## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**Equality and health inequalities assessment (EHIA)** 

## **NICE** guidelines

# Equality and health inequalities assessment (EHIA) Polycystic ovary syndrome: diagnosis and management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in <a href="Developing NICE guidelines: the manual">Developing NICE guidelines: the manual</a>.

This EHIA relates to: Polycystic ovary syndrome: diagnosis and management

### STAGE 3. Finalising the scope

Polycystic Ovary Syndrome: assessment and management

Date of completion: 1st July 2025

Focus of guideline or update: Polycystic ovary syndrome: diagnosis and

management

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?

67 stakeholders were invited to comment. 11 stakeholders responded: 3 royal colleges, 3 manufacturers, 2 associations, 1 charity, NHS England and the DHSC.

3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?

#### Pregnancy and maternity

A stakeholder highlighted that pregnancy and maternity were likely to be impacted in people with PCOS. Obesity in pregnancy, particularly when it resulted in a lack of patient choice was also raised, with people pushed towards more invasive births that carry higher complication risks. As such we have added further information in the section on pregnancy and maternity, however the evidence is not UK based.

A <u>2013 article from India highlights</u> the increased risk of complications in pregnancy for people with PCOS, stating that there is an increased risk of miscarriage, gestational diabetes, hypertensive pregnancy disorders, preterm delivery and small gestational birth weight. This is echoed by the <u>NHS website</u>. An <u>expert opinion article</u> by Monash university adds further detail about management of women with PCOS in pregnancy.

#### Race

A stakeholder highlighted that the prevalence of PCOS in women with Afro-Caribbean heritage had not been raised in the EHIA. Further investigations identified two studies:

A <u>systematic review and meta-analysis</u> using studies from the USA, Europe, Asia, the Middle East and Oceania found black women had a higher prevalence of PCOS

compared to white, Chinese and Middle Eastern women. However, three different diagnostic criteria were used by the studies included in the systematic review and no women of Asian or mediterranean heritage appear to have been included.

A study from 2022 on ethnicity in PCOS found black women were disproportionately affected by PCOS with higher rates of hirsutism, insulin resistance, obesity and cardiovascular disease. Similarly, a paper presented to the UK parliament highlighted the effects of PCOS and that they are further compounded by race for those from 'Black, Asian and other ethnic minority backgrounds'. One reference from this paper stated an association between Afro-Caribbean women with PCOS and obesity and increased cardiovascular disease when compared to South Asian women with PCOS.

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?

No changes were made to the scope.

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**Date**: 24 July 2025

Approved by committee chair: Rebecca Payne

**Date**: 24 July 2025

**Approved by NICE quality assurance lead**: Sara Buckner

**Date**: 24 July 2025