MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

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Polycystic ovarian syndrome (PCOS): patient information

What is PCOS?

PCOS is estimated to affect somewhere between 6 – 10% of women of reproductive age. PCOS presents in several different ways, which can include:

- Excess' hair
- Difficulties maintaining a healthy weight
- Irregular periods
- Difficulties conceiving

What causes PCOS?

There is no one clear cause of PCOS: it's thought to be due to several different underlying and interacting mechanisms, including:

- Genetics. If your mother or sister have PCOS, your chances of having PCOS are about three times that of the average population
- Altered actions of luteinising hormone
- Dysfunctional follicle development in your ovaries
- Insulin resistance

Risk factors for PCOS include:

- Being above a healthy weight. Although this is a 'chicken and egg' situation, in that PCOS can contribute to obesity, women who are obese (for whatever reason) are more likely to have PCOS
- Any diabetes (type 1, type 2, or gestational diabetes)
- Having your first period especially young (eg. at or prior to 10yo)
- Having close relatives who also have PCOS

What symptoms are associated with PCOS?

PCOS can manifest itself is several different ways, as outlined below.

- Excess hair: 'too much' thick hair on your upper lip, chin, forearms, chest, tummy, back etc
- Receding hairline +/- frontal baldness
- Acne
- Irregular periods (eg. 2 – 6 months between periods)

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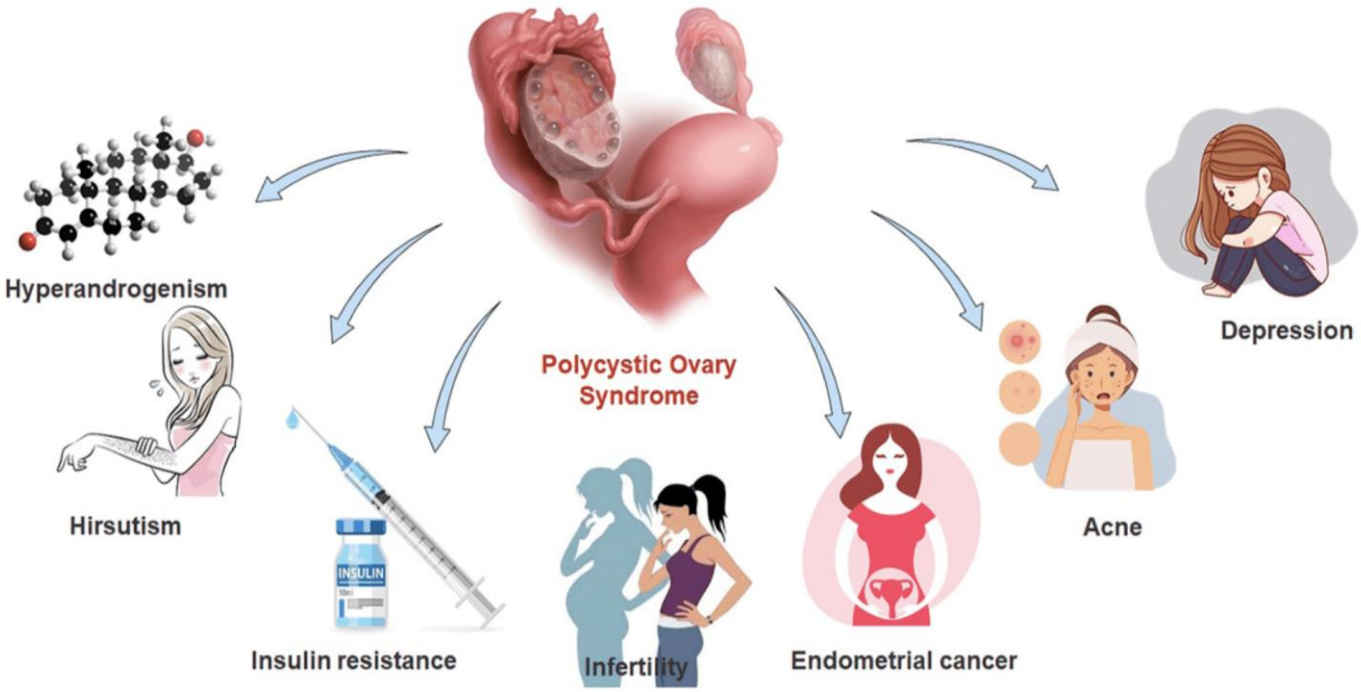
- Subfertility, due to not ovulating as often as women without PCOS
- Challenges maintaining a healthy weight, due to PCOS-related insulin resistance
- Anxiety and / or depression



How is PCOS diagnosed?

Strictly speaking, to be diagnosed with PCOS, you need to fulfil at least two of these three criteria:

- High levels of male hormones, or 'hyperandrogenism'. This leads to acne, excess hair, and male-pattern hair loss. If PCOS is suspected, your gynaecologist may recommend having blood tests to measure your male hormone levels
- Too many cysts on your ovaries, as seen on ultrasound: ≥ 12 follicles on each ovary, measuring 2 – 9mm in diameter and / or ovarian volume > 10mL
- Irregular periods: having > 35 days from the first day of one period, to the first day of the next. An alternative definition is having < 9 periods a year.

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How is PCOS managed?

When thinking about ways to manage PCOS, it's important to consider your goal(s) of treatment. This is very patient-specific, in that different patients have different priorities. Your treatment goals may include any or all of the following.

Improvement of the symptoms of excess male hormones

There are several approaches to managing the symptoms of excess male hormones (eg. 'excess' hair, acne, frontal baldness). The combined oral contraceptive pill (COCP) is considered the best first-line approach for these symptoms.

If six months on the COCP has not a sufficient improvement in these symptoms, an anti-androgen medicine (such as the tablet 'spironolactone') can be considered.

With regards to preventing the regrowth of unwanted hair: unfortunately there aren't any quick fixes. Unwanted hair is best removed by using mechanical methods, such as: shaving, waxing, depilatory creams, electrolysis, or laser.

Prevention of overgrowth of the uterine lining

Stimulating the uterine lining to shed regularly is thought to reduce the risk of uterine cancer.

There are various ways in which overgrowth of the uterine lining can be discouraged, including:

- Taking the combined oral contraceptive pill, which stimulates a 'period' every 1 – 3 month(s)
- Taking progesterone tablets in the second half of your menstrual cycle
- Taking the progesterone-only pill
- Having a Mirena (progesterone-containing) intrauterine device inserted, which keeps the lining of the uterus thin

Unless there is a good reason not to take the COCP, it is considered first-line therapy for women with PCOS, in terms of both regulating the timing of your period, plus also preventing overgrowth of the uterine lining.

Second-line management to prompt regular periods is a tablet called 'metformin', which restores regular periods in approximately 40% of women with PCOS.

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Contraception (for women not actively trying to get pregnant)

Some combined oral contraceptive pills are thought to be better than others, for helping women with PCOS who don't want to conceive. We generally recommend a Pill that contains norethisterone, desorgestrel, cyproterone or drosperinone as its progesterone ingredient.

In terms of contraception for women with PCOS, alternatives to the COCP include:

- Mirena progesterone-containing intra-uterine device
- Taking the progesterone-only contraceptive pill

Ovulation induction (for women who are actively wanting to get pregnant)

As noted above, having irregular periods means that you have fewer days per year when you are fertile, and able to conceive naturally. There are several management options for this 'oligomenorrhoea', which include:

- Achieving and maintaining a healthy weight. If you are over a healthy weight, losing 5% of your bodyweight can regulate your menstrual cycle, and improve your ability to conceive
- Ovulation induction, which is the technical name for the process of bringing on more regular ovulation using medications.
- Second-line approaches to stimulating ovulation include laparoscopic surgery to perform 'ovarian drilling'. If the above methods aren't successful, IVF may be needed.

Many women with PCOS who want to conceive eventually need to see a fertility specialist to undergo ovulation induction. If you'd like to talk about this in more detail, please consider making an appointment with Maven Centre's Dr Melissa Cameron.

Maintaining a healthy weight

There are no easy answers when trying to maintain a healthy weight: for many women with PCOS, their hormones are working against them, and it's an uphill battle to maintain a healthy weight. Regular aerobic exercise and maintaining a healthy balanced diet are vital: for more information on dietary management of PCOS, please consider making an appointment with a Maven Centre dietician.

In addition to diet and exercise, approaches to maintain a healthy weight include medicines (such as 'ozempic') and bariatric surgery.

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Screening for complications of PCOS

Women with PCOS are more likely to run into problems with: diabetes, cholesterol, and / coronary heart disease. If you are diagnosed with PCOS, your GP should consider:

- Measuring your blood pressure, body mass index and waist circumference
- Testing your blood for cholesterol, using a 'fasting lipids' blood test
- Checking whether or not you already having diabetes, using a 'glucose tolerance test'. This test should be done at least every two years thereafter

Frequently asked questions

Can PCOS be diagnosed in teenagers?

Many 'normal' teenagers have polycystic ovaries, which can persist for several years after their periods start to occur. It is considered best practice not to diagnose PCOS in women who have started to have periods within the last 8 years.

My ultrasound shows polycystic ovaries. Does this mean that I have PCOS?

To be diagnosed with PCOS, you have to have at least two of the following:

- Polycystic ovaries
- Irregular or absent periods
- Symptoms or blood tests suggestive of excess male hormone levels

Hence, if polycystic ovaries are seen on ultrasound, but you don't have either of the other criteria noted above, you do not have PCOS.

Can PCOS be reversed?

Achieving and maintaining a healthy bodyweight (which is easier said than done!) can help to reverse most (if not all) of the symptoms and signs of PCOS.

This pamphlet is a general overview of PCOS, and may not apply to everyone.
If you have any further questions, please speak to your gynaecologist.