

The Jean Hailes *Foundation* for women's health

Fact Sheet

Polycystic Ovary Syndrome (PCOS)

PCOS is a hormonal condition of unknown cause that affects about five to 10 percent of women of reproductive age. The name can be misleading, as PCOS is not always characterised by polycystic ovaries, but rather by a range of issues that can include: irregular periods, acne, excess hair growth, infertility and the possible development of diabetes.

Symptoms

There are a number of symptoms that women with PCOS may experience. However, not every woman with PCOS will have every symptom, and each woman will be quite individual in her presentation. A diagnosis of polycystic ovary syndrome is generally made when at least two out of three of the following symptoms are met:

- Polycystic ovaries are present on ultrasound
- High levels of male hormones are in the blood (hyperandrogenism), or symptoms suggesting an excess of male hormones are present (e.g. excessive hair growth, acne etc.)
- Menstrual dysfunction – period irregularity, lack of a period or lack of ovulation

Polycystic ovaries

The name of the condition PCOS (polycystic ovary syndrome) implies that all women with PCOS have polycystic ovaries. However, having polycystic ovaries on ultrasound is not essential for the diagnosis of PCOS.

While up to 10 per cent of women of reproductive age have PCOS (the syndrome), up to 25 per cent of women of reproductive age can have polycystic ovaries on ultrasound. These women either have no other symptoms of PCOS or have very mild symptoms and are therefore not classified as having the 'syndrome' called PCOS.

If you have PCOS you may have:

- Periods that are irregular, infrequent or heavy
- Difficulty in becoming pregnant
- Immature ovarian eggs that do not ovulate, forming small follicles
- Excessive facial or body hair
- Weight gain and an increase of fat in your upper body
- Acne on both the face and the body
- Prediabetes or diabetes
- Higher levels of blood fats

What causes PCOS?

While the causes of PCOS are not yet clear, recent studies show that both lifestyle and genetic factors can be involved.

What happens with PCOS?

Hormonal changes

In a normal menstrual cycle your hormones fluctuate, but with PCOS your body has an imbalance of hormones. This imbalance may prevent ovulation, which means the ovaries don't release eggs.

The male-type hormones, called androgens, which include testosterone, are present in low levels in all women. Women with PCOS often have extra androgens in the blood, which can result in increased facial and body hair, and acne.

Your body also usually develops resistance to the hormone insulin, which regulates sugar levels. This can lead to an increased risk of diabetes.

The Jean Hailes Foundation for Women's Health

Education Unit
PO Box 1108, Clayton South,
Victoria, Australia 3169
173 Carinish Road, Clayton,
Victoria, Australia 3168

tel (03) 9562 6771
toll-free 1800 151 441
fax (03) 9548 9120
email education@jeanhailes.org.au
web www.jeanhailes.org.au

ACN 092 915 618

What are the long-term risks associated with PCOS?

Long-term complications can appear in women of all ages. Women with PCOS have an increased risk of:

- Infertility
- Type 2 diabetes
- prediabetes
- High blood fats / cholesterol
- Heart disease
- Thickening of the lining of the uterus

Fortunately, with early diagnosis and proper management, the long-term health risks can be prevented or delayed, or if PCOS is present, the symptoms can be treated effectively.

Management of PCOS

There is no single treatment for PCOS, but its symptoms can be managed in the following ways:

Education

It is important that all women with this condition understand some key causes and vital treatments.

Psychological support

Challenges including weight gain, hair growth and infertility can cause poor self esteem, anxiety and depression. A positive frame of mind is critical to be able to change your lifestyle effectively. Seek help if needed.

Weight management

Weight management is really important. Healthy eating and regular physical activity are vital. For more information and advice, talk to a health practitioner or dietitian.

Management of irregular periods

Regular periods help prevent excessive thickening of the lining of the uterus. Long gaps between periods can also lead to abnormal cells building up inside the womb, and it is recommended that at least four cycles per year are needed. Medications including a low-dose contraceptive pill, progesterone and metformin can be given so that menstrual bleeding occurs regularly. The pill also provides contraception.

Management of insulin resistance

Many people with PCOS may also have insulin resistance. Healthy eating and physical activity offer the best approach. Medications including metformin can also reduce insulin resistance and hair growth, regulate periods and decrease the risk of diabetes. However, these medications may need to be initiated under specialist endocrinology supervision.

Management of infertility

First, it is important to consult your doctor to exclude other reasons for infertility. If infertility is a concern and you are above your most healthy weight, then weight management and activity is the first line of treatment. After this, medications may be used to start the release of eggs. While a surgical procedure can cause temporary ovulation, it is not often performed, as medications are as effective, with fewer complications.

Management of increased facial hair growth and acne

Contraceptives, anti-androgen drugs and metformin can be used for the treatment of acne and excess facial hair. Cosmetic advice on waxing and laser hair removal is best taken initially from dermatologists or endocrinologists rather than beauticians.

Finally

A diagnosis of PCOS is not the end of the world. With support and accurate health advice, it can be managed well and you can live a comfortable and fulfilling life.

Where can I get more information?

www.jeanhailes.org.au

www.managingpcos.org.au

www.posaa.asn.au – Polycystic Ovarian Syndrome Association of Australia 02 8250 0222

www.diabetesaustralia.com.au – Diabetes Australia 1300 136 588

This resource was developed with the support of the Australian Department of Health and Ageing

Updated July 2009

This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your health practitioner.

health tips

Enjoy a wide variety of nutritious foods, by eating plenty of vegetables, legumes, fruit and wholegrain cereals. Include lean meat, fish, poultry and/or alternatives.

Try to include fish 3–5 times a week (this can include canned fish, such as salmon, sardines and tuna).

Take time out just for you.

Make pelvic floor exercises a life-long habit — even if you have no symptoms.

Be active on most, or all, days of the week: you don't have to do a 30 minute walk, 3x10 minutes is just as good!

3 serves of dairy each day for good bone health.