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Comment on: Can resistance training improve the symptoms of polycystic ovary syndrome?

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Abstract

Studies have been investigating whether the symptoms of polycystic ovary syndrome (PCOS) could be improved by using resistance training. The authors searched various databases to identify such studies. The majority of the studies considered resistance training without considering specific calorific and macronutrient intake, even though these have been proven to be an important factor to be considered along with resistance training.

Keywords

PCOS; resistance; weight; training; diet; macronutrient.

Introduction

PCOS is a genetic disease [1] that affects millions of women worldwide [1, 2]. It affects the way ovaries work [3] and sedentary lifestyle, poor eating habits, obesity and insulin resistance can make the symptoms of PCOS worse [4, 5, 6]. Some symptoms include menstrual disturbance, hirsutism, acne, obesity oligomenorrhoea/amenorrhoea [8, 9], insulin resistance [10] and ovarian cysts [11]. PCOS could be associated with breast cancer [12], ovarian cancer [13] (there is also contradictory evidence with both breast and ovarian cancer [14]), Type II diabetes, metabolic syndrome and cardiovascular disease [15, 16].

Resistance training is proven to improve the musculoskeletal system [17], insulin resistance, glucose metabolism and resting metabolic rate [18]. Despite the fact that prescribing of resistance training to patients with PCOS has a physiological rationale [17], there is still no published guidelines that encourage healthcare professionals to make use of it.

There are numerous studies that have attempted to examine the possible effect of resistance-training on the symptoms of PCOS. However, the majority of the studies combine resistance-training with cardiovascular exercise without considering specific calorific and macronutrient intake, which it has already been proven to be crucial factor in affecting among others, fat loss, lean body mass, blood glucose and insulin resistance [19 - 22].

Methods

4 different databases (Medline, Cochrane, Dara, PubMed) were searched in February 2017 and then again in February 2018 for studies examining the effects of weight training on PCOS. The identified studies were then hand-searched.

Results and Discussion

10 studies were found dating from 2008 to 2017. All used Rotterdam criteria, 5 of them were randomised controlled trials, 4 of them were in Australia, 3 in Brazil and 1 pilot study in the USA. The study sizes vary from 12 and 15 [23, 24] to 122 [25] and the follow-up time goes from 12 weeks [23,24] to 14 weeks [26], to 4 months [27, 28].

The inclusion criteria were quite consistent with most of the studies including women with PCOS that were at least 18 years old and

One of these studies did not give satisfactory information about their intervention [25]. The majority of the studies prioritised aerobic exercise, did not supervise exercises, or did not monitor nutrition. Only 3 studies provided dietary information [29 - 31]. There is only 1 study that used resistance training alone to examine its effects on PCOS symptoms, but did not consider nutrition [27]. It is crucial that both exercise and nutrition are closely supervised during studies to ensure that patients are acting as per instructions.

There is a physiological rationale to use resistance training to improve PCOS symptoms [17], but more studies are required to have a better understanding [32]. PCOS affects millions of women worldwide [1, 2] and yet, there are still unanswered questions such as the specific macronutrient breakdown, high or low glycaemic carbohydrate consumption, calorific deficit or following a strategy with calorific surplus and then deficit are most appropriate for PCOS patients [32].

References

- 1) Dapas M. (2016); "Pp32-1: Identification of rare and deleterious small variants in families affected by polycystic ovary syndrome.
- Bozdag G , Mumusoglu S , Zengin D , et al .(2016); The prevalence and phenotypic features of polycystic ovary syndrome: a systematic review and meta-analysis. Hum Reprod;31:2841-55.
- Rotterdam ESHRE/ASRM-Sponsored PCOS Workshop Group. (2004); "Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome". Fertil Steril, 81:19-25.
- Diamanti-Kandarakis E, Kandarakis H, Legro RS. (2006); The role of genes and environment in the etiology of PCOS. Endocrine:30:19-26.
- Diamanti-Kandarakis E, Christakou C. (2009); Insulin resistance in PCOS. Farid N, Diamanti-Kandarakis E . New York: Diagnosis and management of polycystic ovary syndrome,35-61.

- Pasquali R, Gambineri A, Pagotto U .(2006); The impact of obesity on reproduction in women with polycystic ovary syndrome. BJOG, 113:1148-59.
- Hart R, Hickey M, Franks S. (2004); Definitions, prevalence and symptoms of polycystic ovaries and polycystic ovary syndrome. Best Pract Res Clin Obstet Gynaecol;18:671-83.
- Giudice LC . (2006); Endometrium in PCOS: Implantation and predisposition to endocrine CA. Best Pract Res Clin Endocrinol Metab;20:235-44.
- Gorry A, White DM, Franks S. (2006); Infertility in polycystic ovary syndrome: focus on low-dose gonadotropin treatment. Endocrine;30:27-34.
- 10) Cassar S, Misso ML, Hopkins WG, et al. (2016); Insulin resistance in polycystic ovary syndrome: a systematic review and meta-analysis of euglycaemic-hyperinsulinaemic clamp studies. Hum Reprod;31:2619-31.
- 11) National Institutes Of Health. (2012); Evidence-based methodology workshop on polycystic ovary syndrome. https://prevention.nih.gov/docs/programs/pcos/FinalReport.pdf (accessed 15 Dec 2012)
- 12) Kim J, Mersereau JE, Khankari N, et al. (2016); Polycystic ovarian syndrome (PCOS), related symptoms/sequelae, and breast cancer risk in a population-based case-control study. Cancer Causes Control;27:403-14.
- 13) Schildkraut JM, Schwingl PJ, Bastos E, et al. (1996); Epithelial ovarian cancer risk among women with polycystic ovary syndrome. Obstet Gynecol, 88(4 Pt 1):554-9.
- 14) Balen A .(2011); Polycystic ovary syndrome and cancer. Hum Reprod Update;7:522–5.
- 15) Rotterdam ESHRE, P. C. O. S. ASRM-Sponsored. (2003); "Revised . consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome.". Fertil Steril;81.1:19.
- 16) Orio F, Muscogiuri G, Nese C, et al,(2016); Obesity, type 2 diabetes mellitus and cardiovascular disease risk: an uptodate in the management of polycystic ovary syndrome. Eur J Obstet Gynecol Reprod Biol;207:214-9.
- 17) Cheema BS, Vizza L, Swaraj S. (2014); Progressive resistance training in polycystic ovary syndrome: can pumping iron improve clinical outcomes? Sports Med, 44:1197-207.
- 18) Winett RA, Carpinelli RN. (2001); Potential health-related benefits of resistance training. Prev Med 33:503-13.
- 19) García-Unciti M, Martinez JA, Izquierdo M, et al. (2012); Effect of resistance training and hypocaloric diets with different protein content on body composition and lipid profile in hypercholesterolemic obese women. Nutr Hosp;27:1511–20.
- 20) Kreider RB, Rasmussen C, Kerksick CM, et al. (2011); A carbohydrate-restricted diet during resistance training promotes more favorable changes in body composition and markers of health in obese women with and without insulin resistance. Phys Sportsmed;39:27-40.

- 21) Kerksick CM, Wismann-Bunn J, Fogt D, et al. (2010); Changes in weight loss, body composition and cardiovascular disease risk after altering macronutrient distributions during a regular exercise program in obese women. Nutr J;9:9-59.
- 22) Jabekk PT , Moe IA , Meen HD , et al . (2010); Resistance training in overweight women on a ketogenic diet conserved lean body mass while reducing body fat. Nutr Metab 7:17.
- Mahoney D. (2014); Lifestyle modification intervention among infertile overweight and obese women with polycystic ovary syndrome. J Am Assoc Nurse Pract 26:301-8.
- 24) Vizza L, Smith CA, Swaraj S, et al. (2016); The feasibility of progressive resistance training in women with polycystic ovary syndrome: a pilot randomized controlled trial. BMC Sports Sci Med Rehabil;8:14.
- 25) Arentz S, Smith CA, Abbott J, et al. (2017); Combined lifestyle and herbal medicine in overweight women with polycystic ovary syndrome (PCOS): A randomized controlled trial. Phytother Res;31:1330-40.
- 26) Aubuchon M, Laughbaum N, Poetker A, et al. (2009); Supervised short-term nutrition and exercise promotes weight loss in overweight and obese patients with polycystic ovary syndrome. Fertil Steril 91(4 Suppl):1336-8.
- 27) Kogure GS, Miranda-Furtado CL, Silva RC, et al. (2016); Resistance exercise impacts lean muscle mass in women with polycystic ovary syndrome. Med Sci Sports Exerc;48:589-98.
- 28) Miranda-Furtado CL, Ramos FK, Kogure GS, et al. (2016); A nonrandomized trial of progressive resistance training intervention in women with polycystic ovary syndrome and its implications in telomere content. Reprod Sci;23:644-54.
- 29) Thomson RL, Buckley JD, Noakes M, et al. (2008); The effect of a hypocaloric diet with and without exercise training on body composition, cardiometabolic risk profile, and reproductive function in overweight and obese women with polycystic ovary syndrome. J Clin Endocrinol Metab 93:3373-80.
- Thomson RL, Buckley JD, Lim SS, et al. (2010); Lifestyle management improves quality of life and depression in overweight and obese women with polycystic ovary syndrome. Fertil Steril 94:1812-6.
- 31) Thomson RL, Brinkworth GD, Noakes M, et al. (2012); The effect of diet and exercise on markers of endothelial function in overweight and obese women with polycystic ovary syndrome. Hum Reprod;27:2169-76.
- 32) Pericleous P, Stephanides S, (2018); Can resistance training improve the symptoms of polycystic ovary syndrome? BMJ Open Sport & Exercise Medicine 4:e000372.