

Hormonal and metabolic effects of diet and physical activity in women with polycystic ovary syndrome (PCOS)

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Registration date 05/02/2018	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 09/08/2019	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Polycystic ovary syndrome (PCOS) is the most condition that affects the ovaries. Its main characteristics are hyperandrogenism (high levels of male hormones), chronic anovulation (not ovulating) and polycystic ovaries (ovaries covered with cysts). Obesity and hyperinsulinemia (high levels of insulin) are also highly prevalent among women with PCOS. These issues can negatively affect endometrial function (the lining of the uterus). Impaired endometrial function is leading to implantation failure and endometrial abnormalities, such as hyperplasia (the enlargement of organs) and cancer. The aim of this study is to investigate whether weight loss and improved menstrual function can affect the expression of hormonal receptors that are of important for endometrial function in women with PCOS.

Who can participate?

Women aged 18-40 years old who have PCOS.

What does the study involve?

Participants are allocated to groups based on their weight. Participants are provided with individualized diet plans that are high in protein and low in carbohydrates. It is dietician supervised. Participants who are overweight are provided with a membership to a local exercise facility. Recommendations regarding the type, duration and frequency of training were individualized on the basis of interest, experience and present condition, with a weekly average of 2 or 3 45-min sessions of aerobic activity and verification by the staff of the gym. Participants are assessed before the intervention and on days 6-8, 21-24 of their menstruation cycle. Blood samples are taken from participants and analyzed. Endometrial biopsies are taken and transvaginal ultrasounds are done. Participants record their menstrual bleedin in a diary.

What are the possible benefits and risks of participating?

All patients participating in the study undergo general health check as well as gynecological examination. Taking part in the lifestyle intervention can result in improvement of general health. The risks of participating in the study are judged to be small. Endometrial biopsy and blood sampling are clinical routine examinations and rarely cause greater discomfort or

complications. The overall risk is judged to be small in relation to the benefit of participating in the study.

Where is the study run from?

1. Swedish Research Council (Sweden)
2. Swedish Cancer Society (Sweden)
3. Karolinska Institutet (Sweden)

When is the study starting and how long is it expected to run for?

January 2008 to December 2012

Who is funding the study?

1. Swedish Research Council (Sweden)
2. The Swedish Cancer Society (Sweden)
3. Karolinska Institutet (Sweden)
4. Regional agreement on medical training and clinical research (ALF) between Stockholm County Council and Karolinska Institutet (ALH, LS) (Sweden)

Who is the main contact?

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

Dnr 2008/865-32

Study information

Scientific Title

Hormonal and metabolic effects of diet and physical activity in women with polycystic ovary syndrome (PCOS) - a lifestyle intervention study

Study objectives

Lifestyle intervention aiming at weight loss could improve reproductive and metabolic health including endometrial function in overweight/obese women with PCOS.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Regional Ethics Committee Stockholm, 2008/06/18, ref: Dnr 2008/865-32

Study design

Prospective lifestyle intervention study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Polycystic ovary syndrome (PCOS)

Interventions

The three-month individualized intervention involved changes in lifestyle designed to achieve weight loss. The diet was high in protein with little carbohydrate (40E% carbohydrates, 30E% fat and 30E% proteins). The dietician supervised and recommended the participants to intake three major meals and two or three snacks daily. Each participant reported her food intake, which was adjusted if necessary. In order to increase physical activity, all overweight women with PCOS are provided with membership in a local exercise facility (Friskis & Svettis). Recommendations regarding the type, duration and frequency of training were individualized on the basis of interest, experience and present condition, with a weekly average of 2 or 3 45-min sessions of aerobic activity and verification by the staff of the gym.

The group of overweight/obese women with PCOS are examined before and immediately after the intervention, on days 6-8 and 21-23 of the menstrual cycle (assessed on the basis of spontaneous menstruation or bleeding induced by administration of 10 mg medroxyprogesterone acetate daily for 7 days). The women of normal weight with PCOS and all controls are examined once on days 6-8 and 21-23 of the same menstrual cycle.

While still fasting, a blood sample was taken from a peripheral vein at the same time each morning. Serum collected by centrifugation was stored at -70° C for later analyses. All gynecological examinations, including transvaginal ultrasound, are performed with the Sonoline SL-250 apparatus (Siemens Healthcare Diagnostics) by a single investigator. Under local anesthesia, endometrial biopsies were taken with a suction curette (Pipet Curet, CooperSurgical, USA).

During the intervention, the women in the OB-PCOS group recorded their menstrual bleedings in a diary and their ovulation are monitored (serum progesterone > 17 nmol/l). Alteration from amenorrhea to oligomenorrhea/regular menstruation or from oligomenorrhea to regular menstruation was defined as improvement.

Intervention Type

Behavioural

Primary outcome(s)

Weight change is measured using the body weight at baseline and 12 weeks.

Key secondary outcome(s)

1. Menstrual function is evaluated using recordings of menstrual pattern and blood sampling of hormones during the intervention. The menstrual function is considered to be improved from baseline to 12 weeks when there is a shift from amenorrhea to oligomenorrhea/regular menstruation or from oligomenorrhea to regular menstruation and/or ovulation is confirmed by increased serum progesterone >17 nmol/L
2. Insulin sensitivity of the endometrium is measured using determination of gene and protein levels of molecules involved in insulin signaling at baseline and 12 weeks
3. Endometrial hormone receptor expression is measured using determination of gene and protein levels of hormone receptors at baseline and 12 weeks

Completion date

31/12/2012

Eligibility

Key inclusion criteria

1. All Rotterdam criteria for the diagnosis of PCOS should be met (anovulation, hyperandrogenism, polycystic ovaries)
2. 18-40 years
3. BMI >27
4. No medication or hormone-containing contraceptives for 3 months before beginning the study
5. Willing to sign informed consent

Healthy controls:

Women with normal weight with PCOS

Participant type(s)

Mixed

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

40 years

Sex

Female

Key exclusion criteria

1. Pregnancy or lactation during preceding 12 months
2. Smoking
3. Use of hormone-containing contraceptives
4. Current disease
5. Regular medication including insulin-sensitizing drugs
6. Eating disorder

Date of first enrolment

01/07/2008

Date of final enrolment

31/12/2011

Locations**Countries of recruitment**

Sweden

Study participating centre

Karolinska University Hospital

Stockholm

Sweden

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Sponsor information**Organisation**

Karolinska Institutet

ROR

<https://ror.org/04hmgwg30>

Funder(s)**Funder type**

Not defined

Funder Name

Swedish Research Council

Funder Name

Cancerfonden

Alternative Name(s)

Swedish Cancer Society

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

Sweden

Funder Name

Karolinska Institutet

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Angelica Lindén Hirschberg: angelica.linden-hirschberg@sll.se

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/07/2014		Yes	No
Results article	results	01/02/2016		Yes	No
Results article	results	01/04/2017		Yes	No
Results article	results	01/03/2020	09/08/2019	Yes	No