

Polycystic ovary syndrome

[Health & Medicine](#), [Nursing](#)



Polycystic Ovary Syndrome Case Study P. W, 17-year-old woman has irregular periods. According to her menstrual history, onset of menses was age 10 with an average length of cycle 45 days; last menstrual period 29 days ago and has heavy periods with passage of clots and cramping. She denies of being sexually active and having abnormal vaginal discharge. P. W is diagnosed with Polycystic Ovary Syndrome (PCOS).

Concept Map

Polycystic Ovary Syndrome (PCOS) affects the hormonal balance in women. As a result, affected people experience hormones that are out of control hence causing problems during menstruation and may make it difficult for women to get pregnant (Teede, Deeks, & Moran 2010). Ovaries have follicles that build up fluid as eggs grow in them. At maturity, the follicle breaks open to release the egg and ovulation occurs. In cases of POCS, the ovary does not make all hormones needed to make an egg mature fully. Follicles start growing and building up fluids, but ovulation does not occur. Alternatively, some follicles may remain as cysts. When ovulation does not occur, progesterone hormone is not produced resulting to irregular or absence of menstrual periods. As a result, most women with PCOS develop small cysts on their ovaries that are responsible for hormonal imbalance. Hormones are important chemical envoys that trigger production of energy and growth (McCance & Huether, 2010).

Excess insulin in the body is also linked to PCOS. Insulin, a hormone that controls the change, use and storage of starch, sugar and other foods in the

body may increase the production of androgens. Excess insulin increases the production of androgens that can lead to weight gain, excessive loss of hair, and acne (Teede, Deeks, & Moran 2010).

Based on the research above, P. W exhibited the following symptoms

Painful and Irregular Periods

Prolonged time between periods (2-3 months)

Experiences heavy flow during periods

Obesity

The following treatment should be recommended

Metformin

Clomiphene

Birth control pills to regulate menstrual periods.

History Taking and Physical Examination

According to DAmico and Barbarito (2012), health history is a way of obtaining information about patients' health based on their own words and perceptions. P. W's case requires a health history assessment that would help in evaluating the cause of her health condition. In evaluating her health history, interviewing her about the family's past and present health history would help to understand the nature of her condition and diagnose effective lifestyle measures. In addition, physical examination would help in studying underlying physical symptoms presented by the patient and enhance accurate diagnosis (Brashers, 2006).

For effective diagnosis, I would:

Ask P. W questions about her past health and take the history specifically for patterns associated with menstruation, obesity, breast development and

hirsutism.

Conduct a physical examination through inspection methods. This would involve conducting gynecologic ultrasonography that would help in identifying small ovarian follicles that disturb ovarian functions with failed ovulation.

Measure blood pressure level, waist size and body mass index. I would also inspect the skin for any increased hair growth. This would help in determining the effects on hormonal imbalances on hair growth or changes of the skin texture.

For P. W to manage her condition, I would recommend the following:

Life Style Modifications: In order to control weight and eliminate excess fat in the body, I would recommend healthy eating tips including the limitation of processed foods and foods with processed sugars and addition of vegetables, fruits, whole-grain products and enough fluids into the diet.

Birth control pills would help in controlling menstrual cycles, clearing acne as well as reducing hormone levels.

References

Brashers, V. L. (2006). Clinical applications of pathophysiology: An evidence-based approach. Mosby: Elsevier.

DAmico, D., & Barbarito, C. (2012). Health and physical assessment in nursing. Upper Saddle River, NJ: Prentice Hall.

McCance, L., & Huether, E. (2010). Pathophysiology: The biologic basis for disease in adults and children. St. Louis: Mosby.

Teede, H., Deeks, A., & Moran, L. (2010). Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic

manifestations that impacts on health across the lifespan. BMC Medicine, 8: 41. doi: 10. 1186/1741-7015-8-41.