

Polycystic Ovary Syndrome (PCOS)

What is Polycystic Ovary Syndrome (PCOS)?

Polycystic Ovary Syndrome (PCOS) is a hormonal disorder that affects between 6 -10% of women.

Normally the ovaries make a tiny amount of male sex hormones (androgens) With PCOS, the ovaries make higher than normal amounts of androgens. This may cause you to stop ovulating. Sometimes the eggs that the ovaries normally produce develop into cysts (little sacs filled with liquid). Instead of being released during ovulation, as an egg would be, the cysts build up in the ovaries and can become enlarged. Interestingly enough, people can have PCOS without having these cysts on their ovaries, and some people with ovarian cysts don't have PCOS. It all depends on what other symptoms a person has.

PCOS can affect many systems in the body and has long-term health consequences.

How does this affect my health?

There are a number of symptoms that people with PCOS may have. You may have some or all of them:

- Acne
- Extra hair growth on the face, chest, belly, inner thighs and/or back (Hirsutism)
- Darkening and thickening of the skin on the neck, groin, underarms or skin folds (Acanthuses Nigerians)
- Thinning hair on the scalp
- Weight gain
- Irregular menstrual periods, or no periods at all
- Difficulty getting pregnant (infertility)

With PCOS there is a higher chance of developing diabetes, high blood pressure, problems with cholesterol/lipids, heart disease, and cancer of the lining of the uterus. Not everybody with PCOS will develop all of these conditions, but having PCOS increases the risks.

What causes PCOS?

No one knows what causes PCOS. Some researchers think it may be caused by high insulin production. Insulin is a hormone that controls blood sugar levels. When too much insulin is produced the body releases extra male hormones. PCOS also seems to run in families.

How is PCOS diagnosed?

A health care provider will perform a physical examination and ask about your medical history. She will look for physical symptoms like acne, hair growth and darkened skin and may also do blood tests that measure hormone levels. An ultrasound may be done to look for cysts in the ovaries. There is no single test to identify PCOS, and your health care provider will need to rule out other causes for your symptoms.

Often people with PCOS are referred to endocrinologists (doctors who specialize in hormones) or gynecologists (doctors who specialize in women).

How is PCOS treated?

Treatment for PCOS is important to reduce the chance of serious side effects, as well as relieving some of the symptoms.

An important first step is to stay healthy or work to improve your overall health by being physically active and eating a healthy diet including a variety of foods. These healthy behaviors can lower the male hormone levels and improve the body's ability to use insulin, which can reduce some of your symptoms and can perhaps delay or prevent developing diabetes and cardiovascular problems.

Sometimes acne improves when you are taking birth control pills or antiandrogens (drugs that lower the amount of male hormones in the body). You can also be given medications to reduce discoloration on the neck, armpits and breasts.

A diabetes medication called metformin can control insulin and blood sugar levels and can reduce androgen levels. This lowers your risk for diabetes and heart disease and can help restore regular menstrual cycles and fertility.

When someone with PCOS wants to get pregnant there are fertility medications that can help to encourage ovulation.

Things to think about:

Even though infertility can be a side-effect of PCOS, it is still possible to get pregnant. If you are sexually active and do not want to become pregnant be sure to use at least one form of birth control (such as condoms or birth control pills) every time you have sex.

Other places to look for information: (Women's Health Clinic does not run these sites and is not responsible for information found there)

www.soulcysters.com www.cwhn.ca/resources/faq/pcos.html www.posaa.asn.au

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