

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20262593>

Review Article

Polycystic ovary syndrome and quality of life: reproductive and psychological perspectives

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Received: 04 June 2026

Accepted: 06 July 2026

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ABSTRACT

Polycystic ovary syndrome (PCOS) is a hormonal condition marked by elevated androgen levels and the presence of ovarian cysts. Women diagnosed with PCOS often face irregular menstrual cycles, frequently resulting in missed ovulation, which complicates their chances of conceiving. This disorder has become one of the leading factors contributing to infertility in women. In addition to affecting reproductive health, PCOS also has ramifications for women's mental and physical wellness. Various factors including environmental toxins, eating habits, lifestyle choices, genetic factors, obesity, and imbalances in gut microbiota, play a role in the development, frequency, and manifestation of the condition. The effects of PCOS significantly diminish the quality of life for the women who experience it, due to its intricate physical, psychological, and social implications. Furthermore, PCOS heightens the likelihood of complications such as miscarriage, gestational diabetes, preeclampsia, and premature delivery in women. Women with PCOS also have a significantly higher risk of developing type-2 diabetes, cardiovascular diseases and metabolic disorders. PCOS has no permanent cure but the condition can be managed through lifestyle modification and medical treatment. A combination of both can help improve the quality of life in women with PCOS. This review analyzes the profound effects of PCOS on women's fertility and health while highlighting how it impairs quality of life and the role of lifestyle changes in mitigating these impacts.

Keywords: Polycystic ovary syndrome, Hormonal disorder, Infertility, Mental health, Anovulation, Lifestyle modification, Medical intervention

INTRODUCTION

Polycystic ovary syndrome (PCOS) is a hormonal disorder characterized by excess levels of androgens and cysts in the ovaries. An estimated 6-13% women of reproductive age are affected by PCOS. Women with PCOS experience irregular periods, often with an absence of ovulation, making it difficult for them to get pregnant. PCOS has emerged as one of the most common causes of infertility in women.^{1,2} PCOS compromises fertility primarily by disrupting normal ovulation. In addition, it is associated with hormonal imbalances, metabolic disturbances, especially insulin resistance, chronic low-grade inflammation, and abnormalities of the endometrium.

Collectively, these factors interfere with proper follicular development, reduce oocyte quality, impair implantation, and decrease the likelihood of maintaining a successful pregnancy.³⁻¹² Beyond reproductive health, it impacts women's mental and physical well-being. PCOS is quite prevalent and often remains undiagnosed, leading to complications that disrupt women's normal reproductive cycle.

METHODS

This review was conducted through a structured search of published literature examining the risk factors behind Polycystic Ovary Syndrome (PCOS) and its impact on the quality of life in women. Relevant studies were identified

in sources such as PubMed and Semantic Scholar to compile peer-reviewed articles. Search terms included combinations of 'PCOS,' 'risk factors,' 'menstrual irregularities,' 'infertility,' 'ovulatory dysfunction,' 'insulin resistance,' 'hyperandrogenism,' 'endometrial function,' 'psychological effects of PCOS,' and 'lifestyle management.' Only peer-reviewed articles focusing on reproductive, hormonal, metabolic, and clinical aspects of PCOS were considered. The initial search yielded 1,098 records. After removing duplicates and screening titles and abstracts for relevance, full texts were assessed. Based on relevance to the objectives and overall methodological quality, 62 studies were selected for inclusion in this review.

Causes and risk factors

PCOS is an endocrine disorder with complex pathophysiology and multiple causative factors. Environmental pollutants, dietary habits, lifestyle factors, genetic predisposition, obesity, and disturbances in gut microbiota, all can influence its onset, prevalence, and expression.¹³

Environmental factors

Endocrine-disrupting chemicals (EDCs) such as Bisphenol A have been known to disrupt the hypothalamic-pituitary-ovarian axis as they mimic estrogens or androgens. Exposure to these chemicals worsens ovulatory dysfunction and contributes to PCOS heterogeneity.^{14,15} Women with PCOS showed significantly higher levels of various organochlorine pesticides (OCPs), which correlated with symptoms such as insulin resistance, menstrual irregularities, etc.¹⁶ Air pollutants such as fine particulate matter (PM_{2.5}) and acidic gases (SO₂, NO₂) elevate the risk of PCOS via oxidative stress, systemic inflammation, and disruption of endocrine function.¹⁷

Diet and lifestyle

A high glycemic index (GI) diet (e.g., refined carbohydrates like white bread and sugary drinks) causes elevated fasting insulin levels (by ~20%) and testosterone levels (by ~15%) compared to women with a low GI diet in PCOS. Higher insulin levels lead to androgen excess and disrupt ovulation, exacerbating the symptoms of PCOS.^{18,19} A diet rich in saturated fats triggers acute inflammatory responses, worsening insulin resistance and elevating androgen levels in women with PCOS, leading to hyperandrogenism.²⁰ Smoking and alcohol are modifiable risk factors that can amplify the severity of PCOS as well as metabolic outcomes. Smoking causes androgen excess and worsens insulin resistance via oxidative stress.^{21,22} Alcohol is known to disrupt hormonal balance and impair ovulation in addition to exacerbating insulin resistance.²³⁻²⁵

Genetic predisposition

Genetics is known to play a significant role in the development of PCOS. It is a polygenic disorder with multiple genes interacting across various pathways to manifest the symptoms. If first-degree relatives (mother and sisters) have PCOS, the risk is higher for a woman to develop the syndrome.²⁶ Twin studies established that PCOS is an X-linked polygenic disorder with evidence indicating that about 72 % of the variability in PCOS risk is attributed to genetic factors, suggesting a strong genetic basis.²⁷⁻²⁹

Obesity

Obesity is a significant factor that exacerbates the symptoms of PCOS, especially visceral adiposity increases insulin resistance and hyperandrogenism. At the same time, metabolic disturbances related to PCOS predispose women to weight gain. The relationship between obesity and PCOS is bidirectional.^{30,31}

Gut dysbiosis

Gut microbiota plays a crucial role in the pathogenesis of PCOS. Studies have demonstrated that gut dysbiosis is an important factor causing PCOS.^{32,33} Moreover, a recent study found that the composition of gut microbiota in PCOS patients differed significantly in comparison to that of healthy individuals.³⁴

PCOS and quality of life

PCOS has a profound impact on the quality of life of affected women due to its complex physical, psychological, and social effects. Some of these effects are explained below.

Physical effects

PCOS affects the physical body of a woman in various ways, giving rise to the following symptoms

Menstrual irregularities

One of the major symptoms of PCOS is chronic anovulation and irregularities in the menstrual cycle of the affected women. Irregularities include the absence of periods or periods after a long gap or prolonged or heavy bleeding.^{35,36}

Hyperandrogenism

Excess of androgen hormones is another symptom of PCOS, which may lead to hirsutism, acne, alopecia, along with obesity or weight gain in affected women.³⁷

Infertility

PCOS is a significant cause of infertility since it results in anovulation and menstrual irregularities.³⁸ PCOS is responsible for about 80-90 % of anovulatory infertility.^{39,40} Hormonal imbalance with high androgens and impaired LH/FSH signaling adversely affects follicle development and oocyte quality.^{41,42} Altered endometrial receptivity due to PCOS is also a cause of infertility.⁴³

Complications in pregnancy

PCOS increases the risks of miscarriage, gestational diabetes, preeclampsia, and premature birth in women.⁴⁴⁻⁴⁶

Long-term health issues

Women with PCOS face increased risk for developing further health problems such as Type -2 diabetes, cardiovascular diseases, and metabolic syndromes.⁴⁷ Insulin resistance is a major symptom in women with PCOS, independent of obesity, and leads to a higher risk of developing Type-2 diabetes.^{48,49} Women with PCOS show higher prevalence of metabolic syndromes such as hypertension, dyslipidemia (higher triglycerides/low HDL) and non-alcoholic fatty liver disease (NAFLD).⁵⁰⁻⁵²

Psychological effects

The health complications in PCOS have a significant impact on the mental well-being of women, leading to psychological distress.

Anxiety and depression

Women with PCOS become prone to anxiety and depression.^{53,54} Further socio-demographic variables such as living in rural area, less education, being obese or childless increase anxiety and depression levels in such women.⁵⁵

Low self-esteem

PCOS leads to changes in body appearance, which often result in emotional distress in women affected with this disease. They feel a sense of low self-esteem.⁵⁶ Particularly, young women may show symptoms of social withdrawal due to concerns related to their outward appearance. PCOS-associated symptoms such as hirsutism, BMI, irregular menses, and infertility negatively impact the health-related quality of life.⁵⁷ These factors change the body image of women and the way society perceives them. The social stigma faced by such women causes psychological distress and adversely affects their mental well-being.

Social effects

Women with PCOS may face social stigma due to changes in their body appearance and the issue of infertility, which

in turn leads to their reduced social outings. This may affect their personal relations and friendships.^{58,59}

Management of PCOS

Although PCOS has no permanent cure, it can be managed through lifestyle modifications and pharmacological intervention.

Lifestyle modifications

Exercise and yoga with an active lifestyle and diet restrictions can help improve the various symptoms associated with PCOS. Physical activity improves insulin sensitivity and positively affects the metabolism and reproductive system in women with PCOS. Changes in diet, such as calorie restriction, a fibre-rich and anti-inflammatory diet, help maintain hormonal balance and improve insulin sensitivity. Yoga and stress management may also be helpful. Lifestyle modifications are beneficial in improving menstrual irregularities, obesity, anovulation, and mental health in women with PCOS.^{60,61}

Pharmacological treatment

Medical intervention is based on individual symptoms and includes the administration of insulin sensitizers to improve insulin resistance, anti-obesity drugs to address excess weight gain, anti-androgen drugs to treat hyperandrogenism, oral contraceptive pills to regulate menstrual cycle and ovulation induction drugs to treat anovulation. These treatments provide symptomatic relief and when supplemented with lifestyle modifications, help improve the quality of life in PCOS patients.^{61,62}

CONCLUSION

PCOS is an endocrine disorder characterized by hormonal imbalance, anovulation, menstrual irregularities, endometrial dysfunction, impaired oocyte development, and difficulties in maintaining pregnancy. Women with PCOS face a heightened risk of long-term health problems such as Type-2 diabetes, cardiovascular diseases, and metabolic disorders, further increasing complications. Although PCOS is strongly associated with infertility and complications in pregnancy, lifestyle modification and medical intervention help achieve successful pregnancies. These management strategies are based on individual symptoms and help patients to lead an improved life. Additionally, PCOS harms the mental health of women and often causes anxiety and depression due to changes in body appearance. All such issues need to be dealt with through counselling along with medical treatment and alternative therapies, to improve the quality of life for women with PCOS.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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Cite this article as: Singh D. Polycystic ovary syndrome and quality of life: reproductive and psychological perspectives. *Int J Reprod Contracept Obstet Gynecol* 2026;15:3367-72.