Improving Adherence in Polycystic Ovary Syndrome Management

Written by The Life Science Feed Editorial Team · Published 28 September 2026 · Edited by William Lopes

> Poor adherence to treatment plans significantly hinders effective management of chronic conditions, including Polycystic Ovary Syndrome (PCOS). Despite clear guidelines from bodies like the American Association of Clinical Endocrinologists (AACE) and the Endocrine Society emphasizing patient education, the complexity of PCOS regimens often leads to non-compliance, necessitating a more nuanced approach than simply providing information.

KEY TAKEAWAYS

- The Pivot: New guidelines from the American Association of Clinical Endocrinologists (AACE) and the Endocrine Society emphasize that patient education and adherence are cornerstones of effective PCOS management, moving beyond simply providing information to actively exploring and addressing reasons for non-adherence.
- The Data: Not applicable, this article focuses on qualitative approaches to improving adherence rather than presenting a single numerical outcome.
- The Action: Clinicians should integrate Motivational Interviewing and Shared Decision-Making into their practice to empower patients, address barriers to adherence, and foster a sense of ownership in their PCOS treatment plans, as recommended by the 2023 International evidence-based guideline for the assessment and management of polycystic ovary syndrome.

Understanding the Adherence Challenge

Poor adherence to treatment plans is a significant obstacle in managing chronic conditions, and PCOS is no exception. Women with PCOS are often prescribed a combination of lifestyle modifications (diet, exercise), oral contraceptives, and medications like metformin to manage their symptoms and reduce long-term health risks. However, the complexity of these regimens, coupled with the often-gradual nature of symptom improvement, can lead to frustration and non-compliance. This directly contradicts guidelines from the American Association of Clinical Endocrinologists (AACE) and the Endocrine Society, which emphasize patient education and adherence as cornerstones of effective PCOS management.1

Consider the woman who struggles to adhere to a low-carbohydrate diet despite understanding its benefits for insulin resistance. Or the patient who stops taking her oral contraceptives due to perceived side effects without consulting her healthcare provider. These scenarios highlight the need for a more nuanced approach that goes beyond simply providing

information. We must actively explore the reasons behind non-adherence and address them with empathy and practical solutions.

Motivational Interviewing: A Patient-Centered Approach

Motivational interviewing (MI) offers a powerful framework for enhancing patient engagement and promoting behavioral change. Unlike traditional counseling methods that often rely on direct persuasion, MI focuses on exploring the patient's own ambivalence about change. By asking open-ended questions, affirming their values, reflecting on their experiences, and summarizing their perspectives, clinicians can help patients identify their intrinsic motivation to adhere to treatment plans.

For instance, instead of lecturing a patient about the importance of exercise, an MI-trained clinician might ask, "What are some activities you enjoy that could also help you be more physically active?" or "What are some of the challenges you anticipate in incorporating more movement into your daily routine?" These questions invite the patient to reflect on their own values and priorities, fostering a sense of ownership and commitment to change. It’s about guiding them to their own solutions, not imposing ours.

Shared Decision-Making: Empowering Patients

Shared decision-making (SDM) is another essential component of improving adherence in PCOS management. SDM involves a collaborative process in which clinicians and patients work together to choose the best course of action, taking into account the patient's values, preferences, and beliefs. This approach recognizes that patients are experts in their own lives and that their active participation is crucial for successful treatment outcomes.

For example, when discussing medication options, clinicians should present the evidence-based benefits and risks of each drug, including potential side effects and costs. They should then encourage the patient to ask questions, express their concerns, and share their preferences. The final decision should be a joint one, reflecting a shared understanding of the available options and the patient's individual circumstances. This is far more effective than simply dictating a prescription.

Addressing Common Barriers to Adherence

Several common barriers can hinder adherence to PCOS treatment plans. These include:

• Lack of understanding: Patients may not fully grasp the long-term implications of PCOS or the rationale behind specific treatment recommendations.

• Side effects: Medications like metformin and oral contraceptives can cause unpleasant side effects, leading patients to discontinue them without consulting their healthcare provider.

• Cost: The cost of medications, specialized diets, and fertility treatments can be a significant financial burden for some patients.

• Time constraints: Balancing work, family, and other commitments can make it challenging for patients to prioritize lifestyle modifications like diet and exercise.

• Cultural beliefs: Cultural beliefs and practices can influence patients' attitudes towards medical interventions and their willingness to adhere to treatment plans.

Addressing these barriers requires a multifaceted approach that includes patient education, proactive management of side effects, exploration of affordable treatment options, and culturally sensitive communication.

The Catch: Study Limitations and Future Directions

While the principles of motivational interviewing and shared decision-making are well-established, their specific application to improving adherence in PCOS management requires further investigation. Many studies on adherence interventions are limited by small sample sizes, short follow-up periods, and a lack of diverse populations. Moreover, the effectiveness of these interventions can vary depending on the patient's individual characteristics and the healthcare setting.

Future research should focus on developing and evaluating tailored adherence interventions that address the specific needs and challenges of women with PCOS. This includes incorporating digital health technologies, such as mobile apps and telehealth platforms, to provide ongoing support and monitoring. Additionally, studies should explore the role of social support and peer mentoring in promoting adherence and improving long-term outcomes. And let’s be honest, who is funding this research matters too. Industry-sponsored studies often paint rosier pictures than reality.

Practical Conversational Do's and Don'ts

Here's a quick guide to better patient conversations:

• Do: Begin by asking open-ended questions like, "What are your biggest concerns about managing your PCOS?"

• Don't: Start with a lecture about the importance of weight loss.

• Do: Actively listen and reflect on the patient's concerns, demonstrating empathy and understanding.

• Don't: Interrupt or dismiss their feelings.

• Do: Present evidence-based options and involve the patient in the decision-making process.

• Don't: Dictate a treatment plan without considering their preferences.

• Do: Explore affordable treatment options and connect patients with resources for financial assistance.

• Don't: Assume that all patients have the same access to healthcare and resources.

CLINICAL IMPLICATIONS

The most striking consequence of poor adherence in PCOS management is the direct undermining of established clinical guidelines. The American Association of Clinical Endocrinologists and the Endocrine Society emphasize patient education and adherence as cornerstones, yet our current approach often falls short. This isn't just about patient outcomes; it impacts the perceived efficacy of proven treatments like metformin and oral contraceptives, potentially leading to unnecessary treatment escalations or patient dissatisfaction with their care plan.

Clinicians must shift from a prescriptive model to one of true collaboration. Motivational Interviewing and Shared Decision-Making are not just buzzwords; they are essential tools for empowering patients. By understanding a patient's values and concerns, we can tailor treatment plans that are more likely to be followed. This proactive engagement can mitigate issues like perceived side effects or cost barriers before they lead to non-adherence.

Pharmaceutical companies and medical device manufacturers also have a role here. While developing innovative therapies is crucial, they must also consider how their products integrate into a patient's life. Are dosing regimens convenient? Is patient education material truly accessible and engaging? Industry could explore digital tools that support adherence, working with healthcare providers to ensure these resources are clinically sound and patient-centric.

Ultimately, improving adherence in PCOS requires a concerted effort across the healthcare ecosystem. It demands a re-evaluation of how we communicate with patients, a commitment from clinicians to adopt patient-centered approaches, and an industry focus on practical solutions that support long-term engagement. The evidence for these patient-centered strategies, while not always from large-scale RCTs in PCOS specifically, is compelling across chronic disease management. It is time to apply these principles rigorously.

EDITORIAL & AI STANDARDS

AI tools are used to structure and summarise evidence from peer-reviewed primary sources. Articles that carry a signed Editor's take have been read in full by William Lopes. The others are not individually read by an editor, so check the cited source before relying on a figure.

REFERENCES

1. 1. Lujan, M. E., & Legro, R. S. (2011). Diagnostic and therapeutic approaches to polycystic ovary syndrome. *Seminars in Reproductive Medicine*, *29*(5), 386-400.

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