

Effect of Social Support on Anxiety among Women with PCOS

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ABSTRACT

Obstacles related to gynecologic difficulties have been experienced by women of all ages. One of the major difficulties is an outcome of Polycystic Ovary Syndrome (PCOS). It is classified as an endocrine disorder characterized by persistent stimulation of the ovary by pituitary luteinizing hormone, which primarily results in anovulation and polycystic ovaries. It brings not only internal changes but also the physical appearance of an individual as gaining weight, developing acne and facial hair growth. Psychological challenges are also faced as anxiety because of the lack of social support from their family, friends and significant others. A sample of 30 women who were getting treatment for PCOS and aged between 20-35 years were taken for the study. Standardized tests were used to measure social support and anxiety. Results indicated that there is a negative correlation between social support and anxiety among women with PCOS which means variables are inversely proportional to each other. In order to reduce the severity of the anxiety symptoms, appropriate care must be provided in the form of social support, particularly from family, friends, and a significant other. Gynecologists should also seek the assistance of psychologists if a PCOS patient exhibits any signs or symptoms of a psychological disorder that need to be addressed. Women need to be made aware of how to get assistance if they experience any psychological discomfort.

Keywords: Social Support, Anxiety, PCOS, Women, Psychological

“On my hardest days with PCOS, I would remind myself of how far I’ve come already in my healing journey, and how much work I’ve put into my health. I sit to listen to what my body wants on those hard days, because each time your body reacts, it is trying to tell you something. Women need to understand that we don’t always have to hustle to be the best, we can take a break and tackle it the next day!” – Deena Marzuki, My PCOS president

The management of polycystic ovary syndrome (PCOS) involves psychological wellness, which is crucial for self-efficacy and leading a healthy lifestyle. According to Deeks, Gibson-Helm, and Teede (2010), PCOS, a chronic endocrine condition, affects 8% to 10% of women worldwide and affects women of all racial, ethnic, and sexual orientation backgrounds. Because so much is still unknown about PCOS, there is a general lack of understanding of the disorder (Blay et al, 2016). The symptoms of anxiety in polycystic ovarian syndrome (PCOS) have received little attention, despite the fact that

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anxiety disorders are the most prevalent mental diagnosis in both the general public and endocrine patients.

Ovaries that are swollen and have tiny cysts on the margins are a result of the hormonal illness PCOS (Polycystic Ovary Syndrome). Although the exact etiology of polycystic ovary syndrome is unknown, it may be a result of both hereditary and environmental factors. Menstrual irregularities, excessive hair growth, acne, and obesity are among the symptoms. Birth control pills to regulate periods, metformin to avoid diabetes, statins to lower cholesterol, fertility-boosting hormones, and hair removal surgeries are just a few of the treatments available. In India, the prevalence of PCOS varies from 3.7 to 22.5% depending on the population investigated and the diagnostic criteria applied. Depression, anxiety, and mood swings are just a few of the mental health issues that frequently accompany the syndrome. It has been shown that the mental health element of PCOS is frequently disregarded or underrepresented in treatment plans, even though PCOS diagnosis and management typically come under the purview of the woman's medical team. Many women report feeling "lost, alone, and overwhelmed" as a result of their lack of understanding about PCOS and its direct connection to mental health conditions. Home, work, and social situations can be challenging for women with PCOS. Women report finding it difficult to socialize and maintain positive working relationships because of insecurities about their physical appearance, exhaustion, and mood swings. The struggle with depression, anxiety, heightened stress reaction, infertility concerns, changes in physical appearance, loss of sexual desire, sexual dysfunction, and a lack of support are all obstacles to meaningful partnerships (Niemi, 2012). 57% of women with polycystic ovary syndrome are reported to have at least one mental condition (Fatemeh et al, 2018) with social anxiety, anxiety, and depression being the three most prevalent (Farrell & Antoni, 2010).

Social Support

When people are exposed to difficult physical and psychosocial experiences, social support offers physical and psychological benefits. It is also thought to be a component in lowering psychological suffering when exposed to stressful events. Over the past few decades, many researches have been conducted on the impact of social support on health, quality of life, and particularly mental health. However, because each study was conducted on a different population and used a distinct set of tools, sampling techniques, and statistical models, the findings varied.

In order to increase a person's perception of their own control over their experience, social support can be defined as verbal and nonverbal communication between recipients and providers that reduces misunderstanding about the situation, oneself, the other, or the relationship (Albrecht and Adelman, 1987). Five different sorts of social support are categorized in this system: informational, emotional, esteem-building, social network-building and tangible support. Informational signals, such as advice or criticism of behavior, are referred to as informational support. A few words that are related to offering emotional support are concern, empathy, and sympathy. "Esteem support" refers to the cues that serve to enhance one's capacities and intrinsic worth. The conversations that help a person feel more a part of a certain group with similar aims or circumstances are referred to as social network support. Last but not least, providing beneficiaries with the goods and services they need on a physical level is what is meant by "concrete support" (Cutrona and Suhr, 1992). In a study (Percy et al, 2009), 13 female patients were subjected to qualitative interviews in 2006. The patients went to a support group at a government hospital in the UK. Deductive and inductive thematic analysis was both used to analyze the data. In conclusion,

social support for women with polycystic ovarian syndrome appears to be a critical mediator of the psychosocial effects. Such support groups should be offered by healthcare professionals, or patients should be referred to them. Providing social support may reduce suffering and enhance self-control.

Anxiety

Anxiety may be defined as “apprehension, tension, or uneasiness that stems from the anticipation of danger, which may be internal or external” (Diagnostic and Statistical Manual of Mental Disorders, 1980). One of the most common mental health issues is anxiety, with 29% of the population reporting having at least one anxiety condition (Kessler et al., 2005). The absence of activity in the nucleus accumbens, which is located in the hippocampus, is typically the cause of anxiety sensations.

According to APA, (2022) “Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure”. Although they are not the same thing, fear and anxiety are frequently used interchangeably. Recent advances in cognition and emotion theory indicate that anxiety is mostly responsible for negative feelings (Chorpita & Barlow, 1998). Typically, intrusive thoughts or worries repeat throughout the lives of those with anxiety disorders. They could stay away from specific circumstances out of fear. They might also have physical side effects such as sweating, shaking, nausea, or an accelerated heartbeat. Although they are not the same thing, fear and anxiety are frequently used interchangeably. Fear is a proper, in-the-moment reaction to a clearly recognized and precise threat, but anxiety is a long-lasting, broadly focused, future-oriented response to a diffuse threat. The three main categories of anxiety disorders are:

- **Generalized Anxiety Disorder (GAD):** Individuals with GAD start worrying about common, everyday concerns like their health, finances, jobs, and families. Even when there is little or no cause for concern, the mind frequently goes to the worst-case scenario in those with GAD. Women who have GAD could experience anxiety just from getting through the day. Muscle tension and other stress-related physical symptoms, like difficulty falling or staying asleep, may be present. Worrying can occasionally prevent persons with GAD from performing routine tasks. Compared to males with GAD, women with GAD are more likely to experience depression and other anxiety disorders. Additionally, they are more likely to have experienced depression in the past (Lopez et al, 2008).
- **Panic Disorder:** Women are twice as likely as males to experience panic disorders. People with panic disorder experience abrupt anxiety attacks even when there is no real threat. A sensation of disbelief, a fear of impending disaster, or a fear of losing control may be brought on by panic attacks. Another indication of panic disorder is a fear of one's own inexplicable physical symptoms. Some people who experience panic attacks mistake their symptoms for heart attacks, mental instability, or death.
- **Social Phobia:** Diagnosed when people experience extreme anxiety and self-consciousness in routine social interactions, social phobia is also known as social anxiety disorder. People who suffer from social anxiety have a severe fear of being observed and evaluated by others. They could be easily embarrassed and frequently exhibit symptoms of panic attacks.
- **Specific Phobia:** A strong fear of something that presents little to no real risk is referred to as a specific phobia. Fears of enclosed areas, heights, water, particular objects, animals, or situations can all be considered specific phobias. People who

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have specific phobias frequently experience panic attacks or other acute anxiety while confronting, or even thinking about confronting, the feared object or event.

In their lifetime, anxiety disorders are more than twice as likely to affect women as they are men (National Institute of Mental Health, 2015). An increased likelihood of anxiety symptoms in women with PCOS was shown by a comprehensive review, underlining the significance of screening all women with PCOS for anxiety symptoms. As a chronic illness, generalized anxiety disorder requires ongoing assessment and care. Infertility, hirsutism, and/or obesity may be particular to women with PCOS and may contribute to anxiety symptoms, although further research is required (Dokras et al, 2012). Another systematic review and meta-analysis of the published literature were done to compare the anxiety and depressive symptoms of PCOS-positive women to those of control groups. Electronic databases up to December 17, 2010, were searched. Review Manager, Version 5,'s inverse variance method based on a random- or fixed-effects model was utilized to analyze the data. Twelve comparison studies with 910 PCOS women and 1347 controls each examined depression, and six more research with anxiety were also included (208 women with PCOS and 169 controls). The results of the analysis showed that persons with PCOS had higher ratings for anxiety and depression ($Z = 5.03$, $P 0.00001$; Hedges' $g = 0.54$; 95% CI 0.33-0.75) than participants without PCOS. Trials that controlled for BMI revealed a smaller difference in anxiety and depression scores between women with PCOS and controls than studies that did not (Barry et al, 2011).

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In order to increase a person's perception of their own control over their experience, social support can be defined as verbal and nonverbal communication between recipients and providers that reduces misunderstanding about the situation, oneself, the other, or the relationship (Albrecht and Adelman, 1987). Five different sorts of social support are categorized in this system: informational, emotional, esteem-building, social network-building and tangible support. 8 Informational signals, such as advice or criticism of behavior, are referred to as informational support. A few words that are related to offering emotional support are concern, empathy, and sympathy. "Esteem support" refers to the cues that serve to enhance one's capacities and intrinsic worth. The conversations that help a person feel more a part of a certain group with similar aims or circumstances are referred to as social network support. Last but not least, providing beneficiaries with the goods and services they need on a physical level is what is meant by "concrete support" (Cutrona and Suhr, 1992).

Purpose- The purpose is to study the effect of social support on anxiety among women with PCOS.

Hypothesis- There will be significant negative correlation between social support and anxiety among women with PCOS.

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Inclusion Criteria- Women who were diagnosed with Polycystic Ovary Syndrome (PCOS) and were seeking treatment for the same. The age norm was taken as above 18 years.

Exclusion Criteria- Women who were not diagnosed with Polycystic Ovary Syndrome (PCOS) and aged below 18 years.

Variable-

Independent Variable: Anxiety

Dependent Variable: Social Support

Design: To conduct the study, correlational research design technique was applied.

METHODOLOGY

Sample

The sample consisted of 30 women aged between 20-35 years, who had been diagnosed with PCOS and were getting treatment for it. The sample was collected from the support groups through Google form. Snowball sampling technique was used for data collection.

Measures

- 1. Multidimensional Scale of Perceived Social Support (MSPSS):** A 12-item questionnaire by Zimet et al. (1988) measures a person's perception of the amount of social support they receive from friends, family, and close relationships. Each response is given a score between 1 (very strongly disagree) and 7 (very strongly agree). High levels of perceived social support have been linked in certain studies to low levels of depressive and anxiety symptomatology.
- 2. Hamilton Anxiety Rating Scale (HAM-A):** The scale, developed by Hamilton (1959), is used to gauge the level of anxiety. Each of the 14 items on the scale receives a score between 0 (not present) and 4 (severe).

Procedure

The scales were administered in clinics after the participants had been made aware of the study's objective. In order to garner their honest responses without any fear or nervousness, the participants were given assurances on the confidentiality of the data. They were given standard psychological assessments.

Scoring

For scoring, the scales' manuals were utilized. For the purpose of statistical analysis, SPSS software was employed.

ANALYSIS OF DATA

Results:

Table 1: N, Mean and Standard Deviation

	Social Support	Anxiety
N	30	30
Mean	20.2	37.4
Standard deviation	6.62	6.16

Table 2: Correlation of Variables

		Social Support	Anxiety
Social Support	Spearman's rho	—	
	p-value	—	
Anxiety	Spearman's rho	-0.627***	—
	p-value	<.001	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

DISCUSSION

There is a significant negative correlation between social support and anxiety ($r = -0.627$ at $p > 0.001$). Hence, the hypothesis is accepted. It implies that if social support will be reduced, it will lead to higher anxiety levels and elevation of social support will result in decreasing the anxiety of an individual.

Hypothesis of the study was to determine negative correlation between social support and anxiety among women with PCOS and were getting treatment for it. According to the values provided in the table, it is shown that there is a negative correlation between social support and anxiety. Thus, it can be concluded that variables are inversely proportional to each other. According to a study by Armstrong et al (2022), individuals suffering from PCOS who perceive stigma and have a negative body image tend to experience more depression and anxiety symptoms than those who feel greater self-compassion and social support which is related to less anxiety and depressive symptoms. Infertile women with PCOS reportedly had a higher mean trait anxiety score than those without PCOS (46.19 ± 5.29 vs 44.49 ± 5.13 , $P = 0.004$), but there was no difference in state anxiety. The mean scores for social adjustment and coping strategies did not significantly differ between the two groups, with the exception of social support and problem-focused coping, which were higher in the PCOS group (Navid et al, 2018). In a study (Ekbäck et al, 2014), it was found that social support is significantly positively correlated with HRQoL (Health-Related Quality of Life), indicating its significance for the capacity to cope with issues related to hirsutism, a PCOS result. In light of the fact that women with hirsutism reported lower HRQoL than women in the general population, conclusively social support may be something to take into account in clinical practice.

CONCLUSION

It is well known that a sound mental state is essential to good health and a high life quality. It can be quite daunting for women who have PCOS and its side effects, including obesity, the difficulty to shed weight, acne, infertility, low self-esteem, sexual dysfunction, and the ongoing stress of attempting to manage symptoms. A chronic disease diagnosis is an established risk factor for anxiety, in addition to the considerable anxiety risk factors associated with PCOS. Unfortunately, maintaining PCOS may be extremely lonely for people with PCOS. Along with receiving medical care, persons with PCOS also require social support from their family and friends, as well as a supportive environment where they may accept physical changes and address mental health difficulties. Lessening the signs of anxiety is connected with higher perceived social support. Clinicians should be more aware of anxiety disorders in women with PCOS given the high prevalence, the significant implications, and the availability of effective treatment options provided accurate diagnosis with the help of mental health practitioners. Awareness should be made among people that social support lowers the anxiety symptoms among women with PCOS and support groups should be formed. Women with PCOS would receive an understanding of health issues and self-management, as well as recognition and acceptance.

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Conflict of Interest

The author declared no conflict of interest.

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