Addition of Central Obesity Criteria Increases the Prevalence of Clinical Obesity in Women with Polycystic Ovary Syndrome

*Islam MR1, Morshed MS2, Banu H3, Hasanat MA4

¹Md. Rafayel Islam, FCPS trainee, Department of Endocrinology, Bangladesh Medical University, Dhaka, Bangladesh; ²Md Shahed Morshed, PhD researcher, Department of Endocrinology, Bangladesh Medical University, Dhaka, Bangladesh; ³Hurjahan Banu, Associate Professor, Department of Endocrinology, Bangladesh Medical University, Dhaka, Bangladesh; ⁴Muhammad Abul Hasanat, Professor, Department of Endocrinology, Bangladesh Medical University, Dhaka, Bangladesh

Abstract

Background: The Lancet Diabetes & Endocrinology Commission 2025 has recommended a newer definition and diagnostic criteria for clinical obesity. The impact of this newer definition has not been evaluated among women with polycystic ovary syndrome (PCOS).

Objectives: To determine and compare the frequency of obesity with previous and newer definitions among women with PCOS

Methods: This cross-sectional study included 765 adult women [age (years): 23.8 ± 4.5 ; BMI (kg/m²): 27.7 ± 5.3 ; mean \pm SD] with (newly diagnosed/ untreated for at least three months) PCOS based on the Rotterdam criteria from a University hospital in South Asia. Participants' height, weight, waist circumference (WC), and hip circumference were measured. Body mass index (BMI), waist/hip ratio (WHR), and waist/height (WHtR) were calculated. Three BMI cut-offs of 23.0, 25.0, and 27.5 kg/m² were considered. The cut-off of WC, WHR, and WHtR were 80 cm, 0.85, and 0.5, respectively. The following two criteria were used to define obesity: i) BMI + WC/WHR/WHtR, and ii) any two from WC, WHR, & WHtR regardless of BMI. Additionally, blood pressure (BP), glycemic status (fasting & OGTT glucose, HbA1C), and lipid profile (triglyceride & HDL-cholesterol) were considered for clinical obesity.

Results: Using the BMI cut-offs of 23, 25, and 27.5 kg/m², the prevalence of obesity was 82.1%, 67.5%, and 47.1%, respectively. Using the current definition, the prevalence of obesity was 80.5%, 81.4%, and 79.4%, respectively, for the three BMI cut-offs, resulting in increases in prevalence of 1.8%, 20.7%, and 68.6%, respectively. All participants with obesity had clinical obesity, as the presence of PCOS indicates an ongoing illness. Besides, a significant portion had arterial hypertension, dysglycemia, and lipid abnormalities.

Conclusions: The Presence of higher central obesity (WC, WHR, WHtR) than generalized obesity (BMI) paradoxically increased the diagnosis of clinical obesity among South-Asian women with PCOS. [J Assoc Clin Endocrinol Diabetol Bangladesh, 2024;3(Suppl 1): S64]

Keywords: Obesity, Polycystic ovary syndrome, Central obesity, Waist circumference, Waist/hip ratio, Waist/height ratio

Corresponding & Presenting author: Dr. Md. Rafayel Islam, FCPS final part trainee (EM), Department of Endocrinology, Bangladesh Medical University, Dhaka, Bangladesh. Cell# 01673459058, email: rafayel06@gmail.com