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Diagnosed with Polycystic Ovarian Syndrome (PCOS): Understanding of the clinical picture for best individual treatment

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Background: PCOS is a multifactorial endocrine disorder in women of reproductive age. This starts with the first menstruation when the patients are about 12 years old. While there are no obvious signs if a woman is suffering from PCOS, the patient herself already feels that something is going wrong. From puberty to menopause, this syndrome without clear root cause is present, in lean women as well as in overweight/obese women. PCOS became diagnosed approx. of the age 20. To diagnose much earlier could help to mitigate or avoid with PCOS related comorbidities. PCOS impacts: skin, hair, body hair, body shape, sexuality/sexiness, partnership, self-confidence, metabolism, fertility, social life and could lead to depression, suicide, desperation, loneliness, exclusion, frustration, aggression/auto-aggression, eating disorder, drugs and alcohol abuse.

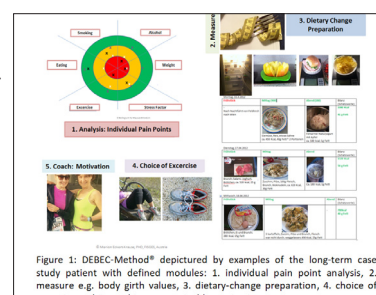


Figure 1: DEBEC-Method® depicted by examples of the long-term case study patient with defined modules: 1. Individual pain point analysis, 2. measure e.g. body girth values, 3. dietary-change preparation, 4. choice of exercise and 5. coaching as sustainable motivation support

Method: Review of a long-term case study related to the doctoral treatment, two patients interviews (age 16 and 28). Experiences compared with literature. The DEBEC-Method® was used as steering tool for treatment and interviews.

Result: Case study experience as well as literature examples showed a similar picture of insufficient treatment by medical staff, the tendency to trivialize the symptoms when there is no wish to get pregnant, not enough time for explanations during surgery, an ignorant behavior when patients came informed and no help which can be suitable for daily life. In all cases, there was only one medical specialist (Gynecologist) involved. The DEBEC-Method® was helpful to structure the interviews and successful within the long-term treatment.

Conclusion: Patients with PCOS are not getting sufficient treatment and alertness when there is no wish for pregnancy. Overweight/obese patients are advised to reduce weight and do some exercise, patients with eating disorders are forwarded to a psychologist, patients with skin and hair issues should be told that's a cosmetic affair or could be managed by healthy lifestyle.

Recent publications

1. Eckert-Krause M (2017) Hooded Disease-Polycystic Ovarian Syndrome: Lifestyle Change with DEBEC-Systematic. *J Gynecol Reprod Med.*; 1(4): 1-3.

References

1. Frossing S, Nylander M C, Chabanova E, Kistorp C, Skouby S O and Faber J (2018) Quantification of visceral adipose tissue in polycystic ovary syndrome: dual-energy X-ray absorptiometry versus magnetic resonance imaging. *Journal Acta Radiologica*; 59(1): 13-17.
2. Bhattacharya S and Jha A (2010) prevalence and risk of depressive disorders in women with polycystic ovarian syndrome (PCOS). *Fertil Steril.*; 94(1): 357-9.

Biography

Marion Eckert-Krause is a Specialist for metabolic diseases. She is also a Trained Practiced Nurse. She studied biology and waste management and worked for several years in field sales before moving to internal sales via key account management. She has nearly ten years in sales operations before earning a doctorate in medicine. She has then worked in quality management and began with PCOS research. Since 2012, she is actively joining congresses in USA, Switzerland, Germany and Austria. Presently, she is a Lecturer for a University of Florida. She has a Patent with number 295512 for DEBEC-Method®, which is registered at Austrian Patent and Trademark Office.

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