Guidance issued for addressing primary ovarian insufficiency

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(HealthDay)—Adolescents diagnosed with primary ovarian insufficiency should be offered counseling and hormonal therapy, according to a Committee Opinion published in the July issue of *Obstetrics & Gynecology*.

Researchers from the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care address issues relating to primary ovarian insufficiency in adolescents and young women.

The researchers note that there is no consensus on criteria for diagnosis of primary ovarian insufficiency in adolescents, and that diagnosis is commonly delayed. Health care providers who make this diagnosis should be aware of its sensitive nature. Patients and their families should

be provided with counseling with respect to future fertility, associated comorbidities, and the potential for genetic inheritance. Following reports of impaired self-esteem and emotional distress after diagnosis, psychological counseling should also be offered. Patients with a diagnosis of primary ovarian insufficiency should be evaluated at least annually. Treatment should also include hormonal therapy, the goals of which include symptom relief as well as supporting bone, cardiovascular, and sexual health. Reproductive endocrinology and infertility specialist referrals should be provided if requested by patients and their family.

"When primary ovarian insufficiency is diagnosed in the adolescent female, the patient and her family are often unprepared for such news with its implications for compromised fertility and impaired self-image and the need for long-term hormonal therapy," the authors write. "Health care providers who make this clinical diagnosis should be mindful of the sensitive nature of this medical condition as well as the cultural significance of the diagnosis within the family unit."

More information: Full Text

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