



CHIEF COMPLAINTS, PSYCHOLOGICAL DISTRESS AND COPING STYLES OF WOMEN LIVING WITH POLYCYSTIC OVARIAN SYNDROME

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ABSTRACT:

Polycystic Ovarian Syndrome (PCOS) was considered to be one of the unrecognized and under-diagnosed multi-symptom hormonal disorders among women and is found to be one of the major causes of female infertility in the Philippines. With this rationale, the study aimed to assess and gain a clearer understanding of the chief complaints, psychological distress, and coping skills of women living with PCOS. This study used a descriptive correlational method. Using this process, the study produced findings from 140 respondents that emphasized the relationship between chief complaints, psychological distress, and coping styles among PCOS women. The entire study gave significance to the following PCOS chief complaints namely infertility issues, menstrual irregularities, acne, weight gain, hair loss, and darkening of the skin. The study revealed that the majority of the respondents suffer from a moderate level of psychological distress with several elevated indicators of psychological burdens (e.g. feeling tired, feeling nervous, feeling depressed, etc) that might signify a potential risk for anxiety and depression. The use of healthy and unhealthy coping styles was also accentuated in this study, encompassing the use of coping styles as a basis to lessen the individual's distress at some point of their coping process, and using these coping techniques might lessen the effect of the chief symptoms while maintaining and strengthening the disorder, causing the individual to have an elevated level of psychological distress.

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Keywords: PCOS, chief complaints, psychological distress, coping styles

INTRODUCTION

Polycystic Ovarian Syndrome or PCOS is considered one of the widely under-diagnosed, multi-symptom hormonal disorders among women that have a wide range of psychological and health consequences. According to Rao, Broughton, and LeMieux (2020) ⁽¹⁾, its current global prevalence is estimated up to 6% - 12% based on the latest cross-sectional study, and it can be attributed to several factors including racial, ethnic age, and education distribution in a sample population.

However, in the Philippine setting, only a few existing types of research are available explaining the prevalence and implications of PCOS in the majority of affected Filipino women. According to Oxford researchers in the Philippines in 2006-2009, PCOS was found to be the leading cause of female infertility in the Philippines with over 4.5 Filipinas affected by the disease. Approximately one-half of the participants were aged 26 to 35 years, and the majority of these women struggling with PCOS reported four key clinical features of PCOS that are most important to them namely: (1) difficulty losing weight; (2) irregular menstrual cycles; (3) infertility and; 4. excessive hair growth (Gibson-Helm, Teede, Dunaif, & Dokras, 2017) ⁽²⁾. However, the health care system in the country was poor, and it somewhat focuses on the removal of ovaries rather than giving proper medications or education to manage their symptoms and day-to-day adjustments (UK Research and Innovation, 2021) ⁽³⁾. At present, the Philippine Gynecological and Obstetrical Society (PGOS) noted that there were no available data or statistical information of the exact prevalence of Filipino women diagnosed with PCOS in the Philippines in terms of locality, age group, and others (Personal Communication, 2021) ⁽⁴⁾. But they are considering the possibility

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of adding PCOS as part of their plan for a national survey since many local researchers from different universities in the Philippines are asking for data connecting to it. But again, these concerns are less likely acknowledged by the majority, especially by Filipina PCOS patients. Fernando (2017) ⁽⁵⁾ pointed out that the stigma associated with psychological and other physiological concerns due to PCOS was more intensely felt especially when confronted by Filipino social norms of building a “complete” family. With this, the researcher sought to explore and gain a clearer understanding of the challenges, stressors, and related factors that are difficult to cope with in the daily life of women living with PCOS to provide information not only to future researchers but also to help expand awareness about the disease.

MATERIALS AND METHODS

The researcher plotted the study under the descriptive-correlation method. It involved the use of both approaches that were designed to collect and statistically interpret the chief complaints, psychological distress, and coping styles of women living with PCOS that may help the researcher understand the situation they are in.

This study was predominantly set in the Philippines. The researcher searched for Filipino-based active social media support groups that accommodate women with PCOS as members. There were four (4) popular online Filipino social media support groups created solely for women with PCOS on Facebook namely: (1) PCOS Diet Philippines; (2) PCOS Survivors Philippines; (3) PCOS Warrior Philippines, and (4) PCOS Philippines: Cyster life. The researcher chose these four social media support groups because it had every potential characteristic of the target population and represents the overall purpose of the study. The researcher selected a sample that could represent an entire population through the use of G*Power software to determine the required number of respondents needed for the study. With the help of the institutional statistician of

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Laguna College of Business and Arts assigned to the researcher, they came up with a total of 140 respondents identified by G*Power as the required sample size based on the effective size of 0.3 and power of 0.95 (1 β error prob).

A "mixed sampling method" was utilized to formulate the desired sample for the study. To make this work, the researcher employed the use of both purposive and stratified random sampling, in which, according to Taherdoost (2016) ⁽⁶⁾, was used when the researcher wished to obtain samples from "strata" or "subgroups" (which is a product from a great deal of variation within the population) and then a random sample was taken from each subgroup to ensure that every stratum is sufficiently represented.

Part of the respondent's inclusion criteria stipulated that the participant in the study must be between 18-45 years old, able to read and write, not pregnant, and willing to provide informed consent. The respondent's diagnosis was established by an endocrinologist, or gynecologist, or reported to have medically confirmed by two out of three symptoms of PCOS according to the revised Rotterdam (2003) Criteria (Berger & Bates, 2014) ⁽⁷⁾. Lastly, the respondents were presented using pseudonyms to ensure the confidentiality of their identity as upheld by the data privacy law of the Philippines (2012).

Two standardized tests namely Kessler's Psychological Distress Scale (K10) and the Health Coping Index was utilized as primary instruments of the study together with a researcher-made questionnaire that was made purposefully to identify the chief complaints. Both standardized tests and were validated and documented by the authors of the test. However, both tests were tested first in a sample population and estimated their reliability for local use using Cronbach's alpha. As an outcome, the researcher obtained an acceptable internal consistency value of Cronbach's $\alpha=0.72$ for Stallman's Coping Index and good internal consistency of Cronbach's $\alpha=0.87$ for the K10 scale. For the self-made Chief Complaints questionnaire, the obtained Cronbach's α value

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based on standardized items was 0.765 or interpreted as acceptable. Each item of the K10 scale was scored 'none of the time' to five 'all of the time' that indicated the following: Very High (5.00–4.20), High (4.19–3.40), Moderate (3.39–2.60), Low (2.59–1.80) and Very Low (1.00–1.79). The Coping Index was based on a 4-point Likert scale scored as: Fully Utilized (4.00–3.25), Utilized (3.24–2.50), Partially Utilized (2.49– 1.75), and Not Utilized (1.74–1.00), while the extents of chief complaints were interpreted using the following scales: Highly observed (4.00–3.25), Observed (3.24–2.50), Slightly observed (2.49–1.75), and Not observed (1.00–1.74).

The statistical treatment that were applied to the study by the statistician using Statistical Package for Social Sciences (SPSS) were: weighted mean to determine the chief complaints, psychological distress, and coping styles of women living with PCOS and Pearson product-moment correlation coefficient or Pearson R to determine the following relationships: relationship between the extent of chief complaints and psychological distress level among patient respondents with PCOS and relationship between the extent of chief complaints and level of utilization of coping styles among patient respondents with PCOS.

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RESULTS AND DISCUSSION

Below were the gathered data from the respondents which were tabulated and calculated using the appropriate statistical treatment:

Table 1: The Extent of Chief Complaints Associated with PCOS observed among Respondents

Chief Complaints Associated with PCOS	Average Weighted Mean	Verbal Interpretation
Menstrual Irregularities	3.18	O
Hair loss	3.02	O
Weight Gain	3.01	O
Infertility Issues	2.95	O
Acne	2.48	SO
Darkening of Skin	2.47	SO

Legend: Highly Observed (HO) 4.00 – 3.25 Slightly Observed (SO) 2.49 – 1.75 Observed (O) 3.24 – 2.50 Not Observed (N) 1.00 – 1.74

Table 1 illustrates the tabulated summary of the extent of chief complaints associated with PCOS which were ranked according to their respective average weighted mean. “Menstrual irregularities” ranked as first among the chief complaints associated with PCOS garnering an average mean of 3.18, followed by “hair loss” with 3.02, “weight gain” with 3.01, “infertility issues” with 2.95, “acne” with 2.48, and “darkening of skin” with 2.47 respectively.

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Menstrual irregularity was found in this study to be the top concern of the respondents, making it a key feature of PCOS. Galan (2021) ⁽⁸⁾ also cited this fact in her article “Why Women with PCOS Have Irregular Periods” in which she confirmed that one of the major traits of PCOS is irregular menstruation.

Hair loss was claimed by the majority of the patient respondents to be their “second main concern”. According to PERLA Health (2020) ⁽⁹⁾, thinning of hair, which is also called as “male-pattern hair loss”, is one of the major sources of PCOS women’s psychological distress (“Conclusion”, para. 1). This incidence of hair loss in PCOS women is not yet clearly defined by existing literatures, until Carmina, Azziz, Bergfeld, Escobar-Morreale, Futterweit, Huddleston, Lobo, and Olsen (2019) ⁽¹⁰⁾ reported an average of 40-70% of its prevalence in younger women, mostly in their teenage years.

Weight gain was found to be the third main concern of the patient respondents of this study. According to Watson (2019) ⁽¹¹⁾ and Michos (2021) ⁽¹²⁾, PCOS women were most likely to become overweight to obese due to the resistance of insulin hormone in their body. As a result, these women suffer not only difficulty in losing weight, but they can be also at high risk of diabetes, heart disease, and other health-related problems.

Lastly, the infertility issue was found to be the fourth main concern among PCOS women. This result was strongly supported by the latest statistics of the NIH under the Office of Research on Women’s Health (2019) ⁽¹³⁾, in which women with PCOS were 15 times more likely to report infertility. To thoroughly understand PCOS in a large scale of respondents especially in the Philippine set-up, Jain et al., (2021) ⁽¹⁴⁾ conducted a study to characterize and identify PCOS around the world using an app called “Flo app”. They found out that in the Philippines, women with PCOS were most likely to have hyperpigmentation or darkening of skin (68.5%), irregular cycle (64.4%), and baldness (hair loss) (61.0%). Being overweight or obese (Obese OR:1.8,

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Severely Obese OR: 2.4; $p < 0.05$) was also seen to be a significant representation of PCOS among Filipino women along with other participating countries, which is nearly the same with the result obtained in this study.

Table 2: The Psychological Distress Level among Patient Respondents with PCOS

Indicators in terms of Psychological Distress (K10 Scale)	\bar{X}	VI
1. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang pagod o kapaguran na walang magandang dahilan? <i>(During the past 30 days, how often did you feel tired out for no good reason?)</i>	4.05	H
2. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang nerbyos? <i>(During the past 30 days, how often did you feel nervous?)</i>	3.37	H
3. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang sobrang nerbyos na walang makapagpakalma sa iyo? <i>(During the past 30 days, how often did you feel so nervous that nothing could calm you down?)</i>	2.56	L
4. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang kawalang pag-asa? <i>(During the past 30 days, how often did you feel hopeless?)</i>	3.44	H
5. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang pagkaligalig at hindi mapakali? <i>(During the past 30 days, how often did you feel restless or fidgety?)</i>	3.21	M
6. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman na hindi ka mapakali at hindi makaupo nang matagalan? <i>(During the past</i>	2.74	M

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30 days, how often did you feel so restless that you could not sit still?)

7. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang matinding kalungkutan? <i>(During the past 30 days, how often did you feel depressed?)</i>	3.68	H
8. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman ang sobrang kalungkutan na walang makapagpasaya sa iyo? <i>(During the past 30 days, how often did you feel so depressed that nothing could cheer you up?)</i>	3.10	M
9. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman na napakahirap gawin ang lahat ng mga bagay? <i>(During the past 30 days, how often did you feel that everything was an effort?)</i>	3.46	H
10. Sa nakalipas na 30 araw, gaano kadalas mo naramdaman na wala kang halaga o silbi? <i>(During the past 30 days, how often did you feel worthless?)</i>	3.24	M

GENERAL ASSESSMENT**3.28****M**

Legend: Very High (VH) 5.00 – 4.20 High (H) 4.19 – 3.40 Moderate (M) 3.39 – 2.60 Low (L) 2.59 – 1.80 Very Low (VL) 1.79 – 1.00

Table 2 shows the tabulated mean scores of K10 scale in order to determine the level of psychological distress of patient respondents with PCOS. The majority of the respondents answered that they felt tired out for no good reason, obtaining an average mean score of 4.05. This was followed by “feeling nervous” with a mean score of 3.37, “being depressed” with a mean score of 3.68, “feeling that everything was an effort” with a mean score of 3.46, and “feeling of hopelessness” with an average mean score of 3.44. These items that gained an average mean

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score between 4.19-3.40 and were interpreted as “high” was an obvious indicator of elevated distress and may become a strong predictor anxiety and depression. Over-all, the average mean score obtained by the respondents in their K10 scale was 3.28 or interpreted as Moderate, fair enough to make a comprehensible conclusion that majority of PCOS women suffered a moderate level of distress with several indicators of psychological burdens (e.g. feeling tired, feeling nervous, feeling depressed, etc).

This study slightly differed from the result reported by Borghi et al. (2018) ⁽¹⁵⁾ and Hadjiconstantinou et al. (2017) ⁽¹⁶⁾ who both claimed that women with PCOS were significantly high in SCL-90-R scales in over-all psychological distress, verifying a high. The only similarity of these findings to the above-mentioned pieces of evidence was that they had at least one indicator of psychological burden and had a higher occurrence compared to non-PCOS women (Sulaiman et al., 2017) ⁽¹⁷⁾. Therefore, the above findings were nearly analogous to the recent studies that suggest PCOS could develop psychological distress along with different mood and psychiatric disorders, and the majority of its result addressed depression and anxiety as the most likely diagnosis to PCOS patients.

Table 3: The Level of Utilization of Coping Styles among Patient Respondents with PCOS

Coping Index	Over-all average weighted mean	Verbal Interpretation
Healthy Coping Style	2.88	U
Unhealthy Coping Style	1.21	NU

Legend: Fully Utilized (FU) 3.25 – 4.00 Utilized (U) 2.50 – 3.24 Partially Utilized (PU) 1.75 – 2.49 Not Utilized (NU) 1.00 – 1.74

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Table 3 shows the summary of the utilized coping style of the respondents. The healthy coping style obtained an overall average mean score of 2.88 which was interpreted as Utilized, while the unhealthy coping style gained an overall average weighted mean of 1.21 which was also interpreted as Not Utilized. Given the above results, this means that PCOS women utilized both coping strategies to deal with their PCOS and strongly confirms the findings of Chaudhari et al. (2018) ⁽¹⁸⁾, implying that PCOS patients used both adaptive (positive) and maladaptive (negative) coping, but the scores on adoptive coping were higher than maladaptive. The results also confirmed that PCOS patients were more likely to cope with their condition positively and were open to changes and new experiences (Basirat et al., 2020) ⁽¹⁹⁾. Carron et al. (2017) ⁽²⁰⁾ supported this stand, revealing that most women with PCOS used positive (healthy) coping that includes social support, problem-solving, and positive reappraisal in coping with the disease.

Table 4: The Relationship between the Extent of Chief Complaints and the Psychological Distress level among patient respondents with PCOS

Paired Variables	Computed P-value*	Remarks	Decision
INFERTILITY ISSUES and PSYCHOLOGICAL DISTRESS	0.07310	Not Significant	Accept Null Hypothesis
ACNE and PSYCHOLOGICAL DISTRESS	0.00069	Significant	Reject Null Hypothesis
MENSTRUAL IRREGULARITIES and PSYCHOLOGICAL DISTRESS	0.00057	Significant	Reject Null Hypothesis

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WEIGHT GAIN and PSYCHOLOGICAL DISTRESS	0.00028	Significant	Reject Null Hypothesis
HAIR LOSS and PSYCHOLOGICAL DISTRESS	0.12628	Not Significant	Accept Null Hypothesis
DARKENING OF SKIN and PSYCHOLOGICAL DISTRESS	0.00064	Significant	Reject Null Hypothesis

*P-value significance: P-values can be determined and used to interpret the statistical significance of the results ***P-value less than 0.05** - If the p-value is small (< 0.05), it indicates a piece of strong evidence against the null hypothesis. Therefore, the null hypothesis is rejected. ***P-value greater than 0.05** - If the p-value is large (> 0.05), it indicates weak evidence against the null hypothesis. Therefore, the null hypothesis is not rejected.

Table 4 provides the computed probability values (p-value*) for infertility issues and hair loss were all greater than the level of significance at 0.05 (infertility issues = $0.07310 > 0.05$ and hair loss = $0.12628 > 0.05$), thus the null hypothesis is accepted. Therefore, it was concluded that there was no significant relationship between infertility issues and hair loss to the level of psychological distress of patient respondents with PCOS. On the other hand, acne, menstrual irregularities, weight gain and darkening of skin confirmed a piece of strong evidence of their relationship with psychological distress by obtaining a computed probability value that was lower than the standard level of significance at 0.05 (acne = $0.00069 < 0.05$; menstrual irregularities = $0.00057 < 0.05$; weight gain = $0.00028 < 0.05$ and; darkening of skin = $0.00064 < 0.05$). Therefore, the findings rejected the null hypothesis and accepted that there was a relationship between acne, menstrual irregularities, weight gain, and darkening of skin to the level of psychological distress among patient respondents with PCOS.

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These results were no doubt consistent with the findings cited by Almeshari, Alsubaie, Alanazi, Almalki, Masud, and Mahmoud (2021) ⁽²¹⁾, who suggested that PCOS symptoms such as weight gain, acne, menstrual irregularities, and darkening of the skin may create an internal personal pressure to women that may develop into low self-esteem, negative self-image, concerns about physical complications, and difficulty finding a life partner, which in turn, might increase the probability of developing psychological distress caused by the society regarding marital status and physical appearance, whereas, for infertility and hair loss, the results might vary depending on the multiplicity of factors.

However, Ou, Chen, Wu, and Lin (2016) ⁽²²⁾ contradicted the existing research findings and favor the result of this study by claiming that hair problems including hair loss had less impact on the psychological aspect of PCOS women in terms of health-related quality of life (HRQoL). But authors of the said study still recognized the possibility of hair loss (or androgenetic alopecia) to cause elevated self-consciousness, feelings of unattractiveness, and emotional distress.

Table 5.1 The Relationship between the Extent of Chief complaints and the Level of Utilized Healthy Coping Style among Patient Respondents with PCOS

Paired Variables	Computed P-value*	Remarks	Decision
INFERTILITY ISSUES and HEALTHY COPING STYLE	0.6682	Not Significant	Accept Null Hypothesis
ACNE and HEALTHY COPING STYLE	0.0370	Significant	Reject Null Hypothesis
MENSTRUAL IRREGULARITIES and HEALTHY COPING STYLE	0.3850	Not Significant	Accept Null Hypothesis

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WEIGHT GAIN and HEALTHY COPING STYLE	0.6430	Not Significant	Accept Null Hypothesis
HAIR LOSS and HEALTHY COPING STYLE	0.0280	Significant	Reject Null Hypothesis
DARKENING OF SKIN and HEALTHY COPING STYLE	0.4910	Not Significant	Accept Null Hypothesis

*P-value significance: P-values can be determined and used to interpret the statistical significance of the results ***P-value less than 0.05** - If the p-value is small (< 0.05), it indicates a piece of strong evidence against the null hypothesis. Therefore, the null hypothesis is rejected. ***P-value greater than 0.05** - If the p-value is large (> 0.05), it indicates weak evidence against the null hypothesis. Therefore, the null hypothesis is not rejected.

Table 5.1 explains the generated probability value (p-value) for infertility issues, menstrual irregularities, weight gain, and darkening of skin were all greater than the level of significance at 0.05 (infertility issue = $0.6682 > 0.05$; menstrual irregularities = $0.3850 > 0.05$; weight gain = $0.6430 > 0.05$; and darkening of skin = $0.4910 > 0.05$) thus, it could be concluded that there was no significant relationship between infertility issues, menstrual irregularities, weight gain and darkening of skin to healthy coping style. However, there was a significant relationship between acne and healthy coping, same with hair loss and healthy coping. Both acne and hair loss obtained a generated probability value (p-value) that was less than the 0.05 level of significance (acne = $0.0370 < 0.05$ and hair loss = $0.0280 < 0.05$), therefore, concluding that both PCOS symptoms were found to be significantly related to healthy coping style.

According to an article produced by Reader's Digest (2018) ⁽²³⁾, 46% of women conceal their hair loss problem. This concept was verified by the study commenced by Carron et al., (2017) ⁽²⁰⁾ about coping in women with polycystic ovary syndrome, in which they revealed that most women with PCOS used positive coping that includes social support, problem-solving, and positive reappraisal in coping with the disease. The same concept was applied in dealing with

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PCOS acne. Feeling embarrassed and degrading self-esteem are the common effects of having this particular PCOS symptom according to Caporuscio (2020) ⁽²⁴⁾.

Table 5.2: The Relationship between the Extent of Chief complaints and the Level of Utilized Unhealthy Coping Style among Patient Respondents with PCOS

Paired Variables	Computed P-value*	Remarks	Decision
INFERTILITY ISSUES and UNHEALTHY COPING STYLE	0.816	Not Significant	Accept Null Hypothesis
ACNE and UNHEALTHY COPING STYLE	0.000	Significant	Reject Null Hypothesis
MENSTRUAL IRREGULARITIES and UNHEALTHY COPING STYLE	0.004	Significant	Reject Null Hypothesis
WEIGHT GAIN and UNHEALTHY COPING STYLE	0.035	Significant	Reject Null Hypothesis
HAIR LOSS and UNHEALTHY COPING STYLE	0.003	Significant	Reject Null Hypothesis
DARKENING OF SKIN and UNHEALTHY COPING STYLE	0.000	Significant	Reject Null Hypothesis

*P-value significance: P-values can be determined and used to interpret the statistical significance of the results ***P-value less than 0.05** - If the p-value is small (< 0.05), it indicates a piece of

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strong evidence against the null hypothesis. Therefore, the null hypothesis is rejected. ***P-value greater than 0.05** - If the p-value is large (> 0.05), it indicates weak evidence against the null hypothesis. Therefore, the null hypothesis is not rejected.

Table 5.2 illustrates all paired variables obtained a generated computed probability (p-value) that was less than the level of significance at 0.05 (acne = $0.000 < 0.05$; menstrual irregularities = $0.004 < 0.05$; weight gain = $0.035 < 0.05$; hair loss = $0.003 < 0.05$ and; darkening of skin = $0.000 < 0.05$) thus, the null hypothesis in this study is rejected. Therefore, it could be concluded that there was a significant relationship between the chief complaints and the utilized unhealthy coping style among the patient respondents with PCOS except for infertility issues with an obtained p-value that is greater than 0.05 (infertility issue = $0.816 > 0.05$) hence, the null hypothesis was accepted and therefore concluded that there was no significant relationship between infertility issues and unhealthy coping.

Viganò et al. (2016, as cited in Chaudhari et al., 2018) ⁽¹⁸⁾ said that maladaptive (negative) coping created some effective techniques that may lessen symptoms while maintaining and strengthening the disorder. This means that PCOS women used these unhealthy coping techniques because it conveniently lessened the stress they experience although they know the risk of indulging in these coping skills such as worsening emotional and physical health and quality of life (Kolahi et al., 2015, as cited in Chaudhari et al., 2018) ⁽¹⁸⁾.

This result was also confirmed by Benson et al. (2010, as cited in Shah, 2019) ⁽²⁵⁾ using an internet-based survey conducted in Germany in which they found that maladaptive coping was significantly related to elevated anxiety, depression, and reduced quality of life. Contrary to the previous findings and supporting studies claiming that most women with PCOS used positive (adaptive) coping, the result of this study proves that PCOS women used either of the two

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approaches to deal with their PCOS symptoms and only select unhealthy coping depending on their current situation, resources and enough information to address their problem. Surprisingly, those unhealthy coping techniques that were not usually utilized by the patient-respondents had a greater relation to the elevated concerns of PCOS women with regards to their symptoms along with their elevated psychological distress. Possibly because it practically lessened their distress at some point in their life such as indulging in “stress eating” as mentioned by Hosseini et al.(2017) ⁽²⁶⁾ typically led to weight gain, or engaged in deep or over-thinking as explained by Dr. Leela Magavi (n.d., as cited in Scully, 2021) ⁽²⁷⁾. As a result, it became so severe that it would become devastating to woman’s morale, affecting not only their quality of life but also threatening their physiological condition.

CONCLUSION

PCOS women were found in this study to be suffering from moderate levels of psychological distress. Moreover, menstrual irregularity was found to be the top concern of most of the respondents in this study, making it a key feature of PCOS. Infertility issues and hair loss have no significant relationship to the level of psychological distress of patient respondents with PCOS, while there is a significant relationship between acne, menstrual irregularities, weight gain, and darkening of skin to the level of psychological distress among patient respondents with PCOS.

There was no significant relationship between infertility issues, menstrual irregularities, weight gain, and darkening of skin to healthy coping style, while acne and hair loss are found to be significantly related to healthy coping style. Conversely, acne, menstrual irregularities, weight gain, hair loss, and darkening of skin have a significant relationship to unhealthy coping except for infertility. However, there was no evidence of relationship between the extent of chief complaints associated with PCOS and healthy coping style although it was being utilized by the

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majority of the respondents. Unhealthy coping, on the other hand, was confirmed to have a significant relationship with chief complaints associated with PCOS.

RECOMMENDATIONS

The goal of every research does not limit to generating new facts and future studies, but it also aims to offer recommendations that are valuable not only to the subject matter but also to the participants, lawmakers, and to the community itself. Hence, this study may increase public awareness and education to every woman with PCOS on the importance of lifestyle modification and psychological health. Self-diagnosis and self-medicating through internet information about this condition are highly discouraged since PCOS is a multi-symptomatic disorder and has similar comorbidities that may lead to misdiagnosis and wrong treatment methods. Since PCOS women are vulnerable to developing a higher level of distress and different psychological disorders, the use of unhealthy coping is highly discourage since it has a direct effect on each elevated chief complaints and psychological distress of PCOS women.

Setting a realistic goal to change one's lifestyle and effectively managing the stress is a good starting point to establishing a good coping strategy. Creating a "goal calendar" to lose weight or setting a diet plan, taking breaks, doing some relaxing activities, and talking to other people by involving one's self in the community or faith-based organizations are hereby suggested. While reading and watching real-life testimonies of PCOS women who conquered their PCOS is a head start to developing self-motivation to change one's poor lifestyle habits.

With the help of this research, society may also eliminate the stigma connected to different physiological side effects of having PCOS in women. The use of social media tools such as Facebook to spread awareness and promote support for PCOS women is recommended since it is a practically convenient medium to use where technology reigns. This may include the negative and positive effects of the use of social media in enhancing self and body image among PCOS

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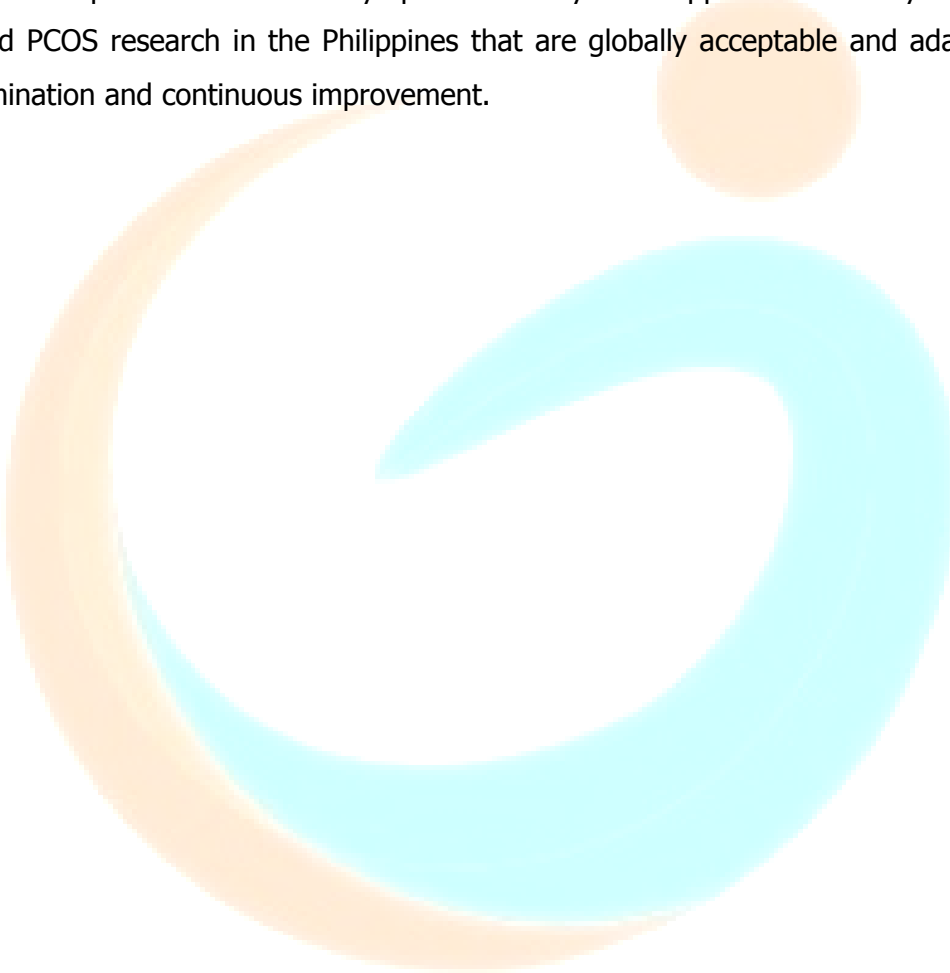
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women, and how society perceives PCOS as a disease and lessens the social stigma. This may also provide an insight to formulate applicable programs to the problems within the medical society in dealing with PCOS symptoms and coping. Creating a Filipino-based website group is an option for the national government to seek PCOS women who are willing to participate and be part of a larger funded research that are willing to share their first-hand experience on how they deal and cope with their PCOS symptoms. It may also support the delivery of quality evidence-based PCOS research in the Philippines that are globally acceptable and adaptable for further examination and continuous improvement.



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