POLYCYSTIC OVARIES SYNDROME

PCOS is one of the most common conditions in women in Australia affecting 12-21% reproductive age women. As it is a syndrome with a range of features, it affects a range of different women. PCOS is one the commonest causes of infertility and once pregnant, women with PCOS have a higher risk of diabetes in pregnancy and pregnancy complications. The incidence of PCOS is much higher in obese women, affecting over a quarter of obese women and only 5% of lean women.

Symptoms and signs

- Irregular or absent periods
- Overweight/ obesity
- Excessive hair growth
- Acne
- Irritability/ mood swings
- Mood problems, occasionally with depression
- Body image problems/ low self-esteem
- Polycystic ovaries on ultrasound

Diagnosis

The most commonly used diagnostic criteria for PCOS (Rotterdam criteria) require the presence of two or more of the following for diagnosis of PCOS:

- Irregular (less frequent) or absence of menstrual periods (indicating that you are not ovulating regularly)
- Blood tests indicate high testosterone levels OR clinical features of high testosterone levels (acne, excessive hair growth over body etc)
- Polycystic ovaries on ultrasound scan of the ovaries (other causes of this need to be excluded)

Blood tests may be required to measure testosterone levels and exclude other causes of high testosterone or polycystic ovaries (such as thyroid function, cortisol levels, tests into adrenal function, prolactin levels).

Ultrasound scan of the ovaries is usually required. This is most accurate if it is done vaginally, which is usually done in sexually active women.

The risk of cardiovascular disease (eg. Heart disease) is increased in women with PCOS, so assessment of other cardiovascular risk factors should be assessed in all women with PCOS including:

- Smoking (not recommended)
- Cholesterol levels
- Blood pressure

- Blood sugar levels/ diabetes
- Obesity, lack of physical activity, family history of heart disease

Women with PCOS require a Glucose Tolerance Test to exclude diabetes every 2 years.

Treatment

First line treatment of PCOS includes:

- Weight loss in overweight / obese women
- Prevention of weight gain in lean (normal weight) women
- Exercise (at least 150minutes/week; of this 90min should be aerobic activity at moderate to high intensity (60-90% of maximum heart rate).

The rate of depression, anxiety, body image problems and self-esteem issues is more common in PCOS, so the assessment and management of a psychologist is very useful in management.

The assistance of a dietitian is often very helpful with dietary maintenance/ management of weight loss.

http://www.health.gov.au/lifescripts

Specific drug options depend on the individual case:

1. Oral Contraceptive Pill. This can help regulate menstrual cycles and help with excess hair growth
2. Metformin. This can assist with insulin resistance/ blood sugar problems and infertility/ regulate menstrual cycles
3. Medications/ creams to help with excessive hair growth. Although laser treatment is recommended as definitive management of excess unwanted hair, certain creams and medications may help in certain circumstances.

Generally, a team approach to management of PCOS, including doctors, psychologists, dietitians and sometimes exercise physiologists is best.

We recommend www.jeanhailes.org.au for excellent patient information