

Polycystic ovary syndrome, combined oral contraceptives and the risk of dysglycemia

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A. Risk of type 2 diabetes and dysglycaemia within BMI subgroups

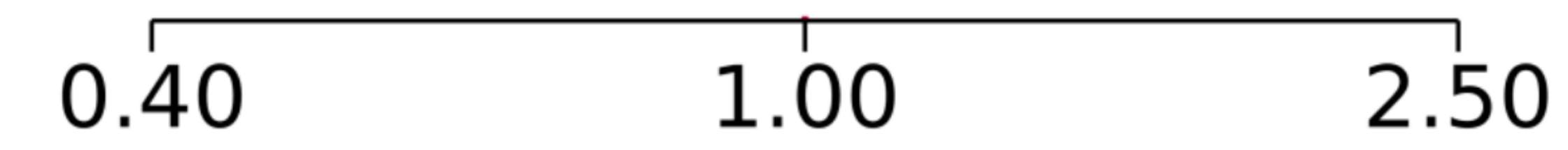
aHR (95% CI)

Risk of type 2 diabetes

Normal/Underweight		1.88 [1.41, 2.50]
Overweight		1.92 [1.56, 2.36]
Obese		1.88 [1.72, 2.06]

Risk of dysglycaemia

Normal/Underweight		1.44 [1.24, 1.68]
Overweight		1.87 [1.65, 2.12]
Obese		1.81 [1.69, 1.93]



B. COCP exposure and risk of dysglycaemia

aOR (95% CI)

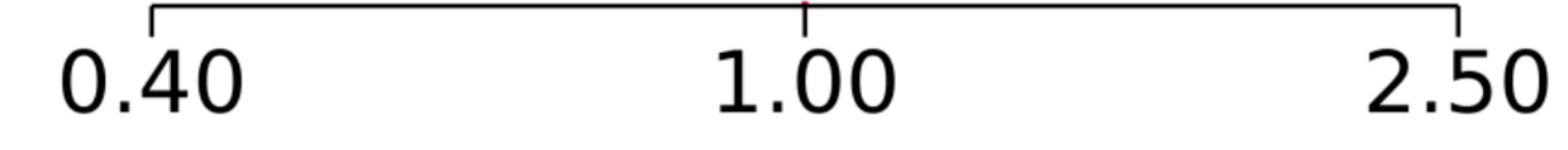
Prescription of COCP within the exposure window

Dose response relationship: Categorization by median prescription count (3)

No prescription of COCP within the exposure window		Ref
COCP prescription count ≤3 within the exposure window		0.80 [0.67, 0.96]
COCP prescription count >3 within the exposure window		0.67 [0.55, 0.81]

Categorization by type of progestin component

No prescription of COCP		Ref
Prescription of COCP without anti-androgenic progestin component		0.72 [0.59, 0.87]
Prescription of COCP with anti-androgenic progestin component		0.76 [0.63, 0.91]



Normal/Underweight: <23.5 kg/m² for patients of South Asian ethnicity & <25 kg/m² for patients of all other ethnic groups
 Overweight: 23.5-27.5 kg/m² for patients of South Asian ethnicity & 25-30 kg/m² for patients of all other ethnic groups
 Obese = ≥27.5 kg/m² for patients of South Asian ethnicity & ≥30 kg/m² for patients of all other ethnic groups