7. SUMMARY

1. The mean age of our study population was 30.7 ± 4.5 years. 71.9% were in the 26-35 years age group.

2. In our study, 62.6% of the women were in the overweight and obese group.

3. The mean AMH of our study population was 4.4 ± 3.3 ng/ml.

4. AMH and AFC started declining by 30 years unlike FSH, which started rising only after 35 years. The number of women with age more than 30 years was significantly more in the poor response group.

5. In our study, 62.2% had normal response followed by 24% and 13.8% with hyper and poor response respectively.

6. The dose of gonadotropins required was more in the poor response group with no significant difference in the number of days of stimulation among the three groups due to individualisation of the initial dose.

7. There was a significant difference in the number of follicles, oocytes retrieved, oocytes fertilised with no difference in number of patients undergoing embryo transfer and pregnancy rate among the three response groups.

8. The dose of gonadotropins required was more in Non PCOS patients for both normal and hyper response group even though it is not statistically significant.

9. In the entire study population,
   a. The optimal cut off value of AMH of 1.25 ng/ml below which predicts poor response, had a sensitivity of 91.2%, specificity of 96.2 %, positive predictive value of 79.5% and negative predictive value of 98.5%.
Summary

b. The AMH value of 5.65ng/ml for hyper response above which had a sensitivity of 86.4%, specificity of 86.6% positive predictive value of 67.1% and negative predictive value of 95.3%.

10. There were no patients of poor response in PCOS group.

11. The optimal cut off values of AMH to predict hyper response in PCOS & Non PCOS groups were

   a. In PCOS group - 6.85ng/ml with sensitivity of 66.7% , specificity of 68.7% positive predictive value of 60% and negative predictive value of 42.3%.

   b. In Non PCOS group - 4.85ng/ml with a sensitivity of 85.7%, specificity of 89.7%, positive predictive value of 42.8% and negative predictive value of 99.3%.

12. The optimal cut off value of AMH to predict poor response in Non PCOS group was 1.25ng/ml with a sensitivity of 91.2%, specificity of 94.1%, positive predictive value of 79.5% and negative predictive value of 97.7% which is similar to the entire population.