# Metabolic and hormonal effects of weight loss in patients with polycystic ovary syndrome

Submission date	Recruitment status  No longer recruiting	<ul><li>Prospectively registered</li></ul>			
10/10/2012		☐ Protocol			
Registration date 16/11/2012	Overall study status Completed	Statistical analysis plan			
		[X] Results			
Last Edited	Condition category	[] Individual participant data			
28/02/2023	Nutritional, Metabolic, Endocrine				

#### Plain English summary of protocol

Background and study aims

Polycystic ovary syndrome (PCOS) is one of the most common hormone disorders that affects women of childbearing age. The symptoms of PCOS include enlarged (polycystic) ovaries, high levels of male hormones (hyperandrogenism), irregular periods (anovulation), infertility and miscarriage. Furthermore, women with PCOS have a high risk of developing metabolic disorders such as diabetes and heart disease. Lifestyle changes (weight loss and exercise) are an important part of treatment. However, many patients fail to lose weight by lifestyle changes or quickly regain weight. Structured lifestyle management with long-term support may improve patients' compliance. The main aim of this study is to evaluate an individualized diet and exercise program for weight loss in overweight women with PCOS.

Who can participate?

Overweight/obese women aged 18-40 with PCOS

#### What does the study involve?

Participants are randomly allocated into two groups. Group A starts with an active treatment of an individualized diet and exercise program, and Group B begins with self-treatment (lifestyle change on their own). After four months, Group A switches to self-treatment and Group B to active treatment. After eight months, there is a follow-up period of four months with self-treatment for all participants. Investigations at the start of the study and after 4 and 12 months include a blood sample for measurement of hormone levels, vital signs, BMI and waist/hip measurements, quality of life assessment, gynecological examination, measurement of body composition, assessment of liver fat by CT scan, and endometrial, muscle and subcutaneous fat samples.

What are the possible benefits and risks of participating?

All patients undergo a general health examination, gynaecological evaluation and investigations of body composition, which are important information for their own health. If they succeed at losing weight this should be beneficial for future health and fertility. The potential risks of participating in this study are expected to be small. Endometrial biopsies (samples of the lining of the womb) are collected under local anaesthetic, which usually provides good pain relief, but occasionally can give short-term pain and some discomfort. Fat and muscle biopsies are taken

according to a standard sampling technique under local anaesthetic. The sampling can cause bruising and soreness, and in extremely rare cases, infection. A small scar may occur after sampling. The total dose of radiation from the scans is relatively low.

Where is the study run from?
Women's Health Research Unit, Karolinska University Hospital, Stockholm, Sweden

When is the study starting and how long is it expected to run for? January 2012 to May 2016

Who is funding the study? Swedish Medical Research Council

Who is the main contact? Prof. Angelica L Hirschberg

## Contact information

## Type(s)

Scientific

#### Contact name

Prof Angelica L Hirschberg

#### Contact details

Department of Women's and Children's health Karolinska Institutet Stockholm Sweden SE 171 76

## Additional identifiers

#### Protocol serial number

2012-10-10

# Study information

#### Scientific Title

Metabolic and hormonal effects of weight loss in patients with polycystic ovary syndrome - a prospective randomised controlled trial

## Study objectives

A structured lifestyle program with long-term support could lead to sustained weight loss and improved reproductive and metabolic health.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Regional Ethics Committee, Stockholm, 29/02/2012, ref: 2012/146-31/3

#### Study design

Prospective randomised controlled trial

#### Primary study design

Interventional

#### Study type(s)

Quality of life

#### Health condition(s) or problem(s) studied

Polycystic ovary syndrome (PCOS)

#### **Interventions**

Active treatment - individualized diet and exercise program:

The diet aims to reduce the intake of fast carbohydrates, in favour of foods with low glycemic index (GI), giving a smoother postprandial glucose curve and lower insulin levels. A protein drink (Natural Balance Shake, from Indevex), consisting of a protein mix from natural foods for a total of 65 kcal is taken 30 minutes before breakfast, lunch and dinner to reduce hunger and prevent excess intake of other foods. Food diary, weight and waist/hip measurements are used for evaluation of the diet. The exercise program is based on each individuals condition, interest and experience and may include walking (with or without poles), water aerobics or fitness at Friskis & Svettis. Pedometers, exercise diary and pulse measurement are used for evaluation. Follow-up is performed in groups twice a week under the guidance of a lifestyle coach. Furthermore, individual coaching takes place via telephone and/or e-mail four times per month.

Self treatment - lifestyle change on their own but including the protein drink Individual follow-up is performed twice per month at the clinic with control of weight and waist /hip measurements.

#### Intervention Type

Behavioural

## Primary outcome(s)

Weight change

Added 04/12/2019: measured in kilograms and a percentage at baseline, 4 and 12 months

## Key secondary outcome(s))

Current secondary outcome measures as of 04/12/2019:

- 1. Menstrual function defined as menstrual cycle type (regular cycle, oligomenorrhoea and amenorrhea) reported by participants at baseline, 4 and 12 months as well as changes to the proportion of study participants in each category at all review points
- 2. Body composition (total fat percentage, trunk fat mass and lean body mass) assessed by a dual-energy X-ray absorptiometry (DEXA) scanner at baseline, 4 and 12 months as well as changes to the body composition between baseline and the review points
- 3. Insulin sensitivity assessed by the oral glucose tolerance test, fasting insulin levels and the HOMA-index at baseline, 4 and 12 months and changes to these between baseline and the review points
- 4. Psychological well being as assessed by the Psychological General Well Being Index (PGWBI) at

baseline, 4 and 12 months and changes to the PGWBI between baseline and the review points

- 5. Sleep pattern, measured by total sleep time, bedtime and wake up time and sleep efficiency. This is recorded using an Actigraph for 7 consecutive days at baseline and 4 months.
- 6. Metabolic status as measured by blood lipids, as well as metabolomic analysis of proteins specific for satiety and hunger. This will be done at baseline, 4 and 12 months
- 7. Liver fat as determined by MRI in a subset of patients at baseline and after 4 and 12 months

Previous secondary outcome measures:

- 1. Menstrual function
- 2. Body composition
- 3. Insulin sensitivity in the endometrium, muscle and fat tissue

#### Completion date

28/05/2016

# Eligibility

#### Key inclusion criteria

- 1. All criteria for the diagnosis of PCOS should be met (anovulation, hyperandrogenism, polycystic ovaries)
- 2. 18-40 years
- 3. BMI between 27 and 38
- 4. No medication or hormone-containing contraceptives
- 5. If any kind of hormonal contraception, acceptance for three months of wash-out period before entering the study
- 6. Accepting a non-hormonal method of contraception such as condoms, IUD during the study or be sterilized
- 7. Willing to give informed consent in writing

#### Participant type(s)

Patient

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Lower age limit

18 years

#### Upper age limit

40 years

#### Sex

Female

## Key exclusion criteria

- 1. Smoking
- 2. Use of hormone-containing contraceptives

- 3. Chronic Illness
- 4. Ongoing medication

**Date of first enrolment** 01/01/2012

Date of final enrolment 31/12/2014

## Locations

**Countries of recruitment**Sweden

Study participating centre Karolinska Institutet Stockholm Sweden SE 171 76

# Sponsor information

## Organisation

Karolinska Institutet (Sweden)

#### **ROR**

https://ror.org/056d84691

# Funder(s)

## Funder type

Research council

#### Funder Name

Vetenskapsrådet ref: 20324

#### Alternative Name(s)

Swedish Research Council, VR

## **Funding Body Type**

Government organisation

## Funding Body Subtype

National government

#### Location

Sweden

# **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	01/03/2019	04/12/2019	Yes	No
Other publications	Secondary analysis	10/02/2023	28/02/2023	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes