

# Could You Have PCOS?

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Polycystic Ovarian Syndrome (PCOS) is one of the most common hormonal disorders in women. It is estimated that 4-12 percent of premenopausal women in the United States have PCOS.



Although the cause of PCOS is unknown, there seems to be a genetic link. Many of the women have a family member with the disorder.

Women with PCOS have an increased risk for several serious health conditions. More than 50 percent will develop pre-diabetes or diabetes before the age of 40. The risk of heart attack of 4-7 times higher compared to women of the same age without PCOS.

Women with PCOS are also at an increased risk for:

- high blood pressure
- high cholesterol
- sleep apnea
- anxiety and depression

Symptoms may include:

- infertility
- frequent menses
- excessive hair growth
- multiple ovarian cysts
- obesity
- male pattern baldness
- insulin resistance

Diagnosis is made through blood tests, ultrasound and physical examination. Women who think they have PCOS should talk to their OB/GYN. Although there is no cure, there are many ways to treat the symptoms.

PCOS can affect a woman's menstrual cycle and her ability to have children. Although all women make androgens (male hormones such as testosterone) in their ovaries, women with PCOS make excessive amounts of androgens. Higher androgen levels cause problems with the development and release of eggs during ovulation.

Women with PCOS tend to be overweight. Lifestyle changes can go a long way in treating the symptoms of PCOS. Eating a healthy diet of fruits, vegetables and lean meat, while avoiding processed, high-sugar foods and drinks are important.

Exercising for at least one hour three to four times a week can help weight loss. Even a 10 percent loss in body weight can help to restore regular ovulation. Reaching a healthy weight before attempting pregnancy may help prevent complications during pregnancy.

Women with PCOS may not ovulate on a regular basis, resulting in difficulty getting pregnant. Women with PCOS should consider seeing a reproductive endocrinology and fertility specialist (REI) when having difficulty getting pregnant. The REI will be able to determine if there are other cases of infertility before treatment begins.

Treatment for infertility is ovulation induction, which helps the ovaries make and release eggs. The most common medication used is clomiphene citrate (Clomid). Clomid is a pill taken early in a woman's menstrual cycle. Other types of treatments may include injectable fertility medications and in-vitro-fertilization. Pregnant patients are at a higher risk for miscarriage, diabetes, and gestational high blood pressure.

Cycle regulation is important for women with PCOS who are not attempting pregnancy. Going long periods of time without a period can increase the woman's chance of developing cancer of the uterus. Birth control pills may be given to decrease androgen levels, improve acne, and decrease the risk of endometrial cancer. Sometimes other medications that decrease the amount of androgens produced by the body are used along with birth control pills. It is important for patients to realize that these type of medications should not be used in women attempting pregnancy.

About 40 percent of women with PCOS have insulin resistance. This is typically diagnosed with a simple blood test. High insulin levels increase androgen production in the ovaries. Treatment to lower insulin levels may include medication, diet and exercise.

Some women with insulin resistance may begin to ovulate on their own once their insulin levels reach a normal level.

When other therapies are unsuccessful, women with PCOS may consider surgery. During the surgery, the ovaries are entered with a needle carrying an electrical current that is meant to destroy a small piece of the ovary in an attempt to decrease androgen levels and restore ovulation. It is important to discuss surgical risks with your physician before surgery.

Experts agree that the best way to treat PCOS and to prevent complications is to treat all of the symptoms at the same time. Talk to your OB/GYN about your condition or the symptoms you may be experiencing, get regular checkups, exercise regularly, don't smoke, and eat a healthy diet. If you are having difficulty getting pregnant, see an REI specialist.