



RESEARCH TO  
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## EXERCISE RECOMMENDATION FOR WOMEN WITH POLYCYSTIC OVARY SYNDROME: TOWARDS CONSENSUS-AN EVIDENCE UPDATE

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Between 200 000 and 2 million Australian women has Polycystic Ovary Syndrome (PCOS) which carries a major health burden across metabolic, mental and reproductive health and costs over \$800M nationally each year. PCOS is under-recognised by health professionals, it is not a major national priority area, and considered an *uncommon disease*. Yet, PCOS leaves women on track for a plethora of diverse, often chronic conditions ranging from anxiety and depression, infertility, type 2 diabetes, gestational diabetes and pregnancy complications to cardiovascular disease and stroke. PCOS is becoming more severe as the population gains weight as obesity exacerbates all health outcomes. More concerning is for women with PCOS across normal, overweight and obese BMIs we have no optimal treatments.

In general populations, physical activity and structured exercise delivers metabolic, cardiovascular, and psychosocial benefits, whether alone or combined with diet changes. Additionally, sedentary behaviours (activities during waking hours in a seated or reclined position with energy expenditure less than 1.5 times resting metabolic rate) are now linked to all-cause mortality and requires significant amounts of physical activity (>60 min per day) to offset this association. Both aerobic exercise and resistance exercise are proven beneficial to reduce cardiometabolic risk factors but combined training seems to be most efficient. It is estimated that the health impacts of formal exercise therapy can reduced long-term cost to any healthcare system by ~\$1900 (AUD) per pre-diabetic person annually. There is also evidence in PCOS from a range of studies (small RCT's, cohort and case control studies) that physical activity, including formal exercise, improves metabolic features, body composition, reproductive features and psychological wellbeing in overweight women with PCOS, compared to minimum or no interventions. These benefits also occur independent of significant weight loss.

Despite the well-established benefits of physical activity and formal exercise for prevention of chronic disease, maintenance of health and therapeutic benefits in general and in women with PCOS, this population tend to remain inactive. This dis-engagement from physical activity and formal exercise is likely due to general and PCOS-specific barriers to physical activity and formal exercise. To overcome reduced participation we need to address the general and PCOS specific barriers by finding not only effective formal exercise activities, but ones that are enjoyable and likely sustainable beyond formal therapeutic intervention periods.

This presentation will explore the latest evidence, and present an international consensus for the role for physical activity and exercise in management and treatment of PCOS, either alone or within a lifestyle program. It will also identify and highlight remaining key gaps in clinical knowledge around exercise therapy and physical activity more generally in PCOS.

**Abstract number:** 041  
**Session:** Polycystic Ovary Syndrome & Exercise  
**Date:** Thursday, 29 March 2018  
**Time:** 1:30pm – 3:00pm  
**Co-Presenters:** A/Prof Jacqueline Boyle; A/Prof Nigel Stepto; Dr Trine Moholdt  
**Panel Practitioner:** Mrs Joanne Turner  
**Session Chairperson:** Miss Esme Soan