



Considerations for Weight-Inclusive PCOS Management and Eating Disorder Recovery

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Polycystic Ovarian Syndrome (PCOS) is a hormonal disorder found in between 8 to 13% of reproductive aged people with ovaries (including cisgender women, transgender men, and gender non-binary individuals) (Teede et al., 2018). Individuals affected by PCOS are diagnosed when meeting at least two of the following three diagnostic criteria: irregular menstrual cycles, excess androgens (male hormones), and excess follicles that are cyst-like in nature on the ovaries (Sirmans & Pate, 2013). These central characteristics of PCOS may lead to other common symptoms, such as excess facial and body hair, male-pattern balding, acne, mood disturbances, subfertility, and infertility. PCOS is also linked to elevated insulin levels, insulin resistance, impaired glucose tolerance, and an increased risk of developing type 2 and gestational diabetes. As there is not a cure for PCOS, treatment goals include managing symptoms. Although the link between the diagnostic criteria and metabolic disturbances is not clear, studies show that PCOS management can improve both the diagnostic criteria and metabolic effects.

Research also suggests that individuals with PCOS are more likely to experience anxiety, depression, and bipolar disorder (Chaudhari et al., 2018; Davari-Tanha et al., 2014). Those with PCOS are at an increased risk of struggling with binge eating disorder, bulimia nervosa, night eating syndrome, and subclinical disordered eating (Lee et al., 2017). Individuals with PCOS are more likely to have eating disorders than the general population; however, there is limited information available about how to offer individualized care for people with PCOS and

eating disorders. There is also an inadequate amount of data about the proportion of the population with PCOS and undergoing eating disorder treatment that is offered individualized care.

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Traditional weight-centric PCOS treatment recommendations involve a combination of medications and diet modifications (Sirmans & Pate, 2013). Diet modifications tend to focus on reducing both calorie and carbohydrate intake, with the aim of causing weight loss and blood sugar management. These recommendations fail to consider that intentional weight loss efforts result in long-term weight regain for over 95% of dieters (Bacon & Aphramor, 2011). Dieting is also linked to hypertension, glucose impairment, and disordered eating, all of which are also common comorbidities of PCOS (Sirmans & Pate, 2013). Although pursuing intentional weight loss may have harmful long-term effects for everyone, it can be particularly damaging to those with active eating disorders or an eating disorder history. This can lead eating disorder and weight-inclusive clinicians supporting individuals in PCOS management and sustainable eating disorder recovery to a crossroads.

There are several unique considerations that affect the way people with PCOS navigate eating disorder recovery because PCOS symptoms and PCOS treatment recommendations affect both eating and body image. For instance, individuals with PCOS are more likely to have added weight around their midsection related to elevated insulin and androgen levels. As current Western beauty standards idealize an hourglass figure, even images that promote size diversity do not necessarily celebrate other body shapes. Therefore, despite exposure to size diversity, many of those with PCOS may still experience body dissatisfaction, but related to their shape rather than size. Individuals that experience weight stigma related to size and struggle to find representation in body shape in pro-recovery communities may feel further isolated with trying to have a more positive sense of body image.

In addition to their effects on body shape, the high levels of male hormones may also result in excess facial hair and male-pattern balding. When cisgender women experience these symptoms, they are oftentimes faced with social pressure to conform to traditional gender norms. Efforts to alleviate these symptoms can take both a great amount of time and money. Unfortunately, many individuals with PCOS have little success in finding a permanent solution to these symptoms as their root causes are elevated androgen levels. The discomfort of one's gender presentation not matching one's gender identity can be a great source of shame and body dissatisfaction. Societal norms about womanhood and menstruation and fertility may also leave cisgender women with PCOS feeling at odds with their bodies. Research suggests that people with PCOS that experience subfertility and infertility, that experience menstrual irregularities, and that experience hirsutism are more likely to have body dissatisfaction than people with PCOS that do not experience these symptoms (Bazarganipour et al., 2013). Eating disorder clinicians should encourage people with PCOS to examine how societal norms influence ideas of womanhood and femininity.

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Although cisgender women with PCOS are likely to experience unique body image issues in eating disorder

recovery, it is important to consider how non-binary individuals and transgender men with PCOS relate to their bodies. Research suggests that people with PCOS are more likely to be trans-masculine in comparison to the general population (Baba et al., 2007). Transgender individuals are more likely to have eating disorders in comparison to cisgender people. This is theorized to be related to controlling gendered features, navigating systemic oppression, and attempts to conform to gender ideals (Diemer et al., 2015). It is unclear how PCOS affects eating disorder development in transgender individuals, for PCOS may reduce gender dysphoria in trans-masculine individuals; however, because many PCOS resources and treatment considerations are gendered and geared towards cisgender women, transgender individuals with PCOS may experience more discrimination and isolation related to their gender identity. For instance, researchers are yet to examine how to manage the metabolic effects of PCOS without reducing androgens. This implies that PCOS only affects cisgender women who want to lower androgen levels. In order to best support individuals in PCOS management and eating disorder recovery, it is imperative that clinicians offer gender-affirming care and recognize their own biases.

It is important to consider that experiencing weight stigma is different from experiencing weight-related body dissatisfaction.

In addition to concerns about gender presentation, many people with PCOS have concerns about their weight (Bazarganipour et al., 2013). As weight-related body dissatisfaction is typically addressed in eating disorder recovery, many clinicians are confident in this area. It is important to consider that experiencing weight stigma is different from experiencing weight-related body dissatisfaction. Weight stigma is a form of societal oppression, while body dissatisfaction is one's negative attitudes towards one's own body which may be influenced by social beauty norms. Weight stigma, the societal disapproval of existing in a body perceived to have too much fat, is documented to affect healthcare access, employment, education, eating behaviours, and health.

As individuals with PCOS are likely to have elevated insulin levels that can lead to weight gain, many people with PCOS experience weight stigma. Experiencing weight

stigma increases the risk for depression, anxiety, body dissatisfaction, and prevalence of binge eating, all of which are increased among people with PCOS, so it is important to recognize that weight stigma can make it more difficult for people with PCOS to manage these conditions through eating disorder recovery (Baba et al., 2007; Emmer et al., 2020; Puhl et al., 2007). Research has also demonstrated that weight stigma can cause increased cortisol secretion, elevated glycemic parameters, and an elevated risk of impaired glucose metabolism, which may influence blood sugar management among individuals with PCOS (Vadiveloo & Mattei, 2017; Tsenkova et al., 2011). This affects both their attitudes towards their bodies and how they navigate health care to manage their PCOS, especially when many practitioners recommend weight loss as a treatment for PCOS. These recommendations can be particularly taxing on individuals with PCOS that are in eating disorder recovery and denied fertility treatment because of their BMI.

Clinicians that work with individuals with PCOS should offer weight-inclusive care that recognizes the harm of weight stigma on health and PCOS management. This approach encourages clinicians to examine their own stigmatizing attitudes and biases towards individuals with large bodies. Eating disorder recovery for individuals with PCOS should include both tips for self-advocacy and size-affirming community resources to better minimize the effects of weight stigma.

A central part of eating disorder recovery involves eating a variety of foods, exposure to fear foods, and dismantling rigid food rules. This process can be particularly challenging for individuals with PCOS that have been prescribed rigid diet plans from health care practitioners as a form of PCOS treatment. As elevated insulin levels in people with PCOS can lead to weight gain, people with PCOS are oftentimes put on particularly low-calorie and restrictive diets as a means to achieve weight loss. The pursuit of weight loss, which typically results in weight regain, can have a lasting impact on individuals' relationships with food, and people with PCOS are oftentimes led to believe that weight loss and rigid diets are prerequisites for PCOS management. Not only are weight loss plans likely to cause long-term weight gain, but are also likely to be particularly harmful to those with PCOS that are already likely to experience intense carbohydrate cravings. The ultimate result of these rigid diets tends to leave people with PCOS feeling at odds in their relationship with food, especially in regards to formally restricted foods with carbohydrates.

Eating disorder recovery among individuals with PCOS must include nutrition education about weight-inclusive care for PCOS management. This process should first prioritize stability in eating disorder behaviours before the application of medical nutrition therapy to manage PCOS symptoms. Only when an individual is at a stable stage in recovery are they ready to explore how different types of foods affect their PCOS management. This process is very individualized and is grounded in gentle nutrition, which emphasizes the importance of adding a variety of foods rather than eliminating foods and food groups. At this stage of recovery, individuals with PCOS are typically more attuned to hunger, fullness, and satisfaction, and are also able to better recognize how insulin resistance affects energy levels, sleep quality, ease with physical activity, and other markers. Exploring this information through the nutrition counseling process, alongside the support of an interdisciplinary team, is a weight-inclusive eating disorder recovery-oriented approach to managing PCOS.

“Rigid diet recommendations can make it difficult for people with PCOS to have a healthy relationship with food...”

Although it is not yet well-studied, the link between PCOS and eating disorders appear important both for PCOS management and sustainable eating disorder recovery. As individuals with PCOS are more likely to struggle with eating disorders and subclinical disordered eating than the general population, PCOS care should include being screened for eating disorders. Eating disorder clinicians should be aware of the impact of societal weight and gender norms on body image among those with PCOS. This awareness should also recognize the health impacts of weight stigma and how this may affect PCOS management. Rigid diet recommendations can make it difficult for people with PCOS to have a healthy relationship with food, so weight-inclusive nutrition counseling can offer an alternative to weight-centric PCOS treatment guidelines. Individuals with PCOS can experience many difficulties as they try to manage their symptoms. Although navigating eating disorder recovery and PCOS management can deliver a special set of challenges, eating disorder clinicians can offer a special gift of body acceptance to individuals with PCOS who oftentimes feel isolated in their bodies and experiences.

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