

DO NOT LEAVE

PCOS UNTREATED

TALK TO YOUR DOCTOR TODAY

What exactly is PCOS?

Polycystic ovarian syndrome is the most common hormonal disorder among young women, but can affect anybody between 12-45 years. It affects 5-10% of general population, making millions of women all across the world, a victim of this disorder. The syndrome was originally reported by Stein and Leventhal in 1935, when they described a group of women with absence of menstrual periods (amenorrhea), infertility, hirsutism (unwanted hair growth in women), and enlarged polycystic ovaries.

What happens in your body in PCOS?

Real cause is still unknown to experts. However, research indicates that the root of the problem is most probably resistance to the hormone insulin, which means you need more insulin than usual to regulate the levels of sugar in the body. The extra insulin causes an imbalance in the sex hormones making the ovaries and adrenal glands produce more testosterone and less estrogen and progesterone than normal. This imbalance makes multiple cysts in the ovaries, hence the name polycystic ovaries.

PCOS may be hereditary at times. Studies show that women with a family history of polycystic ovaries are 50 per cent more likely to develop PCOS.

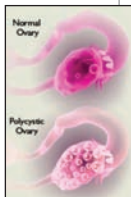
How does it present?

May suffer from

- Irregular or non-existent periods. Nearly 80% of women who have less than 6 menstrual cycles per year have PCOS.
- Very light or very heavy bleeding during your period
- Mild to moderate abdominal discomfort
- Excessive hair growth on your face, chest and lower abdomen
- Acne
- Excessive skin growth on your neck or in your armpit, also called as skin tags
- Infertility
- Obesity
- Patches of dark areas on the back of neck and other areas

May also increase the risk of:

- High blood pressure
- High level of blood cholesterol



- Problems related to liver and heart
- Type 2 Diabetes
- Sleep apnea.

How to Diagnose?

Your doctor will need to exclude other possible causes of your symptoms, such as a **thyroid & adrenal problems**, before arriving at a diagnosis. A doctor diagnoses PCOS based on:

Physical Examination

Your medical history, BP
BMI (Wt in Kg/M²) 25-30 is overweight & > 30 is obese

Waist/Hip ratio- measured to determine body fat distribution (>88cms is abnormal)

Stigmata of Hyperandrogenism/ Insulin Resistance (acne, hirsutism, alopecia, acanthosis nigricans)

Laboratory investigation

Hormonal evaluation : FSH, LH, Total / free Testosterone, DHEAS, 17 OH-progesterone, TSH, Prolactin
Oral Glucose tolerance test, Lipid profile – to rule out metabolic abnormalities
Ultrasound, Fasting Insulin when stigmata of Hyperinsulinism is Present

What else can be done in PCOS?

Weight Reduction- 35-50% of PCOS are overweight or obese . 5-7 % weight loss results in:

- Resumption of normal menstruation in 30-60% of cases.
- Increased spontaneous conception rates.
- Improvement in endocrine parameters (decreased IR, decreased T, increased SHBG)

Lifestyle Modification

● 30 minutes daily exercise improves body's use of insulin and can help relieve symptoms of PCOS

● Try to avoid foods which are fried or rich in sugars and increase intake of fresh fruits and vegetables.

Treatment of PCOS

"Acute" issues

● **Control of irregular menses-** Cyclical progesterones, Estrogen progesterone pills.

● **Treatment of Hirsutism -** Mechanical by Plucking, Shaving, Electrolysis, laser.

Medical management by various drugs like Cyproterone acetate, Spironolactone, Finasteride, Flutamide,

● **Management of Infertility -** Clomiphene citrate, Gonadotropins, Metformin, Weight loss

"Chronic" Issues

Prevention Of Diabetes- Impaired Glucose tolerance and Type 2 Diabetes mellitus are 3 times more common in PCOS patients. Obesity does add fuel to the fire, so weight loss and healthy diet go a long way in preventing onset of Diabetes.

Prevention Of Cardiovascular Disorders-

Apart from the increased risk of Type 2 Diabetes mellitus in PCOS patients, there are multiple other metabolic abnormalities that put them at higher risk for cardiovascular disease. If diagnosed early and managed properly with lifestyle modification (and/or insulin sensitisers), the onset of both these diseases can be delayed or prevented.

SEE YOUR DOCTOR FOR AN OPINION IF YOU HAVE IRREGULAR PERIODS.



Myths

- Women with PCOS cannot have Children (**false**)
- Women who have had children cannot have PCOS (**false**)
- Removal of uterus cures PCOS (**false**)
- Women must have polycystic ovaries to label them as PCOS (**false**)
- A woman who has polycystic Ovaries definitely has PCOS (**false**)
- There will be no problems after menopause (**false**)
- If a woman does not want to have children (or more children), she should not worry about PCOS (**false**)
- A woman who passes glucose tolerance test does not have PCOS (**false**)

Facts

- PCOS can be treated easily.
- A woman with PCOS can have children.
- Women who had conceived normally, can still have PCOS.
- PCOS cannot be diagnosed simply on Ultrasound, you need to undergo a battery of tests to be finally labelled as PCOS
- Lifestyle modifications and weight reduction does reduce long term complications
- Untreated PCOS may cause certain types of cancers and Diabetes

Dr K. D. Nayar, M.D., D.G.O., DIP. OBST. (Ireland), Chief Consultant Infertility and IVF, Akanksha IVF Centre, Mata Chanan Devi Hospital, C-1, Janak Puri, New Delhi-110058, Ph: +91-11-45582205, 45682024, 25524951, Mob: +91-9810398765, www.akankshaivfcentre.com