

Polycystic Ovarian Syndrome Conference

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Study of intuitive eating ratings and self-efficacy differences in women with polycystic ovarian syndrome (PCOS)

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Traditional interventions for elevated weight or health concerns, including PCOS, have focused on helping individuals achieve and maintain a target weight. This traditional model focuses on creating a negative caloric balance with the target outcome being weight loss. Alternatively, the non-diet approach focuses on reconnecting with physiological hunger and using hunger and fullness rather than calories or food lists to guide amounts of food eaten. The non-diet approach differs from the traditional model in that knowledge about food and nutrition is used to inform food choice rather than drive food choice. The purpose of this study was to investigate if there is a difference in self-efficacy ratings among women with PCOS who rate themselves high on the intuitive eating (non-diet) scale compared to women with PCOS who rate themselves low on the intuitive eating scale, using a 23-question survey, which was completed by 120 women with PCOS. The difference in self-efficacy ratings among women with PCOS who rate themselves high on the intuitive eating (non-diet) scale compared to women with PCOS who rate themselves low on the intuitive eating scale was significant ($p=0.007$). These results are very informative as to how relevant the nutrition philosophy used in the delivery of nutrition education is. The results of this study showed that women with PCOS who eat more intuitively feel more confident about sustaining healthy habits than women with PCOS who eat less intuitively. This is an important advancement in the treatment of PCOS because a sustainable nutrition intervention has not been found.

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One decade after Rotterdam consensus: We are in need for a practical not a political classification of PCOS

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Four sub phenotypes of polycystic ovarian syndrome (PCOS) have emerged after the definition of the syndrome according to a joint ASRM/ESHRE consensus meeting, in Rotterdam, 2003. Many pitfalls have resulted after this consensus, like the heterogeneity of the sub phenotypes groups which lead to controversy and debate of the results of any comparative studies. Also this consensus has neglected the role of insulin resistance, although PCOS is now recognized as an important metabolic and reproductive disorder. On the other hand this classification cannot solve the problem of cases having PCO in the absence of anovulation or hyperandrogenism ('asymptomatic PCO'), where these cases not considered as having PCOS. The use of Rotterdam diagnostic criteria in the studies of PCOS has ended the debate between ASRM/ESHRE groups from the political point of view, but we are still in need of a practical not a political classification, so we tried to introduce a proposal of a novel practical classification of PCOS to minimize the previous pitfalls.

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