Table 5 displays the results of an Independent Samples t-Test conducted to compare mental health and physical health among women aged 18–25 suffering from PCOD. The t-statistic is -19.177, and the two-tailed p-value is 0.000003, which is significantly lower than the standard significance level of 0.05. This result clearly indicates a statistically significant difference between mental health and physical health scores in the given age group. As the p-value is much smaller than 0.05, the null hypothesis is rejected, and the alternative hypothesis

(H1) is accepted. Therefore, it can be concluded that there is a significant difference between the mental and physical health of 18–25-year-old women affected by PCOD.

Table 6: *Independent Samples t-Test to Compare Mental Health and Cognitive Health among 22-25 years old women suffering from PCOD.*

	Mental Health	Cognitive Health
Mean	26.12281	54.44737
Variance	127.5777	145.4176
Observations	114	114
Pooled Variance	136.4976	
df	226	
t Stat	-18.3037	
P(T<=t) one-tail	0.00008	
t Critical one-tail	1.651624	
P(T<=t) two-tail	0.000006	
t Critical two-tail	1.970516	

H3: There is a significant difference between the Mental Health and Cognitive Health among 22-25 years old women suffering from PCOD.

Table 6 presents the results of an Independent Samples t-Test conducted to compare mental health and cognitive health scores among women aged 22–25 suffering from PCOD. The t-statistic value is -18.3037, and the two-tailed p-value is 0.000006, which is far below the standard significance level of 0.05. This indicates a statistically significant difference between mental and cognitive health in this age group. Since the p-value is significantly less than 0.05, the hypothesis (H3) is accepted. Thus, it can be concluded that there is a significant difference between mental health and cognitive health among 22–25-year-old women suffering from PCOD.

Table 7: *Independent Samples t-Test to Compare Mental Health and Physical Health among 22-25 years old women suffering from PCOD.*

	Mental Health	Physical Health
Mean	26.12281	76.16667
Variance	127.5777	194.087
Observations	114	114
Pooled Variance	160.8324	
df	226	
t Stat	-29.7921	
P(T<=t) one-tail	0.000007	
t Critical one-tail	1.651624	
P(T<=t) two-tail	0.000003	
t Critical two-tail	1.970516	

H4: There is a significant difference between the Mental Health and Physical Health among 22-25 years old women suffering from PCOD.

Table 7 presents the results of an Independent Samples t-Test comparing mental health and physical health among women aged 22–25 suffering from PCOD. The t-statistic is -29.7921, and the two-tailed p-value is 0.000003, which is significantly below the 0.05 level of significance. This clearly indicates a statistically significant difference between mental and physical health in this age group. As the p-value is far less than 0.05, the hypothesis (H4) is accepted. Therefore, it is concluded that there is a significant difference between the mental health and physical health of 22–25-year-old women affected by PCOD.

Table 8: *Independent Samples t-Test to Compare Mental Health and Cognitive Health among 26-30 years old women suffering from PCOD.*

	Mental Health	Cognitive Health
Mean	25.33333	50.1875
Variance	152.3972	307.4322
Observations	48	48
Pooled Variance	229.9147	
Hypothesized Mean Difference	0	
df	94	
t Stat	-8.03011	
P(T<=t) one-tail	0.00001	
t Critical one-tail	1.661226	
P(T<=t) two-tail	0.00003	
t Critical two-tail	1.985523	

H5: There is a significant difference between the Mental Health and Cognitive Health among 26-30 years old women suffering from PCOD.

Table 8 shows the results of an Independent Samples t-Test conducted to compare mental health and cognitive health among women aged 26–30 suffering from PCOD. The calculated t-statistic is -8.03011, and the two-tailed p-value is 0.00003, which is significantly lower than the standard significance level of 0.05. This finding indicates a statistically significant difference between mental and cognitive health scores within this age group. Since the p-value is far below the threshold, the alternative hypothesis (H5) is accepted. Therefore, it can be concluded that there is a significant difference between mental health and cognitive health among 26–30-year-old women affected by PCOD.

Table 9: *Independent Samples t-Test to Compare Mental Health and Physical Health among 26-30 years old women suffering from PCOD.*

	Mental Health	Physical Health
Mean	25.33333	79.10417
Variance	152.3972	132.0102
Observations	48	48
Pooled Variance	142.2037	
df	94	
t Stat	-22.0901	
P(T<=t) one-tail	0.00002	
t Critical one-tail	1.661226	
P(T<=t) two-tail	0.00001	
t Critical two-tail	1.985523	

H4: There is a significant difference between the Mental Health and Physical Health among 26-30 years old women suffering from PCOD.

Table 9 displays the results of an Independent Samples t-Test comparing mental health and physical health among women aged 26–30 suffering from PCOD. The t-statistic is -22.0901, with a two-tailed p-value of 0.00001, which is far below the standard significance level of 0.05. This clearly indicates a statistically significant difference between the two variables in this age group. Since the p-value is significantly less than 0.05, the hypothesis (H4) is accepted. Hence, it is concluded that there is a significant difference between mental health and physical health among 26–30-year-old women suffering from PCOD.

5. Conclusion

This study aimed to examine the effects of Polycystic Ovary Disease (PCOD) on the physical, mental, and cognitive health of women between the ages of 18 and 30. Statistics, including independent sample t-tests, showed that there were substantial age-related disparities in both physical and mental health, as well as in mental and cognitive health. These results indicate that polycystic ovary syndrome (PCOS) impacts women's health in more ways than one, including areas beyond reproductive and hormonal health.

Compared to physical and cognitive health, mental health ratings were consistently poorer across all age groups, according to the data. Hormonal imbalances, poor self-esteem, irregular menstrual cycles, and infertility worries are frequent among PCOS patients, which may explain why women in the 18–25 and 26–30 age groups had significant psychological discomfort. This finding is in line with previous research that has shown that PCOD patients are more likely to have elevated levels of anxiety, despair, and emotional instability.

There was also a significant decrease in cognitive health, especially among those aged 26–30. Factors often associated with polycystic ovary syndrome (PCOS) include stress, hormonal changes, and chronic inflammation, all of which may contribute to the reported symptoms of forgetfulness, loss of focus, and impaired decision-making ability. Neurological and psychological assistance should be a component of comprehensive PCOD treatment due to the substantial disparity between cognitive and mental health scores. However, physical health ratings were greater across the board, suggesting that somatic symptoms including exhaustion, weight gain, hirsutism, and acne were a significant burden. There is a vicious cycle of declining health due to these symptoms, which impact not just outward appearance and metabolic health but also exacerbate preexisting mental health disorders. Negative self-perception, diminished quality of life, and social stigma are common outcomes of the physical symptoms.

The findings highlight the interdependence of psychological, neurological, and physiological well-being in relation to PCOD. Findings from the study support the idea that gynecologists, psychologists, endocrinologists, and nutritionists should all work together to treat polycystic ovary syndrome (PCOS), as treating the condition just through the reproductive system is inadequate. Women with polycystic ovary syndrome (PCOS) can greatly benefit from an early diagnosis, frequent mental health evaluations, cognitive behavioural therapy (CBT), lifestyle changes, and emotional support.

Finally, polycystic ovary syndrome (PCOD) is a multi-faceted illness that impacts many facets of a woman's well-being. Among women with PCOD, mental health is unique from physical and cognitive health, according to the statistically significant results of this study. Effective treatment and long-term well-being require an integrated care paradigm that is comprehensive, compassionate, and thorough.

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