

How Women With Polycystic Ovary Syndrome (PCOS) Manage Anxiety: A Qualitative Study of Self-Help Lifestyle Strategies

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Article type:
Original Research

Article history:
Received 07 May 2024
Revised 19 June 2024
Accepted 21 June 2024
Published online 01 July 2024

ABSTRACT

This study aimed to explore the self-help lifestyle strategies employed by women with Polycystic Ovary Syndrome (PCOS) to manage anxiety in the absence of formal psychological interventions. A qualitative research design was used, employing an interpretative phenomenological approach to examine the lived experiences of 25 women diagnosed with PCOS in Tehran. Participants were selected through purposive sampling and interviewed using semi-structured, in-depth formats. Interviews continued until theoretical saturation was achieved. Thematic analysis was conducted using NVivo software, following Braun and Clarke's six-step framework. Inclusion criteria required participants to have a PCOS diagnosis for at least one year and to report experiencing anxiety symptoms, while those undergoing formal psychiatric treatment were excluded. Four primary themes emerged from the data: (1) Emotional Self-Regulation, which included practices such as mindfulness, journaling, prayer, and cognitive reframing; (2) Physical Health-Oriented Strategies, encompassing dietary changes, physical activity, sleep regulation, and symptom monitoring; (3) Social and Relational Strategies, involving peer support, selective disclosure, boundary setting, and communication with intimate partners; and (4) Informational and Planning Strategies, including personal research, use of health tracking apps, and structured daily routines. Participants emphasized autonomy, spiritual coping, and culturally relevant adaptations in managing anxiety. These strategies often compensated for perceived gaps in psychological support within the healthcare system. Women with PCOS adopt multifaceted, self-initiated lifestyle strategies to manage anxiety, reflecting both adaptive resilience and systemic gaps in mental health care. Integrating psychosocial support into PCOS treatment plans is essential to address the emotional burden of the condition, especially in culturally sensitive contexts where mental health stigma and limited access to formal therapy prevail.

Keywords: Polycystic Ovary Syndrome, anxiety, coping strategies, lifestyle management.

How to cite this article:

Jamali, K. (2024). How Women With Polycystic Ovary Syndrome (PCOS) Manage Anxiety: A Qualitative Study of Self-Help Lifestyle Strategies. *Mental Health and Lifestyle Medicine Journal*, 2(3), 11-22. <https://doi.org/10.61838/mhfmj.2.3.2>

Introduction

Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder affecting approximately 5–20% of women of reproductive age globally. It is characterized by hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology, and is often accompanied by a range of metabolic, reproductive, and

psychological complications (1, 2). While extensive research has been conducted on the physical manifestations of PCOS—such as hirsutism, acne, infertility, and insulin resistance—there is a growing recognition that its psychological dimensions, particularly anxiety and depression, are just as pervasive and debilitating (3-5).

Anxiety among women with PCOS is increasingly recognized as a common psychological comorbidity, often intertwined with hormonal imbalances, altered body image, and social pressures related to fertility and femininity (6, 7). Evidence suggests that women with PCOS are significantly more likely to experience moderate to severe symptoms of anxiety compared to women without the condition (8-10). These emotional difficulties are not merely incidental; they are often deeply embedded within the lived experiences of PCOS, exacerbated by chronic uncertainty, weight stigma, and feelings of being misunderstood or dismissed by healthcare providers and society at large (11, 12).

In addition to its psychological burden, PCOS is also associated with neurobiological mechanisms that further complicate the emotional wellbeing of affected individuals. Research in animal models has demonstrated that sleep deprivation in PCOS exacerbates anxiety and depressive behaviors, in part due to disruptions in gut-brain axis metabolism and lipid peroxidation pathways (13). These findings align with broader clinical evidence indicating that hormonal dysregulation, such as elevated androgens and insulin resistance, may contribute to neurological pathways associated with anxiety (4). The interconnectedness of physical and psychological symptoms in PCOS suggests that anxiety is not merely a reaction to external stressors but may be intrinsically linked to the syndrome's biological underpinnings.

The impact of PCOS-related anxiety extends beyond emotional distress. It affects health-related quality of life, social functioning, motivation, and adherence to medical and lifestyle interventions (1, 14). For many women, the persistent anxiety associated with PCOS can create a feedback loop in which emotional stress leads to worsening physical symptoms—such as irregular menstrual cycles and weight gain—which in turn heightens psychological strain (15, 16). This bidirectional interaction between mental and physical health calls for an integrative approach to PCOS management that explicitly addresses mental wellbeing alongside endocrinological and metabolic care.

Despite growing awareness, many women with PCOS report that psychological aspects of their condition are insufficiently addressed in clinical settings. Studies have documented that medical consultations often prioritize physical symptoms and fertility outcomes, while neglecting emotional challenges such as anxiety and depression (17, 18). This gap in care frequently leads women to seek alternative pathways to manage their mental health, including self-help strategies, peer support, spiritual practices, and lifestyle modifications. These individualized coping mechanisms often emerge in the absence of formal psychological support, highlighting both the resilience of affected individuals and the systemic shortcomings in current healthcare models (19, 20).

Coping strategies are central to how individuals navigate the emotional consequences of chronic illness. Coping, defined as the cognitive and behavioral efforts used to manage internal or external stressors, varies widely across individuals and contexts (16, 21). In the context of PCOS, proactive coping mechanisms—such as problem-solving, emotion regulation, social engagement, and information-seeking—have been associated with better psychological outcomes and higher quality of life (12, 17). Conversely, avoidant or maladaptive

coping strategies—such as social withdrawal, emotional suppression, or self-blame—may amplify anxiety symptoms and reduce psychological resilience over time (2, 18).

Recent qualitative studies have highlighted the rich, nuanced ways in which women with PCOS cope with their mental health challenges. Athar and Javed (2024), for instance, documented the emotional and spiritual strategies employed by unmarried women in Pakistan, revealing that coping is often shaped by cultural expectations, religious beliefs, and interpersonal dynamics (15). Similarly, Kataoka et al. (2024) found that behavioral changes such as weight loss interventions not only improved physical outcomes but also significantly reduced anxiety and enhanced quality of life, underscoring the interplay between lifestyle modifications and emotional wellbeing (14).

However, much of the existing literature has focused on either quantitative measures of psychological symptoms or biomedical treatments for PCOS. While these approaches are valuable, they often overlook the subjective and experiential dimensions of coping—how women understand, interpret, and respond to anxiety in the context of PCOS. There remains a critical gap in understanding the lived experiences of women who manage anxiety through informal, self-initiated lifestyle strategies. Such insights are particularly important in sociocultural contexts where mental health resources are limited or stigmatized, and where women may rely on community, faith, or internal resilience rather than formal psychological care (19, 20).

This qualitative study seeks to address this gap by exploring how women with PCOS in Tehran manage anxiety through self-help lifestyle strategies.

Methods and Materials

Study Design and Participants

This study employed a qualitative research design grounded in an interpretative phenomenological approach to explore how women with Polycystic Ovary Syndrome (PCOS) manage anxiety through self-help lifestyle strategies. The aim was to gain in-depth insight into the lived experiences of women dealing with the psychological and emotional challenges associated with PCOS. Participants were selected using purposive sampling to ensure the inclusion of individuals with rich, diverse experiences relevant to the research question. The final sample consisted of 25 women diagnosed with PCOS, all residing in Tehran. Inclusion criteria required participants to be between the ages of 20 and 40, have a confirmed medical diagnosis of PCOS for at least one year, and report experiences of anxiety related to their condition. Women undergoing psychiatric treatment or using prescribed anti-anxiety medications were excluded to focus on self-initiated coping strategies.

Data Collection

Data were collected through semi-structured, in-depth interviews conducted. An interview guide with open-ended questions was developed to facilitate the exploration of participants' experiences with anxiety and the lifestyle strategies they employed to manage it. Questions focused on themes such as daily routines, diet and exercise, sleep habits, social support, emotional regulation techniques, and use of complementary therapies. Interviews were conducted in Persian, either face-to-face or via secure video conferencing platforms, depending on the participants' preferences and COVID-19 health considerations. Each interview lasted between 45 and 75 minutes and was audio-recorded with participants' consent. Interviews continued

until theoretical saturation was reached—defined as the point at which no new themes or insights emerged from additional interviews.

Data analysis

All interviews were transcribed verbatim and analyzed using thematic analysis, following the six-phase approach proposed by Braun and Clarke (2006). Data coding and organization were facilitated using NVivo software, which allowed for systematic identification and categorization of emerging themes and patterns. Analysis was conducted iteratively and reflexively, with continuous memo-writing and peer debriefing to enhance trustworthiness and reduce researcher bias. Themes were reviewed collaboratively by the research team to ensure analytic rigor and coherence. Throughout the process, attention was paid to the context, language, and meaning embedded in participants' narratives, aiming to capture the subjective realities and self-help strategies employed by women with PCOS in their efforts to manage anxiety.

Findings and Results

A total of 25 women diagnosed with Polycystic Ovary Syndrome (PCOS) participated in this study. Participants ranged in age from 21 to 39 years, with a mean age of 29.4 years. The majority were single ($n = 16$), while the remainder were married ($n = 9$). Educational attainment varied: 10 participants held a bachelor's degree, 8 had completed a master's degree, 5 were currently university students, and 2 had completed high school. Regarding employment status, 12 participants were employed full-time, 7 were students, and 6 were unemployed or working part-time. The duration since PCOS diagnosis ranged from 1 to 10 years, with most participants ($n = 18$) having lived with the condition for more than 3 years. All participants resided in Tehran at the time of the study.

Table 1. Themes, Subthemes, and Concepts from Qualitative Analysis

Category (Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Self-Regulation	Mindfulness and Meditation	Deep breathing, body scan meditation, guided imagery, present-moment focus, journaling, reducing racing thoughts
	Cognitive Reframing	Challenging negative thoughts, using affirmations, replacing irrational beliefs, fostering self-compassion
	Emotional Expression	Talking to close friends, crying in private, artistic expression, writing unsent letters, verbalizing anger
	Stress Avoidance	Reducing social comparisons, limiting news exposure, avoiding stressful environments, saying no to extra responsibilities
	Self-Awareness Practices	Tracking emotional triggers, identifying thought-emotion links, maintaining an anxiety journal
	Spiritual Coping	Prayer, religious rituals, reading spiritual texts, visiting holy sites, belief in divine plan
	Relaxation Techniques	Warm baths, aromatherapy, listening to calming music, nature walks, herbal teas
2. Physical Health-Oriented Strategies	Dietary Adjustments	Reducing sugar intake, eating low-GI foods, avoiding dairy, increasing fiber, regular meal timing, meal prepping
	Exercise and Movement	Walking, home workouts, yoga, aerobic dance, resistance training, stretching
	Sleep Hygiene	Fixed sleep schedule, limiting caffeine, phone-free evenings, warm bedtime rituals
	Hormonal Regulation Awareness	Avoiding processed foods, researching hormonal triggers, monitoring menstrual cycles, choosing supplements cautiously
	Managing Physical Symptoms	Skincare routines, weight management attempts, hair removal routines, clothing adaptations
3. Social and Relational Strategies	Seeking Peer Support	Joining PCOS forums, participating in Telegram/Instagram groups, peer WhatsApp groups, sharing personal struggles
	Selective Disclosure	Choosing safe listeners, hiding diagnosis at work, only telling close friends, fear of judgment

4. Informational and Planning Strategies	Boundary Setting	Reducing contact with toxic individuals, saying no to intrusive questions, avoiding family pressure
	Communication With Partner	Sharing emotional states, asking for patience, discussing fertility concerns, negotiating intimacy
	Social Withdrawal and Re-engagement	Isolating during flare-ups, gradually returning to social life, seeking safe social spaces
	Role of Family	Mother's support, sibling misunderstandings, feeling overprotected, family dietary alignment
	Personal Research	Reading medical blogs, watching PCOS videos, tracking new studies, interpreting lab results independently
	Routine and Scheduling	Daily planners, setting small goals, task prioritization, creating flexible to-do lists
	Use of Health Apps and Tools	Cycle tracking apps, food diaries, mental health trackers, PCOS symptom logs
	Consultations With Non-Medical Experts	Speaking with nutritionists, wellness coaches, herbalists, fitness instructors
	Self-Education About PCOS	Understanding insulin resistance, learning symptom patterns, gaining awareness of treatment limits

Thematic analysis of the interview data revealed four major themes regarding how women with PCOS manage anxiety through self-help lifestyle strategies: *Emotional Self-Regulation*, *Physical Health-Oriented Strategies*, *Social and Relational Strategies*, and *Informational and Planning Strategies*. Each theme includes several subthemes that reflect specific coping mechanisms and patterns shared by participants.

Theme 1: Emotional Self-Regulation

Mindfulness and Meditation

Participants commonly described using mindfulness techniques to center their thoughts and manage anxious episodes. Practices such as deep breathing, guided imagery, and body scan meditation were cited as effective tools. One participant shared, *“When my heart races for no reason, I close my eyes and do breathing exercises—I imagine I’m in a quiet forest.”* Others reported writing in journals or practicing present-moment awareness to reduce mental noise.

Cognitive Reframing

Several women described consciously challenging negative thoughts and replacing them with affirmations or more balanced perspectives. A participant noted, *“Instead of saying ‘I’m broken,’ I remind myself I’m going through something that many women deal with—it’s not my fault.”* Cognitive reframing was seen as essential in combating self-blame and fostering resilience.

Emotional Expression

Expressing feelings in safe, creative, or private ways helped participants manage internalized stress. Women described crying in solitude, painting, or writing unsent letters as forms of release. One said, *“Sometimes I write letters to my PCOS, telling it how angry I am. I never send them, but it helps.”*

Stress Avoidance

Avoiding external stressors was also a reported strategy. Participants reduced exposure to anxiety-inducing content, distanced themselves from negative individuals, and limited unnecessary obligations. One woman mentioned, *“I stopped watching health influencers. They make me feel like I’m never doing enough.”*

Self-Awareness Practices

Many participants emphasized the importance of tracking their emotional triggers. They maintained journals to link emotional states with behaviors or hormonal fluctuations. As one participant described, *“Once I realized my anxiety spikes around ovulation, I planned easier tasks for those days.”*

Spiritual Coping

Spiritual practices such as prayer, attending religious gatherings, and reading sacred texts served as important sources of comfort. One participant remarked, *“When I feel overwhelmed, I turn to prayer. It gives me peace, like I’m not alone in this.”*

Relaxation Techniques

Women also described engaging in relaxation rituals such as warm baths, aromatherapy, and nature walks to decompress. Herbal teas and soothing music were frequently mentioned. *“A lavender bath and soft music help me release the day,”* one participant stated.

Theme 2: Physical Health-Oriented Strategies

Dietary Adjustments

Participants widely reported modifying their diets to reduce anxiety and manage PCOS symptoms. Strategies included reducing sugar and dairy, eating low-glycemic foods, and meal prepping. One woman shared, *“Cutting sugar helped not just with my weight, but also with how edgy I feel.”*

Exercise and Movement

Physical activity, particularly walking, yoga, and aerobic dance, was cited as a mood stabilizer. Exercise was not always intense but was consistent. As one noted, *“Just 30 minutes of stretching or walking changes my whole mood.”*

Sleep Hygiene

Establishing a consistent sleep routine was another priority. Strategies included reducing screen time, avoiding caffeine at night, and creating calming bedtime rituals. *“No phone after 10 PM—it’s one rule that really helped my sleep and anxiety,”* said one participant.

Hormonal Regulation Awareness

Women demonstrated awareness of hormonal triggers and made lifestyle adjustments accordingly. This included choosing supplements carefully and monitoring their cycles. *“I’ve learned how certain foods make my symptoms worse, and I try to stay away from them around my period,”* one participant reflected.

Managing Physical Symptoms

Participants reported attending to symptoms such as acne, hair growth, and weight gain with practical measures. These included skincare routines, hair removal strategies, and wardrobe adjustments to feel more confident. One explained, *“I know it’s superficial, but when I manage my skin, I feel more in control.”*

Theme 3: Social and Relational Strategies

Seeking Peer Support

Connecting with others who have PCOS helped reduce feelings of isolation. Participants joined online forums, Telegram groups, and Instagram communities. As one woman stated, *“Talking to others who understand what I’m going through makes it easier to breathe.”*

Selective Disclosure

Deciding when and to whom to disclose their condition was a recurring concern. Women avoided disclosure in professional contexts or with unsympathetic relatives. *“I’ve learned not everyone needs to know. Some just don’t get it,”* one participant explained.

Boundary Setting

Participants developed boundaries to protect their mental health, such as avoiding intrusive conversations or distancing themselves from emotionally taxing relationships. *“I don’t let relatives comment on my weight anymore. I just walk away,”* said one woman.

Communication With Partner

Those in relationships highlighted the importance of open dialogue about emotional states and fertility concerns. One participant noted, *“We have a code now—when I say I’m ‘cloudy,’ he knows I need space or support.”*

Social Withdrawal and Re-engagement

Temporary withdrawal from social settings was described as a coping method during anxiety flare-ups, followed by gradual re-engagement. One woman stated, *“I cancel plans when I need rest, but I try to reconnect after a day or two.”*

Role of Family

The role of family was mixed—some experienced strong support, especially from mothers, while others felt misunderstood. *“My mom tries to cook PCOS-friendly meals with me. It makes me feel less alone,”* said one participant.

Theme 4: Informational and Planning Strategies

Personal Research

Participants frequently conducted independent research via blogs, YouTube, or scholarly articles to understand their condition. *“I’ve become my own health detective—I read everything,”* said one woman.

Routine and Scheduling

Developing structured yet flexible routines helped participants manage uncertainty. They used planners, to-do lists, and goal-setting techniques. *“When I plan my day, my anxiety drops. I feel like I have a map,”* explained a participant.

Use of Health Apps and Tools

Digital tools such as menstrual tracking apps, food diaries, and symptom logs were used to organize and monitor health. *“I track my mood and cycle every day—it shows me patterns I’d miss otherwise,”* noted one woman.

Consultations With Non-Medical Experts

Some participants sought guidance from nutritionists, fitness instructors, or wellness coaches for tailored advice. *“Doctors rushed me, but my coach helped me build a routine I could stick to,”* one shared.

Self-Education About PCOS

Educating themselves about PCOS mechanisms, such as insulin resistance and hormonal fluctuations, helped participants make informed decisions. *“The more I understand it, the less it controls me,”* one woman concluded.

Discussion and Conclusion

This study explored the self-help lifestyle strategies used by women with Polycystic Ovary Syndrome (PCOS) to manage anxiety. Through in-depth interviews with 25 women in Tehran, four major themes emerged: emotional self-regulation, physical health-oriented strategies, social and relational strategies, and informational and planning strategies. These themes reflect a complex, holistic, and often individualized

coping landscape shaped by bodily awareness, emotional intelligence, interpersonal dynamics, and adaptive self-management.

Participants reported using various emotional self-regulation techniques, such as mindfulness, journaling, cognitive reframing, prayer, and relaxation practices, to manage anxiety. These strategies often reflected internalized efforts to foster calmness, reduce mental rumination, and promote emotional clarity. This finding aligns with prior research that highlights the value of emotion-focused coping in managing PCOS-related psychological distress (16, 17). For many participants, the act of naming emotions, creating private rituals (such as writing unsent letters), or turning to spiritual practices offered a sense of psychological control. These results are consistent with the findings of Athar and Javed (2024), who emphasized the centrality of spiritual and emotional coping among unmarried women with PCOS in Pakistan, particularly in contexts where clinical mental health support is limited or stigmatized (15).

Furthermore, the prevalence of self-awareness practices in our sample reinforces prior conclusions that internal monitoring—such as recognizing emotional triggers—can be instrumental in reducing anxiety and anticipating symptom fluctuations (18, 19). This may be particularly relevant for PCOS, given the hormonal variability and somatic unpredictability associated with the disorder (4). Emotional regulation strategies in this population are not only therapeutic but also proactive, helping women anticipate and navigate cyclical psychological vulnerabilities.

Dietary modifications, consistent physical activity, and sleep regulation were frequently mentioned as integral to managing anxiety. Many women reported reducing sugar intake, practicing yoga or walking, and improving sleep hygiene. These practices not only improved emotional wellbeing but also targeted PCOS symptoms such as insulin resistance and hormonal imbalance. This finding is consistent with the evidence suggesting that lifestyle interventions can significantly improve both physiological and psychological outcomes in women with PCOS (1, 7, 14).

Sleep quality emerged as an important determinant of emotional stability. This observation resonates with recent findings from animal models indicating that sleep deprivation may worsen anxiety and depression through disruptions in gut-brain tryptophan metabolism and lipid peroxidation (13). This neurobiological perspective supports participants' intuitive focus on sleep regulation as an emotional buffer. Moreover, the body-oriented strategies described in this study echo prior conclusions that women with PCOS actively use lifestyle management—sometimes more than pharmacological solutions—as a way to gain agency over both physical and emotional symptoms (6, 12).

A notable feature of this study was the diversity of social strategies adopted by participants. These ranged from peer support in online forums to selective disclosure and boundary-setting with family members and partners. Several women emphasized that emotional safety, rather than quantity of support, was central to their anxiety management. This finding supports earlier research highlighting the importance of social environment in either exacerbating or alleviating psychological distress in chronic conditions (2, 11). Particularly, the decision to withhold a diagnosis from unsympathetic others underscores the stigmatized and poorly understood nature of PCOS in many cultural contexts.

Participants also highlighted the protective role of social withdrawal during emotional flare-ups and their gradual return to supportive environments. This cyclical withdrawal-reengagement pattern appears to function as an emotional reset mechanism. Previous studies on anxiety and chronic illness have suggested

that women often employ strategic avoidance to manage emotional overload, especially when social interactions are perceived as judgmental or draining (16, 20). The findings here add to that discourse by showing that selective social distancing, when intentional and temporary, may serve a self-regulatory purpose rather than reflect social dysfunction.

Communication with intimate partners also played a crucial role in mitigating anxiety, especially regarding fertility concerns and emotional unpredictability. These findings are consistent with the conclusions of Athar and Javed (2024), who found that interpersonal transparency and negotiated understanding significantly alleviated emotional stress in women with PCOS (15).

Participants demonstrated a high level of self-education and planning around their condition. They used tracking apps, conducted personal research, and consulted non-medical experts to inform their choices. This knowledge-seeking behavior reflects both a desire for control and a response to inadequate healthcare experiences. Similar findings were reported by Dybczak et al. (2022), who noted that women with PCOS often lack comprehensive information from health providers and thus turn to digital and peer-driven platforms (3). This study confirms that information-gathering is not merely an intellectual activity but also a psychological coping strategy that reduces anxiety by making the condition more predictable and manageable.

Moreover, structured routines and use of health-related digital tools were seen as instrumental in emotional stabilization. Planning daily activities, setting flexible goals, and monitoring progress created a sense of order and predictability. These practices align with prior studies suggesting that behavioral activation and structured scheduling help counteract depressive and anxious symptoms in chronic illness populations (12, 21). The use of technology for tracking symptoms and emotions adds a modern dimension to traditional coping strategies, showing how digital literacy can empower women with PCOS to take charge of their mental health.

Taken together, these findings illustrate the multifaceted nature of coping with PCOS-related anxiety. The themes identified in this study closely mirror the multidimensional models of coping discussed in the literature, encompassing emotional, behavioral, cognitive, and social domains (16, 17). The use of diverse self-help strategies suggests a resilience-oriented response in which women attempt to actively manage the distress associated with a highly stigmatized and poorly understood disorder.

Our findings also reinforce the critical view that mental health care for PCOS is insufficiently integrated into reproductive or metabolic care frameworks. This disconnect may explain why women in our study relied so heavily on self-guided, informal approaches to anxiety management. The literature has consistently emphasized the importance of addressing mental health as a core component of PCOS care, yet implementation remains uneven (1, 5). Women's reliance on personal agency and self-help strategies should not be romanticized as mere empowerment; it also reflects the failure of clinical systems to deliver adequate psychosocial support.

Furthermore, this study supports calls for more culturally sensitive approaches to PCOS management. In many contexts, including Tehran, discussing mental health is still stigmatized, and access to therapy is limited. Therefore, lifestyle strategies grounded in spirituality, family roles, or personal resilience become critical. These culturally rooted coping strategies echo findings from other studies conducted in Muslim-majority countries where religious and familial frameworks often shape emotional adaptation (15, 19).

While this study provides rich insights into the coping mechanisms of women with PCOS in Tehran, it is not without limitations. First, the sample is geographically and culturally specific, which may limit generalizability to populations in other countries or to rural areas within Iran. Second, although the study reached theoretical saturation, all participants self-reported their diagnosis, and no clinical verification was undertaken. Third, social desirability bias may have influenced responses during the interviews, particularly on sensitive topics like fertility, spirituality, or emotional distress. Lastly, the study relied solely on self-reported strategies without measuring their actual efficacy, leaving room for future research to examine how different coping mechanisms impact long-term mental health outcomes.

Future studies should consider cross-cultural comparisons to explore how coping mechanisms vary based on religious, socioeconomic, and healthcare contexts. Quantitative research could complement these findings by evaluating the effectiveness of specific lifestyle strategies on anxiety reduction and hormonal balance in women with PCOS. Additionally, longitudinal studies could examine how coping strategies evolve over time or shift in response to changes in symptoms, life stages, or access to resources. Including diverse age groups, sexual orientations, and marital statuses would also deepen our understanding of how identity and intersectionality influence coping patterns.

Health professionals should consider incorporating mental health screening as a routine component of PCOS management. Multidisciplinary care teams that include nutritionists, mental health counselors, and endocrinologists may provide more holistic support. Culturally appropriate psychoeducation should be offered to help patients understand the emotional impact of PCOS and available resources. Mobile health technologies and digital symptom tracking apps can be integrated into care plans to empower patients. Finally, clinicians must create safe, nonjudgmental spaces where patients can discuss anxiety, shame, or emotional exhaustion without fear of dismissal.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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