RESULTS: Mean age was 38.5 ± 5.5 years-old (median: 39.0 years-old). There was no significant correlation between patients age and their intention to use add-ons (OR, 0.988, CI: 0.933 – 1.047, p=0.688). Most patients (93.5%) stated they would try some add-ons to increase their chances of success, even with no scientific evidence. Among those, most of them would try it on the beginning of the treatment (76.5%), while 23.5% of the patients would try it only if they had a negative result before. When the answers of patients who are yet to start their treatments were compared with those who have already started the treatment, we observed that those who are already involved in the treatment process are more willing to try something else when compared with those who have not yet started their treatments (97.0% *vs* 84.1%, p<0.001).

CONCLUSIONS: Add-on treatments are well accepted by most infertile patients, especially those who have already started their IVF treatments.

IMPACT STATEMENT: Add-on have generated much discussion in the last decade. A particular concern is that there are no scientific evidence supporting the efficacy of most add-ons and whether an add-on causes unanticipated harms or worsens treatment outcomes. There is a need for transparent information about interventions for IVF patients, a vulnerable population, including uncertainties and risks, to support their decisions regarding the use of certain adjunctive therapies.

SUPPORT: N/A

O-231 11:15 AM Wednesday, October 26, 2022

NUTRITIONAL EDUCATION (FACE-TO-FACE AND VIDEO INSTRUCTION) FOR POLYCYSTIC OVARY SYNDROME RESULTS IN GREATER REDUCTION IN BMI AND HEMOGLOBIN A1C THAN CALORIC RESTRICTION, EXERCISE AND METFORMIN. Benjamin Jackson, MS,[1] Raina Kishan, BS,[2] Caitlyn Mullins, PhD Student,[1] Marilyn Mathew, MD/PhD Candidate,[3] Seungman Kim, PhD Candidate,[2] Jaou-Chen Huang, MD,[2] Jennifer L. Phy, D.O.[1] [1]Texas Tech University Health Sciences Center, Lubbock, TX; [2]Texas Tech University Health Science Center - Lubbock, Lubbock, TX; [3]TTUHSC, LUBBOCK, TX.

OBJECTIVE: Polycystic ovary syndrome (PCOS) affects approximately 12% of women of reproductive age and increases risk of obesity, diabetes, heart disease, cancer and infertility. Metabolic inflexibility associated with PCOS makes weight loss difficult and has made nutritional education for this condition challenging and time-consuming. Hyperinsulinemia drives hyperandrogenism in PCOS. Research shows that carbohydrates from dairy and starch-based foods have greater insulinogenic properties than carbohydrates from non-starchy vegetables and fruits. The purpose of this study was to determine whether an 8-week dietary intervention with face-to-face or web-based nutritional instruction focusing on a low starch/low dairy diet would result in successful weight loss in women with PCOS.

MATERIALS AND METHODS: Prospective randomized controlled trial including overweight/obese women with PCOS, age 18 to 45 years. Seventy-one participants enrolled, and 59 completed the study. Participants were randomized to 3 groups: Face-to-Face (F2F) Nutritional Instruction, 11-minute Web-based (Web) Nutritional Instruction or Standard Clinical Practice (SCP) (National Institutes of Health guidelines for recommended caloric intake and exercise frequency and metformin if elevated fasting glucose, fasting insulin or hemoglobin A1c). Baseline weight, BMI, waist and hip circumference, and hemoglobin A1c were recorded. Measurements and data analysis were performed by the institution's Clinical Research Insitute. Participants in treatment groups were permitted to eat lean meats, non-starchy vegetables, and low sugar fruits ad libitum until the point of satiety at every meal. Participants returned in 8 weeks for repeat weight, labs and anthropometric measurements.

RESULTS: Mean reduction of BMI was -2.9 (F2F), -2.3 (Web) and -0.05 (SCP)(p< .0001). There was a significant decrease in hemoglobin A1c in the treatment groups (-0.14) compared to SCP (0.03)(p=0.036) Treatment groups had reduction in waist of 3.09 inches compared to controls of 0.43 inch (p=0.002). Treatment groups had reduction in hips of 2.98 inches compared to controls of 0.77 inches (P<.0001).

CONCLUSIONS: Nutritional education (either Face-to-Face or Web-based) of an 8-week low starch/low dairy diet resulted in greater reduction in BMI, hemoglobin A1c, waist circumference and hip circumference in PCOS patients versus standard clinical practice which consisted of caloric restriction, exercise and use of metformin. Effectiveness of an 11-minute web-based video instruction showed comparable results to in-person dietary instruction which shows promise in developing virtual tools to assist women with PCOS to achieve weight loss and improve glucose control.

IMPACT STATEMENT: Metabolic inflexibility and variation of symptoms has made management of PCOS challenging for both patients and their health care providers. A low starch/low dairy diet instuction (either in person or by 11-minute web-based video) shows more weight loss, lower hemoglobin A1c, and greater reduction in waist and hip circumference than standard clinical practice.

SUPPORT: Laura W. Bush Institute for Women's Health

O-232 11:30 AM Wednesday, October 26, 2022

THE EFFECT OF MEDIA AIDS IN GENETIC CARRIER SCREENING EDUCATION AMONG INFERTILITY PATIENTS. Megan R. Sax, MD,[1] Crystal Dupont, M.D., M.S.,[2] Anthony Leonard, PhD,[2] Kurt R. Peterson, DO,[3] Suruchi Thakore, MD[1] [1]University of Cincinnati Medical Center, West Chester, OH; [2]University of Cincinnati College of Medicine, Cincinnati, OH; [3]University of Cincinnati, Cincinnati, OH.

OBJECTIVE: To evaluate the effect of educational videos on the utilization of preconception genetic carrier screening in infertility patients.

MATERIALS AND METHODS: From November 2021 through February 2022, patients presenting for infertility consult at the University of Cincinnati Center for Reproductive Health were randomly assigned to the video arm or in-person counseling arm for education on preconception genetic carrier screening. The video arm consisted of five 2-3 minute videos within the patient education web application EngagedMD, while in-person counseling was completed by providers at the time of appointment. Surveys were completed by all patients and providers at the end of the appointment.

Chi square, Fisher's exact test, and Wilcoxon tests were used to compare the video vs in-person counseling study arms with the primary outcome being completion of genetic carrier screening. Groups were compared on experience and interpretation of counseling. Finally, logistic regression was used to adjust for the clinic attended by the patient. The study alpha was a two-tailed p = 0.05, unadjusted for multiple tests, and all analyses were conducted using SAS software.

RESULTS: A total of 73 patients were enrolled: 42 in the video arm and 31 in the in-person counseling arm. Patients who completed video counseling prior to their new patient appointment were significantly more likely to proceed with genetic carrier screening (78.6%) than were those receiving only counseling in the office (41.9%), p-value 0.003. The survey response rate was 100% for patients and providers. The positive effect of the educational videos was maintained when adjusted for clinic (p=0.003).

Patients who completed EngagedMD videos were perceived to have a better understanding of the purpose of genetic carrier screening as evidenced by the "teach-back" method (p=0.07). Providers noted a significantly decreased demand on counseling time when videos were used (p <0.001).

Of the patients not enrolled (n=190) due to exclusion criteria, only 16.8% (n=32) completed genetic carrier screening.

CONCLUSIONS: The use of patient education videos increases utilization of preconception genetic carrier screening and is an acceptable alternative to in-person provider counseling for patients and providers.

IMPACT STATEMENT: Counseling regarding preconception genetic carrier screening is strongly recommended by many women's health organizations. Patient education videos are not inferior to provider counseling and do not compromise patient and provider satisfaction. Educational videos viewed prior to new patient appointments will allow more time for directed counseling.

O-233 11:45 AM Wednesday, October 26, 2022

OBSTETRIC OUTCOMES OF FERTILITY PATIENTS WITH PELVIC PAIN DISORDERS. Samantha Lauren Estevez, M.D.,[1] Caroline Gellman, MD,[1] Atoosa Ghofranian, MD,[1] Tamar Alkon-Meadows, MD,[2] Carlos Hernandez-Nieto, MD,[2] Dmitry Gounko, B.S., M.A.,[2] Joseph A. Lee, BA,[2] Jenna Friedenthal, M.D.,[2] Alan B. Copperman, MD[2] [1]Icahn School of Medicine at Mount Sinai, New York, NY; [2]Reproductive Medicine Associates of New York, New York, NY.