The Brazilian Food Guide in the Treatment of Polycystic Ovary Syndrome: Case Reports

O Guia Alimentar Brasileiro no Tratamento da Síndrome dos Ovários Policísticos: Relato de Casos
La Guía Alimentaria Brasileña en el Tratamiento del Síndrome de Ovario Poliquístico: Informe de Casos

RESUMO
Objetivo: Relatar os resultados da intervenção nutricional baseada no Guia Alimentar para a População Brasileira, com foco na redução do consumo de alimentos ultraprocessados, em mulheres adultas diagnosticadas recentemente com Síndrome dos Ovários Policísticos. **Método:** Relato descritivo, realizado com três mulheres com diagnóstico clínico e ou laboratorial da síndrome, consumidoras de alimentos ultraprocessados. O acompanhamento nutricional ocorreu por três meses, com avaliação e reavaliação de dados alimentares e antropométricos, orientações nutricionais, planejamento alimentar e aplicação de questionários validados. **Resultado:** Observou-se um elevado consumo de alimentos ultraprocessados, baixo consumo de frutas, verduras e legumes e inadequações no consumo dos macronutrientes e micronutrientes. Após a intervenção, notou-se melhorias no trato gastrointestinal, ingestão de fibras, ciclo menstrual, perda de peso, disposição e qualidade do sono. **Conclusão:** O acompanhamento nutricional associado à reeducação alimentar contribui para a melhoria da qualidade de vida de mulheres com Síndrome do Ovário Policístico.
DESCRITORES: Síndrome do ovário policístico; Alimentos industrializados; Promoção da saúde alimentar e nutricional; Guias alimentares.

ABSTRACT
Objective: To report the results of a nutritional intervention based on the Brazilian Dietary Guidelines, focusing on reducing the consumption of ultra-processed foods in adult women recently diagnosed with polycystic ovary syndrome. **Method:** Descriptive report conducted with three women with a clinical and/or laboratory diagnosis of the syndrome who consumed ultra-processed foods. Nutritional monitoring took place over three months, with evaluation and reassessment of dietary and anthropometric data, nutritional guidance, meal planning, and the application of validated questionnaires. **Results:** High consumption of ultra-processed foods, low consumption of fruits and vegetables, and inadequate consumption of macronutrients and micronutrients were observed. After the intervention, improvements were noted in the gastrointestinal tract, fiber intake, menstrual cycle, weight loss, mood, and sleep quality. **Conclusion:** Nutritional monitoring associated with dietary re-education contributes to improving the quality of life of women with polycystic ovary syndrome.
DESCRIPTORS: Polycystic ovary syndrome; Processed foods; Promotion of adequate and healthy eating; Dietary Guidelines.

RESUMEN
Objetivo: Informar los resultados de la intervención nutricional basada en la Guía Alimentaria para la Población Brasileña, centrada en la reducción del consumo de alimentos ultraprocesados, en mujeres adultas diagnosticadas recientemente con síndrome de ovarios poliquísticos. **Método:** Informe descriptivo, realizado con tres mujeres con diagnóstico clínico y/o de laboratorio del síndrome, consumidoras de alimentos ultraprocesados. El seguimiento nutricional se realizó durante tres meses, con evaluación y reevaluación de datos alimentarios y antropométricos, orientaciones nutricionales, planificación alimentaria y aplicación de cuestionarios validados. **Resultado:** Se observó un elevado consumo de alimentos ultraprocesados, un bajo consumo de frutas, verduras y hortalizas, y deficiencias en el consumo de macronutrientes y micro-

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nutrientes. Tras la intervención, se observaron mejoras en el tracto gastrointestinal, la ingesta de fibra, el ciclo menstrual, la pérdida de peso, el estado de ánimo y la calidad del sueño. **Conclusión:** El seguimiento nutricional asociado a la reeducación alimentaria contribuye a mejorar la calidad de vida de las mujeres con síndrome de ovario poliquístico.
DESCRIPTORES: Síndrome de ovario poliquístico; Alimentos industrializados; Promoción de la alimentación y nutrición adecuadas y saludables; Guías Alimentarias.

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INTRODUCTION

Polycystic ovary syndrome (PCOS) is an endocrine-metabolic disorder affecting women of reproductive age, with a prevalence ranging from 6% to 16% [1], characterized by oligomenorrhea, clinical and/or laboratory hyperandrogenism, and changes in ovarian morphology or the presence of cysts [2].

Its clinical manifestations include insulin resistance, hyperandrogenism, dyslipidemia, and obesity, increasing cardiometabolic risk [3]. Furthermore, the clinical manifestations of hyperandrogenism predispose women to negative psychosocial effects, such as anxiety and depression, directly affecting their self-esteem and consequently their quality of life [4].

Given that the syndrome involves endocrine and metabolic disorders, diet is a relevant factor. There are reports primarily of diets high in simple carbohydrates due to insulin resistance [5]; however, studies evaluating the consumption of ultra-processed foods in this group are still scarce. Thus, the present study aims to report the results of a nutritional intervention based on the Dietary Guidelines for the Brazilian Population [6], focusing on reducing the consumption of ultra-processed foods in adult women with Polycystic Ovary Syndrome.

METHOD

This is a case report with a descriptive design and qualitative approach, conducted in person between July 2022 and June 2023 at the Nutrition Laboratory of the University of Pernambuco, involving adult women diagnosed with Polycystic Ovary Syndrome who consume ultra-processed foods. The study was approved by the Research Ethics Committee (CEP) under protocol CAAE No. 68586317.3.0000.5207 (opinion No. 5.828.019), and all participants signed the Informed Consent Form (ICF).

Participants were monitored every

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two weeks for three months. Data were collected on nutritional assessment, food intake using the 24-Hour Diet Recall (24-HDR) and Food Frequency Questionnaire (FFQ) [7], quality of life using the Polycystic Ovary Syndrome Quality of Life Questionnaire (PCOSQ) [8], stool consistency using the Bristol Stool Scale, hydration status [9], and anthropometric measurements, including weight, height, body circumferences, and triceps skinfold thickness.

At the first consultation, a qualitative dietary plan was implemented, replacing ultra-processed foods with fresh and minimally processed foods, based on the Dietary Guidelines for the Brazilian Population [6]. Subsequently, individualized meal plans were provided, including calculation of Total Energy Value based on body weight, macronutrient and micronutrient adequacy according to the Dietary Reference Intakes (DRI) [10] and prescription of a high-protein diet (1.2 to 1.6 g/kg), aimed at weight loss and muscle mass gain.

The meal plans were structured using Microsoft Excel®, Web Diet®, and Microsoft Word®. Guidance was also provided on food labeling, household measurements, portion sizes, suggestions for healthy meal preparation, and substitution lists. Perceptions regarding nutritional follow-up and adherence to the meal plan were assessed through a semi-structured interview. Quantitative data were presented in tables and graphs, while qualitative data were analyzed using Discursive Textual Analysis [11].

RESULTS

The study included three women, aged 20 to 22 years (P1 = patient 01; P2 = patient 02; and P3 = patient 03), university students with a family income between one and two minimum wages, who did not consume alcohol or tobacco. The sociodemographic, clinical, and nutritional characteristics of the participants are presented in Table 1.

Nutritional assessment was performed using body mass index (BMI) and waist circumference (WC), an indicator of cardiovascular disease risk (≥ 80 cm = increased risk). Two patients were overweight (P1 and P2) [12] and one patient (P1) had increased cardiovascular risk, a characteristic prevalent in women with polycystic ovary syndrome [13].

Table 1. Characterization of patients diagnosed with PCOS treated at the outpatient clinic. Petrolina, Pernambuco, Brazil 2024.

IDENTIFICATION	Q1	P2	P3
AGE	20	21	22
OCCUPATION	Student	Student	Student
INCOME	> 1 minimum wage minimum	1 minimum wage	> 1 minimum wage
EDUCATION	Undergraduate	Undergraduate	Undergraduate
LIFESTYLE	Weight training 4 to 5 times a week; Does not drink alcohol; Does not smoke.	Does not exercise, does not drink alcohol; Does not smoke.	Weight training 3 to 4 times a week; Does not consume alcoholic beverages; Does not smoke.
NUTRITIONAL ASSESSMENT (BMI and body fat analysis)	Overweight	Overweight	Normal weight
	BMI = 29.17 kg/m²	BMI = 29.04 kg/m²	BMI = 21.1 kg/m²
	WC = 80 cm (with cardiovascular risk)	WC = 76 cm	WC = 68.7 cm
CALORIES CONSUMED (RAH)	2308 kcal	1668 kcal	2181 kcal
RAH CHARACTERISTICS	High consumption of processed foods, snacking throughout the day, and a lot of sugary açaí with added sugar- and calorie-rich toppings. Low consumption of fruits, vegetables, and fiber.	High consumption of processed foods, ice cream, and fast food, coupled with low consumption of fruits and vegetables.	High consumption of processed foods (sausages and cookies), simple carbohydrates (cakes and pasta), associated with low consumption of fruits, vegetables, legumes, and fiber.
PCOS DIAGNOSIS (Rotterdam criteria)	Oligoovulation and Polycystic Ovaries	Clinical hyperandrogenism and oligo-ovulation	Clinical hyperandrogenism, polycystic ovaries, and oligo-ovulation
GASTROINTESTINAL AND URINARY TRACT MANIFESTATIONS			
CONSULTATION 01	Stool (type 2); Urine (type 2/3);	Stool (type 4), Urine (type 4),	Stool (type 2/4); Urine (type 3)
CONSULTATION 04	Stool (type 3); Urine (type 2/3)	Feces (type 4), Urine (type 2)	Stool (type 4); Urine (type 3)
CONSULTATION 06	Stool (type 2/3), Urine (type 2)	Feces (type 4), Urine (type 2)	Stool (type 4); Urine (type 3)

Legend: P1 = patient 01; P2 = patient 02; P3 = patient 03; BMI = Body Mass Index; WC = Waist circumference; RAH = Habitual Food Recall; UPA = ultra-processed foods
Source: Prepared by the authors.

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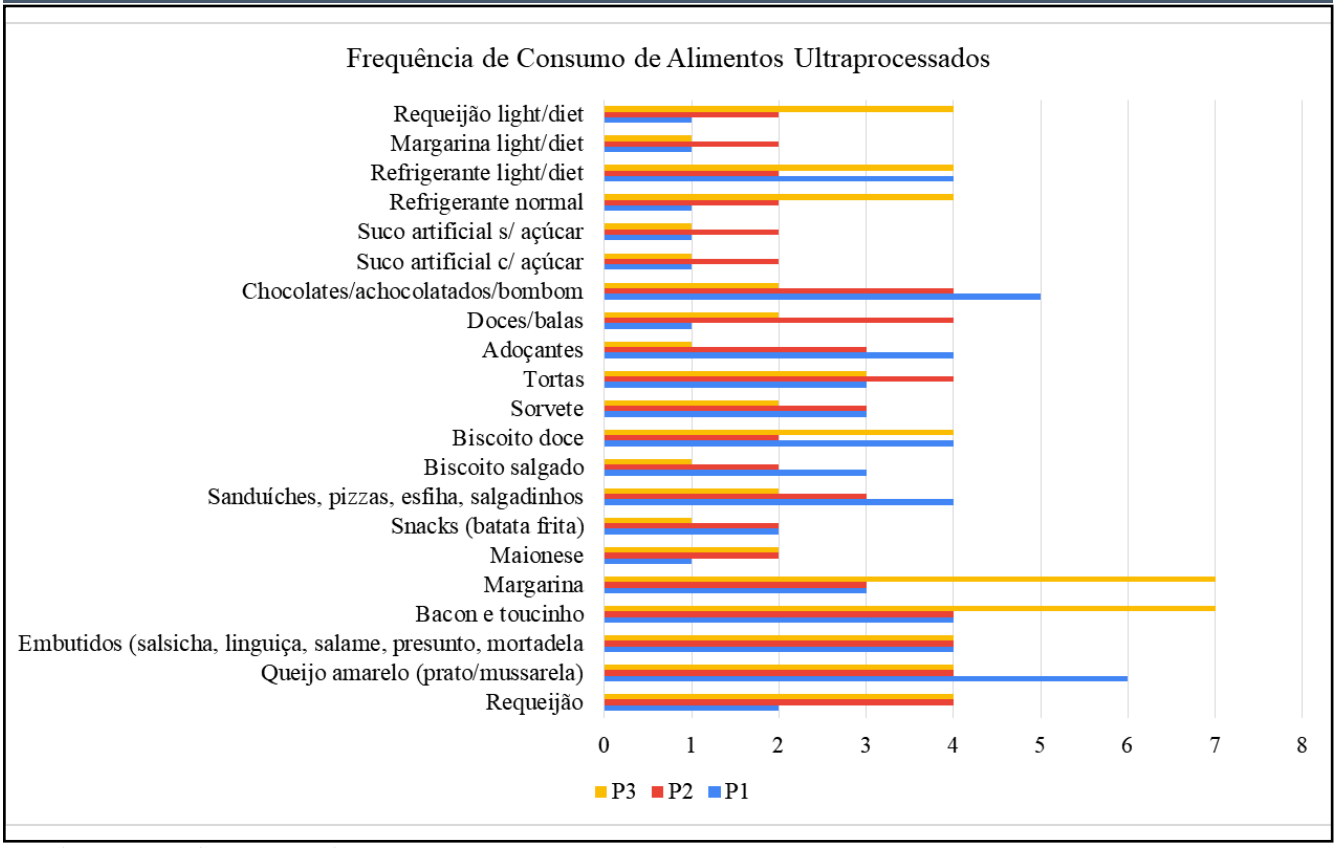
Regarding gastrointestinal tract (GIT) manifestations and hydration levels, at the first visit it was found that the stools of all patients were classified as types 02 and 04. During outpatient follow-ups, a progression to types 03 and 04 (paste-like) was observed, considered ideal, associated with increased intake of dietary fiber and water. The hydration level evolved from type 2 to 4 to 2 to 3 at visit 06 (Table 1).

Figure 1 illustrates the patients' dietary exposure to ultra-processed foods (UPFs), obtained through the Food Frequency Questionnaire (FFQ) administered at the initial visit.

Figure 1 - Consumption of ultra-processed foods by patients with PCOS treated at the outpatient clinic. Petrolina, Pernambuco, Brazil 2024.



Legend: 7 = 2 times a day; 6 = once a day; 5 = five to six times a week; 4 = two to four times a week; 3 = once a week; 2 = one to three times a month; 1 = rarely or never.
Source: Prepared by the authors.

Both the 24-H Dietary Recall (24-HDR) and the Food Frequency Questionnaire (FFQ) revealed that the largest caloric contribution to the patients' diet was associated with high consumption of processed foods and low consumption of fresh and minimally processed foods (Table 1). The average consumption of fruits and vegetables was approximately two servings per day.

In contrast, high consumption of UPA was identified, particularly for foods consumed at least once a day, such as margarine, bacon, and yellow cheese. It was also observed that, among the ultra-processed foods rich in simple sugars assessed in the QFA, at least six were consumed two to four times a week by at least two of the three patients, including soda, chocolates/chocolate-based products/candy, sweets/candy, pies, ice cream, and sweet cookies.

Based on the RAH, it was found that two patients (P1 and P2), classified as overweight, had energy and lipid intake above the values estimated in the meal plan (Table 2). Regarding carbohydrates (CHO), higher intake in grams was observed in all patients compared to what was prescribed. The main lipid sources were margarine and bacon/pork fat, while CHO came mainly from foods rich in simple sugars and low in dietary fiber.

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Table 2. Characterization of RAH and the dietary plans developed for patients with PCOS. Petrolina, Pernambuco, Brazil 2024.

	CONSUMED (RAH)	PRESCRIBED QUALITATIVE	QUANTITATIVE PRESCRIPTION	ADJUSTMENTS MADE TO THE PLAN
P1				
MACRONUTRIENTS				
KCAL	2308 kcal	1800 kcal	1481 kcal	1475 kcal
PTN	90.6 g	77.5g	91 g	84.1g
CHO	295 g	250.3 g	205.6 g	201.6 g
LIP	94 g	61.1 g	39.9 g	43 g
MICRONUTRIENTS				
Zn	10 mg	11 mg	13.6 mg	8.9 mg
Mg	183.2 mg	293.3 mg	241.6 mg	242.8 mg
Fe	41 mg	10.5 mg	9.9 mg	10.1 mg
Ca	903.3 mg	1120.9 mg	848.6 mg	1,322.3 mg
Vit. D	1.7 mcg	1.9 mcg	0.2 mcg	1.9 mcg
P2				
MACRONUTRIENTS				
KCAL	1668 kcal	1588 kcal	1533 kcal	1380 kcal
PTN	76.3g	70.1g	95.8 g	85.5 g
CHO	218.8 g	223.1 g	198.8 g	185.7 g
LIP	59.4 g	52 g	48.2 g	41.5 g
MICRONUTRIENTS				
Zn	7.5 mg	7.8 mg	9.6 mg	10.8 mg
Mg	259.3 mg	313.3 mg	485 mg	433.5 mg
Fe	8.9 mg	7.6 mg	10.2 mg	11.1 mg
Ca	307.3 mg	501.6 mg	1,329.2 mg	1216.4 mg
Vitamin D	0.1 mcg	0.4 mcg	0.5 mcg	0.9 mcg
P3				
MACRONUTRIENTS				
KCAL	2181 kcal	2279 kcal	2285 kcal	2285 kcal
PTN	83.9 g	140.1 g	93.9 g	93.9g
CHO	317.1 g	308.2 g	314.5 g	314.5 g
LIP	67.2 g	62.4 g	79.3 g	79.3 g
MICRONUTRIENTS				
Zn	13.5 mg	17.3 mg	11.9 g	11.9 g
Mg	208.4 mg	460.3 mg	338.5 mg	338.5 mg
Fe	20.2 mg	18 mg	11.5 mg	11.5 mg
Ca	692.1 mg	1028.9 mg	1157.7 mg	1157.7 mg
Vit. D	3.8 mcg	2.1 mcg	4.7 mcg	4.7 mcg

Legend: KCAL (kilocalories); PTN (protein); CHO (carbohydrates); LIP (lipids); Zn (zinc); Mg (magnesium); Fe (iron); Ca (calcium); Vit. D (vitamin D); g = grams; mg = milligrams;
Source: Prepared by the authors.

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The dietary changes made were reflected in the patients' perceptions, expressed in the following statements:

> *I found it very worthwhile to start consuming more fiber; I consider this a success for me.* (P1: L8-9)
> *The plan is fitting very well into my daily routine, and I also feel more satisfied.* (P2: L276)
> *I felt more satisfied; in addition to improving my grain intake, the idea of dividing my meals into smaller portions was something I felt helped.* (P3: L276)

Regarding protein (PTN), it was observed that, although P1 had adequate protein intake in terms of quantity, most of it came from red meat, fried foods, processed meats, and fried eggs. Patients P2 and P3, on the other hand, had insufficient protein intake, with similar dietary sources. The proposed changes prioritized reducing processed meat consumption and adopting healthier preparation methods.

Regarding quality of life, the results obtained from the PCOSQ assessment are presented in Figure 2. Overall, changes in the scores assigned to the PCOSQ classifications (scale of 1 to 7) did not show significant changes over the three-month follow-up period. The domains of emotions and weight stood out as the most impactful, especially for patient P1. Patient P2 showed improvement in the hirsutism domain at the end of the follow-up, while P3 maintained similar scores throughout the consultations.

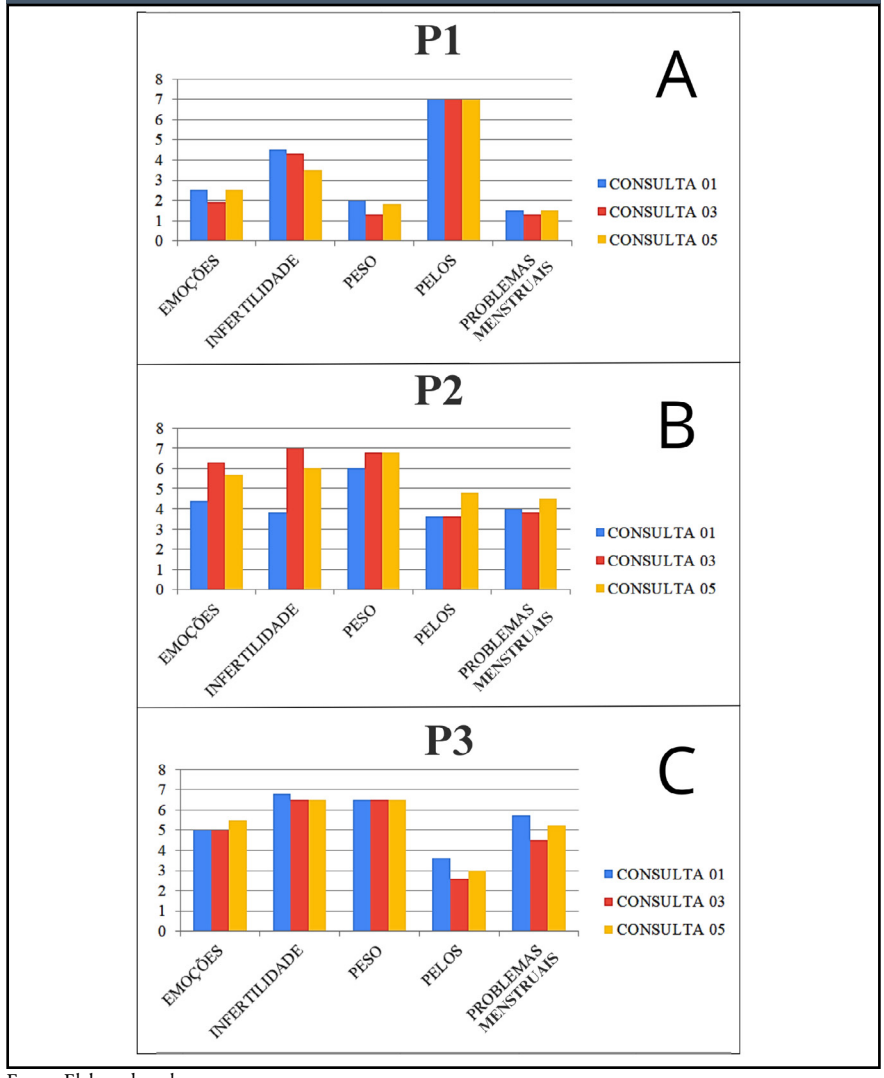
Furthermore, despite not engaging in physical activity, patient P2 lost 8.3 kg during the follow-up period, with a reduction in BMI from 29.04 kg/m² to 25.6 kg/m². Additional reports indicated a positive perception of the nutritional follow-up by the patients:

> *I felt an improvement in my sleep*. (P2: L287).
> *I'm happy to have reduced my body measurements, because several clothes that didn't fit before now do; I feel thinner.* (P2: L370-371).
> *I feel less tired.* (P3: L618).
> *I noticed that after I started combining diet and physical activity, my menstruation improved, and my cycle became more regular.* (P3: L658-660).

DISCUSSION

The results regarding BMI and waist circumference corroborate findings in the literature indicating a high prevalence of overweight and increased cardiovascular risk in women with PCOS, a condition frequently associated with insulin resistance [13]. The improvement in gastrointestinal function observed during follow-up can be attributed to increased intake of soluble and insoluble dietary fiber, combined with higher fluid intake—essential factors in the prevention and management of obesity, insulin resistance, diabetes, and metabolic syndrome [14].

Figure 2. Presentation of trends in data related to the Quality of Life Questionnaire specific to PCOS. Petrolina, Pernambuco, Brazil, 2024.



Fonte: Elaborado pelos autores.

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The high consumption of ultra-processed foods identified in this study reflects a dietary pattern characterized by high palatability, high energy density, low fiber content, and significant amounts of fat and sodium, as described by Dos Santos [15]. This pattern deviates from the recommendations of the Dietary Guidelines for the Brazilian Population, which advocate prioritizing fruits, vegetables, and legumes—foods rich in vitamins, minerals, and dietary fiber [6]. The World Health Organization recommends a minimum intake of 400 g/day of fruits and vegetables for disease prevention and health maintenance, a target not met by the patients evaluated, whose average consumption was two servings per day [16].

Inadequacies in macronutrient intake, especially an excess of simple carbohydrates, are particularly relevant in the context of PCOS, since this nutrient has a greater impact on the metabolism of these women [5]. Strategies involving substitution with sources of fatty acids with anti-inflammatory properties and the inclusion of foods rich in dietary fiber proved appropriate for dietary management, while respecting the patients' food preferences [17,18].

Patient P1 showed a greater negative impact in the domains of emotions and weight, a finding that can be explained by the presence of emotional eating, characterized by changes in eating patterns influenced by emotions such as stress and anxiety [19]. This condition is associated with higher intake of calories, carbohydrates, and fats, as well as difficulties in adhering to nutritional treatment [20].

> *The urge to eat sweets is still very strong.* (P1: L20).
> *As already mentioned, during more stressful periods it ends up being a little more difficult, both in terms of meal times and portion sizes.* (P1: L58-59).
> *This week has been more stressful because of the end of the college semester, so I wasn't able to stick to the plan.* (P1: L87-88).

Stress has been described as a factor capable of directly influencing appetite and body weight, contributing to the development and maintenance of overweight and obesity [21]. The craving for energy-dense, nutrient-poor foods in stressful situations was clearly observed in the patient's statement:

> *I can't say if I made any progress with the meal plan, since I couldn't stick to it because of my anxiety; I can't go without sweets, brigadeiro, açaí, and filled cake.* (P1: L92-94).

The lack of improvement in the perception of infertility may be related to the short duration of follow-up, given that the syndrome involves complex hormonal changes [22,23]. The lack of improvement in the perception of these domains, especially in patient P1, may be related to the short duration of follow-up.

Hirsutism, assessed using the PCOSQ, showed improvement in patient P2's perception, a result considered positive, although it is not possible to infer changes in insulin parameters, since no specific laboratory tests were performed [5, 23]. Although the weight domain was not initially considered a problem for patients P2 and P3, the weight loss observed in P2 reinforces evidence that dietary re-education, even without physical activity, can promote improvement in nutritional status.

Positive perceptions related to improved sleep, physical energy, reduced body measurements, and regularization of the menstrual cycle demonstrate that the benefits of nutritional counseling extend beyond weight loss. These findings reinforce the relevance of the Dietary Guidelines for the Brazilian Population as an effective tool for health promotion and the management of PCOS [6]. The literature highlights that the Dietary Guidelines use accessible language and strategies that promote the human right to adequate nutrition, being applicable to both the prevention and treatment of specific diseases, provided they are associated with the work of a qualified professional [24].

Finally, it is emphasized that the role of the nutritionist is fundamental in the treatment of PCOS, considering not only nutrients but also the cultural, social, and behavioral aspects of diet, which directly influence health and well-being [25].

CONCLUSION

It was evident that patients diagnosed with Polycystic Ovary Syndrome have high consumption of ultra-processed foods, low consumption of fruits and vegetables, as well as inadequacies in the intake of macronutrients and micronutrients, constituting risk factors for the development or worsening of symptoms.

Furthermore, the importance of nutritional monitoring and dietary re-education based on the Dietary Guidelines for the Brazilian Population was observed, promoting improvements in hydration levels, gastrointestinal symptoms, fiber intake, energy levels, and sleep quality, as well as in symptoms related to the syndrome, such as menstrual cycle regulation and weight loss. These results reinforce the importance of nutritional intervention as a fundamental strategy for promoting quality of life in women with polycystic ovary syndrome.

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