Letter to the Editor

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PCOS self-management challenges transcend BMI: A call for equitable support strategies

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Dear Editor,

I am writing in response to the recently published article, *Relationship between body mass index and quality of life, use of dietary and physical activity self-management strategies, and mental health in individuals with polycystic ovary syndrome* by Masters and Grevstad. Their study offers insights on the interaction between body mass index (BMI), quality of life, self-management strategies, and mental health in polycystic ovarian syndrome (PCOS) [1]. The study challenges the hypothesis that self-management problems are present only in those who have a high BMI and stresses the need for multifaceted and personalized support measures for all PCOS patients [1].

One of the key results of the study is the poor utilization of diet and exercise self-management behaviors across all BMI categories with minimal difference in the adherence scores [1]. This suggests that self-management barriers in PCOS are inherent in the condition itself and not specifically linked to weight. This finding is supported by previous research, which has shown that although awareness of lifestyle recommendations is high, adherence is poor in PCOS women regardless of weight status [2]. Furthermore, study findings are in agreement with the existing literature reporting the association of PCOS with high anxiety, depressive symptomology, and reduced health-related quality of life, which are all potentially contributory factors for poor self-management strategies [3].

Furthermore, Masters and Grevstad define a gap between cognitive engagement with self-management strategies (e.g., awareness of the advantages of physical activity) and their behavioral enactment (e.g., creating contingency plans for maintaining activity levels). This division is commensurate with self-management trajectories in other chronic illnesses in which psychological and behavioral processes are key to adherence [4]. Their results call for the implementation of systematic behavioral interventions that extend beyond conventional patient education to close this gap.

Given the study's implications, I propose that future research prioritize creating uniform tools to assess self-management skills in patients with PCOS, identifying condition-specific barriers to adherence to lifestyle interventions, and assessing the efficacy of specific self-management interventions compared to standard lifestyle advice.

By redirecting the focus toward targeted, realistic care approaches, PCOS care can become more equitable and effective for all individuals affected by this disorder.

Thank you for your time and consideration of this issue. Commendations to the authors for this nuanced perspective that advances personalized care for all individuals with PCOS.

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