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Welcoming....

Our New Patrons



Dr. Parul Arora
Gynaecologist



Dr. Jyothi Hattiholi
Pulmonologist



Dr. Srilakshmi Brahmandan
Gynaecologist



Dr. Kalpana B
Gynaecologist



Dr. Amiti Atul Agrawal
Gynaecologist



Dr. Sreeleena Madhuri P V
Pulmonologist

Our New Life Members

Dr. S Smitha
Dr. Resham Vasani
Dr. Suvarna Khadilkar
Dr. Dharani Ramalingam
Dr. Haripriya Vedantham
Dr. Anish Pillai
Dr. Sukriti Katyal
Dr. Nanda Kumar
Dr. Seethalakshmi Ramamurthy Pal
Dr. Suparna Biswas
Dr. Kavitha S
Dr. Krupa Mayur Bhagat
Dr. Bhavika Manish Shah
Dr. Tanvi Desai Wadia
Dr. Swarna Kumari Konchada
Dr. Girija Wagh

Gynaecologist
Dermatologist
Gynaecologist
Gynaecologist
Gynaecologist
Neonatologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist
Gynaecologist

Our New Associate Members

Ms. Ria Gupta
Dr. Vidisha Samir Parekh
Dr. Roshini Rajappan

Counselling Psychologist
MD in Homoeopathy
MD in Homoeopathy



Clinical Certificate Course In PCOS

A certificate course for doctors and healthcare professionals

Clinical Certificate Course in PCOS is an expert-curated, evidence-based educational initiative by the PCOS Society of India, designed to help clinicians and healthcare professionals manage PCOS as a lifelong endocrine-metabolic disorder, not just a gynaecological diagnosis.

Who should enroll?

- Family Physicians • Allied Healthcare Professionals
- Gynaecologists • Endocrinologists • Physicians
- Diabetologists • Pediatricians

Course Fees:
Members
₹5,000 + taxes
Non members
₹7,500 + taxes

Inquiries:

courses.thepcosociety@gmail.com
+91 9833225280, 022-49677604



Scan QR code
for Course
details



MONASH
University

ADVANCED PMOS CARE CERTIFICATION PROGRAMME

A comprehensive self-paced online International certification programme

COURSE FEE
₹14,000
+ 18% GST



Programme Highlights

- International faculty from Monash University and leading experts from The PCOS Society, India
- International evidence-based guideline for the assessment and management of Polyendocrine metabolic ovarian syndrome (PMOS)
- Interactive expert video lectures and clinical case discussions
- Lecture notes, supplementary resources, and downloadable clinical tools
- Weekly assessments and a Certificate of Completion

Who Should Enrol?

- Gynaecologists • Endocrinologists • Fertility Specialists
- Dermatologists • all other Specialities

Eligibility

Exclusive to members of The PCOS Society, India. Non-members are required to obtain Society membership before registering for the course.

Register
Now!

Scan the QR code





Dr. Riddhi Desai

Co editor, Pandora
Managing Committee Member, MOGS
Managing Committee Member, The PCOS Society of India
Managing Committee Member, AFG



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This issue has been designed by P. Vel Kumar

Editorial



Dr. Duru Shah

MD, FRCOG, FCPS, FICS, FICOG, FICMCH, DGO, DFP
Founder President, The PCOS Society, India
Founder & Chief Editor, Pandora

The recent transition from PCOS (Polycystic Ovary Syndrome) to PMOS (Polyendocrine Metabolic Ovary Syndrome) marks far more than a change in terminology. It reflects a fundamental shift in our understanding of this complex disorder—from being viewed primarily as a reproductive condition affecting women of childbearing age to being recognised as a lifelong metabolic and endocrine disorder with far-reaching health implications.

For many years, the management of PCOS largely revolved around menstrual irregularities, infertility, cosmetic issues like acne and hirsutism, and other reproductive concerns. While these manifestations remain important, growing scientific evidence has highlighted that the condition extends well beyond the ovaries. Women affected by PCOS (PMOS) often experience disturbances in multiple hormonal pathways, including insulin, reproductive hormones, adrenal hormones, and metabolic regulators. These abnormalities may predispose them to obesity, insulin resistance, gestational diabetes, recurrent pregnancy loss, type 2 diabetes, dyslipidaemia, hypertension, cardiovascular disease, endometrial cancer, sleep disorders, and significant psychological challenges throughout their lives. Women with PCOS who are not evaluated completely have a risk of epigenetically transferring PCO to their unborn children.

The adoption of the term PMOS serves as an important reminder that our approach to patient care must evolve alongside our understanding of the disease. As gynaecologists, we are often the first healthcare professionals to encounter these women, sometimes during adolescence and often long before the development of long-term complications. This places us in a unique position to identify risk factors early, initiate appropriate interventions, and guide our patients toward healthier futures & prevent passing on PCOS to future generations.

This concept of prevention is especially important today. Emerging evidence suggests that the metabolic and hormonal environment during pregnancy can influence the future health of offspring through epigenetic mechanisms. Maternal obesity, insulin resistance, hyperandrogenism, and poor metabolic control may increase the likelihood of cardiometabolic disorders and PMOS-like traits in subsequent generations. Therefore, effective management of PMOS before conception, during pregnancy, and throughout a woman's reproductive life, it is no longer only about improving her health—it may also be an opportunity to protect the health of her children and grandchildren. Early diagnosis, healthy nutrition, regular physical activity, weight optimisation, and metabolic monitoring should become integral components of preventive care.

It is precisely this need for a comprehensive, multidisciplinary approach that led to the establishment of The PCOS Society, India in 2015. The Society was founded with the vision of bringing together experts from diverse specialties, including gynaecology, endocrinology, dermatology, cardiology, nutrition, psychology etc. Through collaborative efforts, education, research, and advocacy, the Society has increased awareness about the many faces of this disorder and promoted holistic patient care.

Today, our responsibility as gynaecologists, being the primary care physicians of women, extends beyond treating immediate gynaecological symptoms. For the last 10 years, as an organisation, we have organised multiple workshops, seminars, webinars and conferences for physicians all over the country in collaboration with other Professional societies, to update gynaecologists & other physicians, in order to work together to make a diagnosis, evaluate and manage them effectively. But we still have a long way to go!

We do hope the name may have changed, but more importantly, the perspective will change. PMOS challenges us to look beyond the ovary and view the woman as a whole—an approach that will ultimately lead to better health outcomes not only for today's patients, but for generations to come.



Dr. Duru Shah

Founder & Chief Editor, Pandora
Founder President, The PCOS Society



PCOS Beyond Menopause: A New Frontier in Preventive Gynaecology



Dr. Duru Shah
MD FRCOG (Lon.)
Director, Gynaecworld.

For the modern gynaecologist, the traditional view of **Polycystic Ovary Syndrome (PCOS)** as a reproductive-age disorder is being replaced by a more sobering reality: PCOS is a lifelong metabolic

syndrome that may reach its most dangerous clinical expression after the final menstrual period. While cycle irregularity ceases at menopause, the underlying "PCOS biology" persists, driving increased cardiometabolic risk and potentially adverse cognitive health in midlife and beyond.¹⁻⁴

The Evolution of Risk in Midlife

The transition to menopause in PCOS patients is characterised by a "perfect storm" of hormonal and metabolic shifts. As estrogen levels decline during the menopausal transition, the pre-existing insulin resistance and hyperandrogenism characteristic of PCOS contribute to increased visceral adiposity and worsening cardiometabolic risk.^{1,3,5}

Large observational studies suggest that women with PCOS have an increased lifetime risk of cardiovascular disease independent of obesity, although excess adiposity further amplifies this risk.^{1,3,5}

The Gynaecologist as Gatekeeper: for the Heart & the Brain

Clinical Management

The **2023 International Evidence-based Guideline** recognises that women with PCOS have an increased lifetime cardiometabolic risk and recommends lifelong cardiovascular risk assessment together with regular metabolic screening. This shifts the clinical mandate for gynaecologists from managing reproductive symptoms alone to adopting a strategy of aggressive primary prevention.¹



Monitoring for the postmenopausal PCOS patient must include:

- **Vascular Screening:** Annual blood pressure monitoring and periodic lipid profile assessment, even in lean patients.^{1,5} In women with multiple cardiovascular risk factors or longstanding metabolic disease, assessment for **subclinical atherosclerosis using Carotid Intima-Media Thickness (CINT)** may be considered for cardiovascular risk stratification.^{1,5}
- **Metabolic Surveillance:** Regular HbA1c and blood glucose assessment, as the loss of estrogen's insulin-sensitising effects can unmask overt Type 2 diabetes in susceptible women.^{1,3}
- **Cognitive Assessment:** Vigilance for early cognitive decline during routine midlife consultations, particularly in women with multiple cardiometabolic risk factors.^{1,6} Although routine cognitive screening is not currently recommended by PCOS guidelines, increasing awareness of subjective cognitive complaints and the use of brief validated screening tools in high-risk women may facilitate earlier recognition and appropriate referral.
- **Endometrial Surveillance:** Vigilance for hyperplasia, particularly in women with a history of long-standing untreated oligomenorrhoea and postmenopausal bleeding.^{1,2}

Emerging evidence suggests that the consequences of PCOS also extend to the Central Nervous System. Women with PCOS may experience subtle alterations in cognitive

function, particularly executive function and memory, although further longitudinal studies are required to determine whether these changes translate into accelerated cognitive ageing or an increased risk of dementia.^{1,4,6}

Furthermore, alterations in the gut microbiome (dysbiosis) are increasingly recognised as important contributors to chronic low-grade inflammation, insulin resistance and metabolic dysfunction in women with PCOS. Although much of the evidence comes from reproductive-age women, these mechanisms are believed to contribute to persistent cardiometabolic risk later in life.^{1,2,4}

Conclusion

The cessation of menses in a PCOS patient should be viewed not as a resolution, but as a critical window for intervention. By recognising PCOS as a driver of accelerated cardiometabolic ageing, with emerging evidence suggesting effects on cognitive health, gynaecologists can lead the transition from reproductive care to a comprehensive longevity strategy, reducing the burden of cardiovascular disease, metabolic dysfunction and age-related morbidity in this high-risk population.^{1,2,5,6}

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Metabolic risk assessment in PCOS

Step 1 - Weight and BMI assessment - with permission and rationale as to why 6-12 monthly, with frequency planned and agreed between the health professional and the individual, avoiding weight bias and stigma

Step 2 - Glucose screening

- a) Every 3 years = OGTT, OR fastint) glucose, HbA1c
- b) PCOS + other diabetes risk factors = OGTT every 1-3 years
- c) Preconception or early pregnancy = OGTT + 24-28 weeks

Step 3 - Blood Pressure check annually

Step 4 - Lipid screening in overweight and obese women at diagnosis, repeated based on risk

Obstructive sleep apnea should be considered, screened by questionnaire and sleep study if needed and treated only if symptomatic Endometrial cancer - awareness of increased risk is needed. No routine screening

Menopause life stage

A diagnosis of PCS could be considered as enduring / lifelong.	❖❖❖
Healthcare professionals could consider that both clinical and biochemical hyperandrogenism persist in the postmenopause for women with PCOS	❖❖❖
PCOS diagnosis could be considered postmenopause, if there is a past diagnosis, or a long-term history of oligo-amenorrhoea with hyperandrogenism and/or PCOM, during the earlier reproductive years (age 20-40).	❖❖❖
Further investigations should be considered to rule out androgen-secreting tumours and ovarian hyperthecosis in postmenopausal women presenting with new-onset, severe or worsening hyperandrogenism including hirsutism, require further investigation.	❖❖❖

Installation of the New President: Dr Shashank Joshi



Dr. Shashank Joshi. M.D
Endocrinologist

Namaskar.

I accept the President-Elect position of the PCOS Society of India with humility and gratitude from my mentor, teacher and founder, Prof Dr Duru Shah, whose work is legendary.

From PCOS to PMOS: For decades the condition was called polycystic ovary syndrome. There is now global consensus to rename it PMOS, polyendocrine metabolic ovarian syndrome. The reason is accuracy. The old name confined 170 million women to a story about ovaries and cysts, when the reality is far broader. PMOS is a lifelong, multisystem condition involving androgen excess, insulin resistance, neuroendocrine disruption, adiposity, mental health and cardiometabolic risk, not periods and fertility alone. The renaming followed a consultation of 14,360 respondents across 56 global organisations including our own Society with Dr Duru Shah and Dr Madhuri Patil consistently representing us. India should not simply adopt this shift once others have settled it. India should help lead it, with scientific conviction.

India's challenge, India's opportunity: Indian women face a particular convergence of pressures: early metabolic risk, central obesity, susceptibility to diabetes, a rapid nutritional transition, social stigma and unequal access to care. Importing a Western model wholesale will not serve them. We need an Indian model of PMOS care that is rigorous, culturally grounded, affordable and scalable - one that considers diet, nutrition, physical activity and mental health together.

Shakti, not syndrome: The Devi Saptashati declares: "Yā Devī Sarvabhūteṣu Śakti-rūpeṇa Saṁsthītā", the Divine Feminine resides in every being as power, as intelligence, compassion, memory and strength. A woman with PMOS is not her weight, her facial hair, her lab report or her fertility status. She is a person, and her Shakti is something we are meant to recognise and help restore. Our duty is to move from judgement to awareness, from prescription to partnership, from controlling a disease to genuine empowerment.



Installation of Our New President , Dr Shashank Joshi



Installation Ceremony: Dr Duru Shah & Dr Shashank Joshi

Indian women face a particular convergence of pressures: early metabolic risk, central obesity, susceptibility to diabetes, a rapid nutritional transition, social stigma and unequal access to care.

Five commitments: I place five commitments before you.

First, care across the whole life course. In adolescence we protect against stigma and support menstrual and mental health. During the reproductive years we provide evidence-based fertility, intimacy care and metabolic care. Beyond forty, we stay vigilant for diabetes, hypertension, fatty liver disease, sleep apnoea and cardiovascular risk. Gynaecologists, endocrinologists, physicians, nutritionists, psychologists and primary-care teams must speak one clinical language toward one goal.

Second, metabolic health at the centre, without weight defining a woman's worth. Lifestyle advice will be individualised, sustainable and free of blame. Medication will be guided by phenotype and by evidence. Every consultation will ask not only about cycles, but about sleep, mood, diet and self-confidence.

Third, evidence from India for India's women. We will build multicentre registries, phenotype across regions, develop adolescent and post-menopausal cohorts, and run pragmatic trials on lifestyle, medicines and fertility. Patient voices will sit beside biochemical reports. Lived experience will guide our research.

Fourth, education as our great multiplier. The myths must end: PCOS is not a personal

failure, not every woman with it has cysts, and it does not resolve once fertility is no longer wanted. Our Society will create multilingual patient resources, accredited courses, primary-care pathways and digital tools worth trusting.

Fifth, advocacy that turns knowledge into access. We will work with government, the NMC, the ICMR, journals and health systems on an orderly transition from PCOS to PMOS. Records, awareness and access must change together. India must localise the global roadmap with both science and cultural sensitivity.

Conclusion: My hope is that PMOS becomes more than a Society. I want it to become a national movement for women's health that is dignified, integrated and equitable. Let us unite learning with science, compassion with clinical care, and Shakti with service. Let every woman be heard early, diagnosed accurately, treated fully, and empowered to live beyond the label of a syndrome.

This is our moment to rename with wisdom, reframe with science, and renew with humanity. **"Naari tu Narayani,"** you are the embodiment of the Divine. Let us restore her Shakti.

Jai Hind.

https://m.x.com/DrJitendraSingh/status/2086354524919541959/video/1?launch_app_store=true&ct=engagement_view_media

Link to view the inspiring Message from the Chief Guest Dr. Jitendra Singh

11th International PCOS Conference 2026



Inauguration Ceremony
L to R: Dr Sangeeta Agrawal, Dr Piya, B.Thakkar, Dr Shashank Joshi, Dr Duru Shah,
Dr Madhuri Patil, Dr Sandhya Saharan



Chief Guest : Prof. Dr Jitendra Singh, Honourable Union Minister of State Science & Technology,
Earth Sciences, Atomic Energy & Space.



Date
8th & 9th August 2026

Venue
The Leela Hotel, Mumbai

For More Details Visit <https://pcosindia.org/2026>

Register pcosconference2026@gmail.com +917977923103



Guest of Honor: Prof. Dr Harish Shetty, Senior
Psychiatrist, Dr L.H Hiranandani Hospital.



Dr Sangeeta Agrawal



A beautiful gift for the retiring President from the Managing Committee



The first Conference Oration by Founder President, Dr Duru Shah



Dr Duru Shah being Facilitated for the Founder's Presidential Oration



Annual General meeting of The Society, held during the Conference



Dr Madhuri Patil, Vice President,
The PCOS Society, India



Dr Gauri Karandikar



L to Rt: Dr Shashank Joshi, Uday Thanawala, Padma Rekha Jirge,
Sujata Kar, Kanthi Bansal, Riddhi Desai



Felicitating our Guest of Honor: Dr Harish Shetty,
Senior Psychiatrist, Dr L.N. Hiranandani Hospital



L to R: Dr Uday Thanawalla, Dr Shashank Joshi, Dr Madhuri Patil,
Dr Sangeeta Agrawal, Dr Duru Shah, Dr Sandhya Saharan, Dr Lipika Moharana



Drs.Vimal Pahuja and Vijay Neglur



L to R: Dr Prasad Saraogi, Dr Sarita Bhalerao, Dr Charmila Ayyavoo,
Dr Riddhi Desai, Dr Samir Dalwai



A Room Full of Minds: Where Ideas Evolve, and PMOS Care Moves Forward

Scan the
QR Code
for program



Public Awareness Program on PCOS (PMOS)

Organised by The Public Awareness Committee.

Chair: Dr Duru Shah • Co Chair: Dr Gauri Karandikar

Motiwalla National Homoeopathic Medical College, Nashik



Feedback

It was a really good awareness program. The fact that it was for both boys and girls really impressed me... Because most of such sessions are only made for girls but it is equally important for boys to know about this. This session was really important for awareness and to remove the misconceptions, worries and taboo about PCOS.

Areas of Discussion:

- PMOS
- Hormonal and metabolic imbalance
- Lifestyle modification
- Benefits of self-care from a young age.
- Importance of sleep time, eating home-cooked food and exercise.
- Menstrual hygiene
- Mental health
- Using social media wisely.



Feedback

It was an incredible and helpful programme, it feels very admiring to look up to such incredible women talking.



Feedback

Informative session, well-spoken speakers who made everything very clear also a women-led program and an inspiring one. Thank you so much. Please visit us again so that our junior batches can also be inspired by you.



450+
Registrations

Webinars by Our Special Interest Groups(SIGs)

Organized by: Adolescent Health SIG

Chair: Dr Gauri Karandhikar • Co Chair: Dr Riddhi. Desai

ADOLESCENT HEALTH
SPECIAL INTEREST GROUP
PRESENTS

WEBINAR - PUBLIC
HEALTH INITIATIVE

HORMONES, HABITS & HEALTH

DECODING THE WEIGHT CONNECTION

Understand. Empower. Transform.
Building a healthier tomorrow.

29 JULY
2026
WEDNESDAY

3:00 - 4:30 PM
(IST)

ONLINE
WEBINAR

TOPICS COVERED

- Hormones & Weight
- Puberty & Growth
- Nutrition
- Physical Activity
- Medications
- Childhood Obesity
- Myths vs Facts
- Practical Lifestyle Tips
- Must Know for Parents
- Early Warning Signs

MODERATORS

Dr. Gauri Karnadikar
Chair, Adolescent Health SIG
The PCOS Society, India

Dr. Riddhi Desai
Co-Chair, Adolescent Health SIG
The PCOS Society, India

EXPERT PANEL

Dr. P.G. Anandhi
Gynaecologist

Dr. Manisha Wasade
Gynaecologist

Dr. Nithya
Gynaecologist

Dr. Shreya Sharma
Endocrinologist

Ms. Pratibha Sharma
Nutritionist

Dr. Barnali Basu
Physiologist (Scientist)

Dr. Renuka Jakhar
Physiotherapist

Practical Takeaways

- 1 Early recognition beats late correction
- 2 Balanced nutrition over crash diets
- 3 Daily movement, not just workouts
- 4 Protect sleep like any other vital sign
- 5 Family support over fear or shame

Myth Busting

MYTH: Irregular periods always self-resolve FACT: Beyond 2 years post-menarche, persistent irregularity needs evaluation.	MYTH: PCOS (PMOS) only matters for fertility FACT: It's a lifelong metabolic condition, not just a fertility issue.
MYTH: Only overweight girls get PCOS (PMOS) FACT: Lean PCOS is a real, distinct subtype.	MYTH: Skipping meals speeds weight loss FACT: It backfires — overeating later and a slower metabolism.
MYTH: Exercise must be intense to count FACT: Everyday movement (NEAT) matters too.	MYTH: Injections are a quick fix FACT: Approved only for specific criteria, under specialist supervision.

What are the long-term risks if untreated?

Long-term risks include type 2 diabetes, infertility, cardiovascular disease, fatty liver disease, sleep apnea, and a higher lifetime burden of anxiety and depression, all reasons early intervention matters so much.

Untreated MetS & PMOS in Youth
Hormonal and metabolic imbalances do not self-resolve.

The GOOD NEWS!
Early, sustained intervention can alter this trajectory completely. The timeline is not fixed if action is taken now

What should parents watch for?

Irregular periods beyond two years, excess hair growth or acne, rapid weight gain, and skin darkening at the neck or underarms are not “just puberty.” Equally, parents shouldn't make weight the center of every conversation at home. Notice signs of disordered eating or stress and depression.

Guidance: Watch for patterns, not just isolated phases.

Markers: Persistent acne, skin darkening at neck/underarms (acanthosis nigricans), rapid weight gain, missed cycles.

Rule: Focus conversations on health and function, never the scale.

Unlike regular webinars with presentations, this format of QnA with each panellist addressing each point was a very engaging and informative presentation.

Areas covered:

- Why hormones-weight-wellness is a cross-specialty issue
- Overview of the hormonal axis
- Childhood obesity, puberty-related hormonal changes, growth hormone/thyroid issues in children, early warning signs parents should watch for
- Role of diet in hormonal balance
- Role of exercise/movement in hormonal regulation
- Role of medication
- Myth busting
- Actionable takeaways

Feedbacks

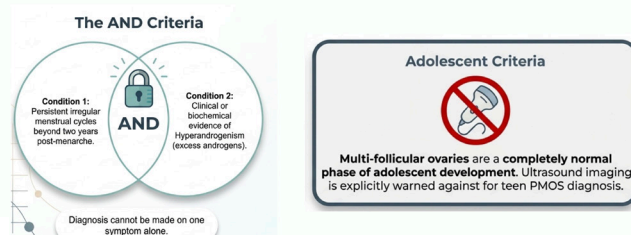
I have developed a clear understanding of the metabolic and endocrine characteristics associated with the newly introduced term PMOS, which has emerged from ovarian cyst-centric conceptualisation of PCOS.

It was a great experience attending the webinar... got to understand how to use new terminology without bringing the body-shaming statements like obese or fat.

How to diagnose PCOS (PMOS) in teens?

Dr. Manisha Wasade
Gynaecologist

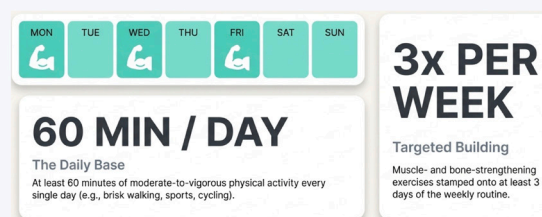
Diagnosis needs persistent menstrual irregularity beyond two years post-menarche, plus clinical or biochemical evidence of excess androgens, with other conditions ruled out. Ultrasound findings alone are not used to diagnose PCOS at this age.



How much activity do teens need? What are the recommendations?

Dr. Renuka Jakhar
Physiotherapist

Current guidelines recommend at least 60 minutes of moderate-to-vigorous activity daily, combining aerobic activity like walking or sports with muscle- and bone-strengthening activity at least three days a week.



Webinars by Our Special Interest Groups(SIGs)

Organized by: Mental Health SIG

Chair: Dr Uday Thanawala • Co Chair: Dr Chandrika Anand



Mental Health Special Interest Group Presents

WEBINAR FOR DOCTORS

BEYOND HORMONES:

INTEGRATING MENTAL HEALTH SCREENING INTO ROUTINE PMOS CARE

— SCREEN THE MIND, TRANSFORM LIVES —



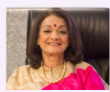
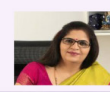
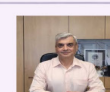
MENTAL HEALTH IS A CORE FEATURE OF PCOS – NOT A SECONDARY ISSUE.

DATE
5th August 2026
(Wednesday)

TIME
7:30 PM – 9:00 PM
IST

VENUE
Live Webinar

PROGRAM SCHEDULE

7:30 – 7:40 PM	Welcome & Opening Remarks Dr. Duru Shah Founder President, The PCOS Society, India	
7:40 – 8:00 PM	Session 1 Importance of Screening ALL PMOS Patients for Mental Health Status Dr. Anuja Dokras Reproductive Endocrinologist & Professor University of Pennsylvania, USA	
8:00 – 8:20 PM	Session 2 Scientific and Pragmatic Way of Doing It In All Clinical Settings Dr. Chandrika Anand Co-Chair, Mental Health Special Interest Group The PCOS Society, India	
8:20 – 8:40 PM	Session 3 From Silence to Screening: Transforming Mental Well-being in Women's Healthcare Dr. Hema Divakar Medical Director, Divakars Speciality Hospital, FIGO Division, Director Wellwoman Healthcare	
8:40 – 9:00 PM	Discussion & Q & A Interactive Discussion with Speakers and Q & A Moderated By Dr. Uday Thanawala Chairman, Mental Health Special Interest Group The PCOS Society, India	

KEY TAKE-HOME MESSAGES



Mental health is a core feature of PCOS – not a secondary issue.



Screening takes less than 2 minutes.



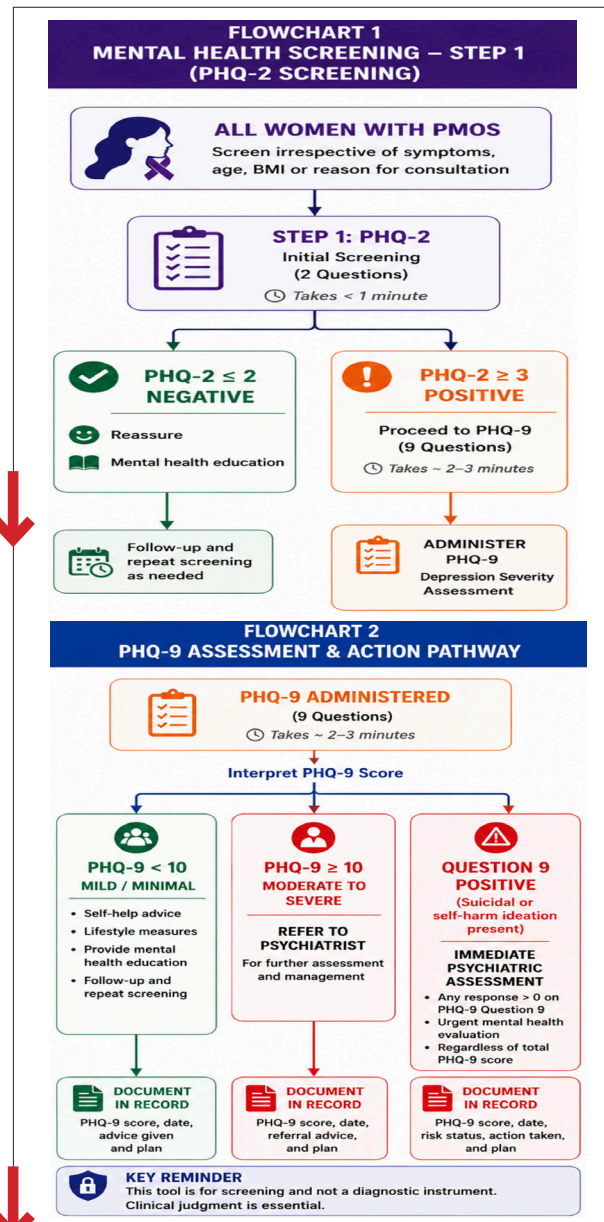
Most patients will never volunteer symptoms unless asked.



Early recognition improves adherence, weight management, fertility outcomes & quality of life.



Screening should become as routine as checking BMI & BP.



INTERPRETATION OF PHQ-9 SCORE

Score	Severity	Recommended Action
0 – 4	Minimal / None	Routine follow-up
5 – 9	Mild	Observe and reassess (Self-care & behavioural measures)
10 – 14	Moderate	Consider counselling / psychiatric referral
15 – 19	Moderately Severe	Psychiatric referral recommended
20 – 27	Severe	Urgent psychiatric evaluation

IMPORTANT SAFETY ALERT

If Question 9 is answered:

- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

REPORT IMMEDIATELY and assess risk of self-harm or suicide. Take appropriate clinical action and ensure patient safety.

STEP 2: DETAILED ASSESSMENT – PHQ-9

Over the last 2 weeks, how often have you been bothered by the following problems?

Question	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

PHQ-9 SCORE = ____ / 27

MENTAL HEALTH SCREENING CARD FOR WOMEN WITH PCOS

Women with PCOS are at increased risk of depression. Early screening helps in timely support and better outcomes.

STEP 1: INITIAL SCREENING – PHQ-2

Over the last 2 weeks, how often have you been bothered by the following problems?

Question	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐

PHQ-2 SCORE = ____ / 6

INTERPRETATION & NEXT STEP

PHQ-2 SCORE < 3

- Negative screen
- No further depression screening required at this time
- Reassess during follow-up if clinically indicated

PHQ-2 SCORE ≥ 3

- Positive screen

Proceed to PHQ-9 assessment (See back page)

This tool is for routine screening and not a diagnosis. Use clinical judgment for further evaluation and management.

300 +
Registrations

The
information
was brilliant.

Very useful

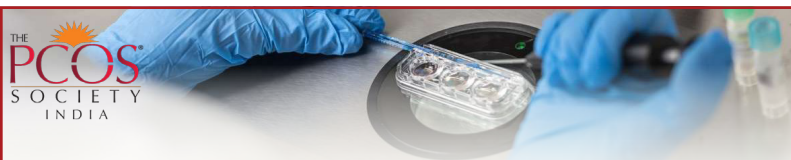
Excellent
deliberations
with a good
take-home
messages.

MENTAL HEALTH SCREENING CARD

As proposed by PCOS Society of India and IPS-Indian Psychiatry Society

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1. Cureus 16(12): e75616, DOI:10.7759/cureus.75616
2. Gynecological Endocrinology, DOI: 10.1080/09513590.2018.1549656
§ PMOS- Polycystic Metabolic Ovarian Syndrome
Teede H, Khomami M, Morman R et al. Polycystic metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process The Lancet, 2026; 0
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