

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

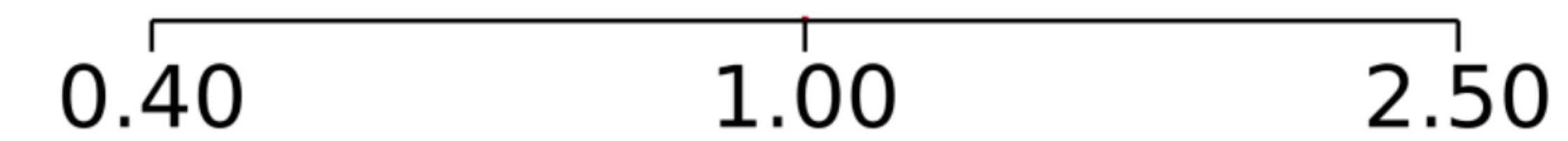
1.44 [1.24, 1.68]

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

0.74 [0.65, 0.85]

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

No prescription of COCP within the exposure window

Ref

COC prescription count ≤ 3 within the exposure window

0.80 [0.67, 0.96]

COCF prescription count >3 within the exposure window

0.67 [0.55, 0.81]

Categorization by type of progestin component

No prescription of COCP

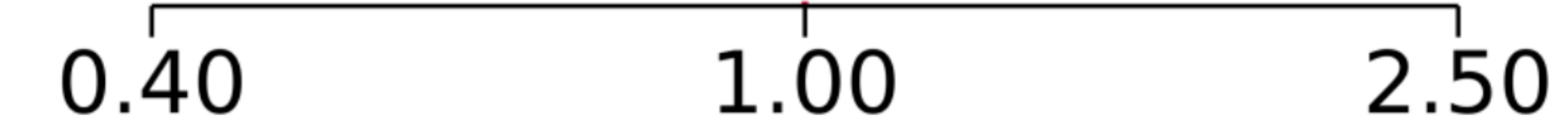
Ref

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: $<23.5 \text{ kg/m}^2$ for patients of South Asian ethnicity & $<25 \text{ kg/m}^2$ 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