

# Algorithm 3: Lifestyle

## Lifestyle

### Effectiveness of lifestyle interventions

Healthy lifestyle behaviours (healthy eating and regular physical activity) should be recommended in all women with PCOS including those with excess weight, to achieve and/or maintain healthy weight and to optimise health, and quality of life across the life course. Ethnic groups at high cardiometabolic risk require more consideration.

Achievable goals such as 5% to 10% weight loss in those with excess weight yields significant clinical improvements and is considered successful weight reduction within six months. Ongoing monitoring is important in weight loss and maintenance. Consider referral to a professional to assist with healthy lifestyle.

SMART (Specific, Measurable, Achievable, Realistic and Timely) goal setting and self-monitoring can enable achievement of realistic lifestyle goals.

Psychological factors such as anxiety and depressive symptoms, body image concerns and disordered eating need consideration to optimise healthy lifestyle engagement.

All patient interactions should be patient-centred and value women's individualised healthy lifestyle preferences and cultural, socioeconomic and ethnic differences.

Adolescent and ethnic-specific body mass index and waist circumference categories should be considered when optimising lifestyle and weight.

### Behavioural strategies

Lifestyle interventions (may also include cognitive behavioural interventions) could include goal-setting, self-monitoring, stimulus control, problem solving, assertiveness training, slower eating, reinforcing changes and relapse prevention, to optimise weight management, healthy lifestyle and emotional wellbeing in women with PCOS.

### Dietary intervention

General healthy eating principles should be followed for all women with PCOS across the life course, with no one dietary type recommended in PCOS.

To achieve weight loss in those with excess weight, an energy deficit of 30% or 500 - 750 kcal/day (1,200 - 1,500 kcal/day) could be prescribed for women, also considering individual energy requirements, body weight, food preferences and physical activity levels and an individualised approach.

### Exercise intervention

Health professionals should encourage and advise the following for prevention of weight gain and maintenance of health:

- in adults from 18-64 years, a minimum of 150 min/week of moderate intensity physical activity or 75 min/week of vigorous intensities or an equivalent combination of both including muscle strengthening activities on 2 non-consecutive days/week.
- in adolescents, at least 60 minutes of moderate to vigorous intensity physical activity/day including those that strengthen muscle and bone at least 3 times weekly.
- activity be performed in at least 10 minute bouts or around 1000 steps, aiming to achieve at least 30 minutes daily on most days.

Health professionals should encourage and advise the following for modest weight-loss, prevention of weight-regain and greater health benefits including:

- a minimum of 250 min/week of moderate intensity activities or 150 min/week of vigorous intensity or an equivalent combination of both, and
- muscle strengthening activities involving major muscle groups on 2 non-consecutive days/week and minimised sedentary, screen or sitting time.

Physical activity can be incidental or structured. Self-monitoring, including with fitness tracking devices and technologies, could support and promote active lifestyles.

### Obesity and weight assessment

Women with PCOS have higher weight gain and obesity which can impact health and emotional wellbeing. In addressing this, consider related stigma, negative body image and/or low self-esteem by use of a respectful and considerate approach, considering personal sensitivities, marginalisation and potential weight-related stigma.

Prevention of weight gain, monitoring of weight and encouraging evidence-based and socio-culturally appropriate healthy lifestyle is important in PCOS from adolescence.