

Polycystic ovarian syndrome

Polycystic ovarian syndrome is associated with problems such as irregular (usually less frequent) menstrual cycles, excessive hair growth, acne, obesity, infertility and the possible development of diabetes. PCOS is often also known as polycystic ovary syndrome.

Treatment for PCOS is now guided by a national evidence-based guideline. Depending on the associated problems treatment can include weight reduction, use of hormones or, in some cases, an operation.

Ovarian hormones

Normally the ovaries produce large amounts of the female hormone oestrogen, lesser amounts of the male hormone testosterone, and the pregnancy hormone progesterone (which is only produced in greater amounts after ovulation and during pregnancy). In PCOS, testosterone levels are often mildly increased.

Causes of PCOS

The causes of PCOS are unknown. In some cases, it seems to run in the family whereas for other women the condition only occurs when they are overweight.

Women who have PCOS may have problems such as:

- **Irregular menstrual cycles** – menstruation may be less frequent due to less frequent ovulation, and may be either heavier or lighter than average.
- **Amenorrhoea** – some women with PCOS do not menstruate, in some cases for many years.
- **Obesity** – the cause of this is unclear.
- **Excessive hair growth** – may be due to increased testosterone.
- **Acne** – the cause is unclear.
- **Infertility** – related to less frequent or absent ovulation.

There may also be long-term health risks. Recent research suggests that polycystic ovary syndrome is related to insulin resistance and the development of diabetes. Some women with PCOS develop diabetes, especially if they are overweight.

Diagnosis of PCOS

Diagnosis can include:

- Your medical history
- An examination including ultrasound
- Blood tests, by measuring hormone levels in the blood.

In Australia, polycystic ovarian syndrome is thought to occur in 12 to 18 per cent of women of reproductive age (between late adolescence and the menopause). Almost 70 per cent of these cases remain undiagnosed.

Early diagnosis is important as it can allow symptoms to be managed and may prevent the development of long-term health problem such as diabetes.

Treatment of PCOS

It is important that a multidisciplinary approach be used to manage PCOS. You may be treated by your doctor if they have interest or expertise in the area. You may also be referred to several specialists including an endocrinologist or a gynaecologist.

If only one or two symptoms are addressed on a short-term basis a woman may be left with long-term clinical problems.

For all women with PCOS it is important to alleviate symptoms and reduce the risk of diabetes by:

- Preventing weight gain
- Losing weight – for those already overweight.

Some PCOS treatments offered include:

- The oral contraceptive pill – if you are suffering from irregular, heavy periods, the oral contraceptive pill is often prescribed to regulate the cycle and prevent the lining of the womb from thickening excessively.
- Infertility drugs – if infertility is a problem, clomiphene nitrate (sold as clomid) may be taken orally to induce ovulation.
- Ovarian drilling – this operation may be used to treat PCOS if you want to become pregnant and are not ovulating.

Your doctor and specialists can advise on what treatment best suits you.

Where to get help

- Your doctor
- A gynaecologist (your doctor can refer you)
- An endocrinologist (your doctor can refer you)
- Your local women's health centre or community health centre.

Things to remember

- Polycystic ovary syndrome is associated with problems such as, irregular menstrual cycles, excessive hair growth, acne, obesity, infertility and the possible development of diabetes.
- PCOS can be diagnosed by ultrasound examination and blood tests.
- Treatment for PCOS includes a healthy lifestyle and targeted therapy such as hormone medications or surgery.

This page has been produced in consultation with, and approved by:

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