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Prevalence of Sexual Minorities Among Adolescents Evaluated for Polycystic Ovary Syndrome

Cintya Schweisberger
cschweisberger@cmh.edu

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Research Abstract Title

Submitting/Presenting Author (must be a trainee): Cintya Schweisberger, DO
Primary Email Address: cschweisberger@cmh.edu

Resident/Psychology Intern

Fellow

Primary Mentor (one name only): Laurie Hornberger, MD, MPH

Other authors/contributors involved in project: Ashley Sherman, MA, Romina Barral, MD, MS-CR, Tania Burgert, MD

IRB Number: 17100642

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

Performed chart review of 266 patients evaluated in PCOS clinic from 2015-2017 looking at multiple data points including demographics, anthropometric measurements, labs, imaging, symptoms, diagnoses, treatments, gender identity, and sexual orientation and entered them into RedCap so that it may be analyzed using SPSS.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:

In 2015, the Multidisciplinary Adolescent PCOS Program (MAPP) was created at a Midwestern, urban children's hospital for the evaluation of girls referred for possible polycystic ovarian syndrome (PCOS). Over time, providers noted what appeared to be an increased prevalence of sexual minority youth among these patients. Several small studies found in the medical literature suggested that adult women with gender dysphoria and/or homosexual orientation may have increased rates of PCOS. No studies in adolescent populations were found.

Objectives/Goal:

The purpose of this study is to discover the prevalence of sexual minorities among a cohort of girls evaluated for PCOS.

Methods/Design:

A chart review of adolescent girls evaluated for PCOS by the MAPP in 2015-2017 was conducted. Data was analyzed using SPSS. The study was IRB approved.

Results:

A total of 205 girls were evaluated for PCOS by the MAPP. Average age was 16.0 years (range 11.5- 20.9); average gynecologic age was 3.9 years (range 0.1-11.4). Demographically, 42% were white non-Hispanic, 23% Hispanic, 19% African-American and 8% multiracial. Fifty percent had public insurance, 43% had commercial insurance and 7% were uninsured. Approximately half (95/205, 46%) were diagnosed with PCOS by the

MAPP. Ninety-eight (48%) and 134 (65%) had documentation of gender identity and sexual orientation respectively. Of the girls whose gender identity was recorded, 41 (42%) were diagnosed with PCOS; 5 (12%) of these girls identified as gender-non-conforming as compared to only 1 of the 57 (2%) not diagnosed with PCOS. Of the 32 girls who described themselves as homosexual or bisexual (24% of those with documentation of sexual orientation), half were diagnosed with PCOS. No results were statistically significant, possibly due to small sample size.

Conclusions:

While the results here are statistically insignificant, there appears to be a trend towards an increased prevalence of gender dysphoria among girls with PCOS; a potential relationship between homosexuality and PCOS is less clear. Awareness of patient gender identity and sexual orientation could be important considerations when discussing treatment of PCOS and hyperandrogenism. Further investigation is intriguing and warranted.