



Dr Vanderpump's Patient Information

All about PCOS

The term **polycystic ovaries** describes ovaries that contain a number of small cysts which accumulate just below the surface and which are usually around 4mm to 9mm in diameter. These are actually egg-containing follicles that have wrongly developed due to hormonal abnormality.

About 20% of women worldwide are found to have this on an ultrasound scan.

The term polycystic ovary syndrome (or PCOS) describes a condition whereby women have polycystic ovaries **and** other symptoms. Between 5% and 10% of women have PCOS and we know that:

- There is probably a hereditary link particularly with type 2 diabetes
- It is one of the leading causes of fertility problems in women
- If not properly managed, it can lead to additional health problems in later life
- It can affect a woman's appearance and self-esteem.

Despite being discovered in 1935 it is still not clear what initially triggers these conditions but essentially the abnormal follicles cannot grow to a size which prompts menstruation and - as a result - the body creates an imbalanced mix of the hormones normally produced at the time of a menstrual cycle.

Essentially the pituitary gland produces higher than normal levels of luteinising hormone (LH) and the ovaries produce higher than normal levels of androgens (the most important of which is testosterone). This results in lack of ovulation (no egg production).

It is also thought that there may be a link to insulin resistance due to obesity which explains the genetic link to type 2 diabetes.

It is this imbalance which leads to the classic symptoms of PCOS – some of which you may be experiencing - these are:

- Absent or irregular periods
- Increased body hair growth typically on the upper lip, chin, neck, chest, upper and lower abdomen, arm and inner thigh (hirsutism)
- Thinning hair or scalp hair loss
- Oily skin, acne on your chest, back, and face
- Skin tags—small flaps of excess skin—on your neck and armpits
- Dark, thick patches of skin on your neck, armpits, or groin, or under your breasts (called acanthosis nigricans)
- Weight gain or obesity – often around the waist
- Depression and mood changes
- Obstructive sleep apnoea
- Reduced fertility
- Increased risk of miscarriage

The first signs and symptoms of PCOS tend to begin around puberty, although some women don't in fact develop symptoms until late adolescence or even early adulthood. Because the hormonal changes vary from woman to woman the presence or severity of symptoms will vary enormously and this can make initial diagnosis quite tricky.

There is no single test for PCOS. In fact several other conditions can mimic the condition and for this reason PCOS is a “diagnosis of exclusion”. It is dependent on blood tests, physical examination, ultrasound and the presence of two out of the following three

- Irregular periods
- Blood test evidence of elevated androgen levels. (testosterone)
- Polycystic ovaries on an ultrasound scan

Although PCOS is not completely reversible, there are a number of treatments that can reduce or minimise symptoms. Indeed, most women with PCOS are able to lead a normal life without significant complications. However, it is important to seek treatment because the condition has long-term health implications such as having an increased risk of developing diabetes, heart disease and – more rarely – endometrial cancer.

Oral contraceptives are the most commonly used treatment as these help to regulate periods and break the cycle of hormone imbalance. An alternative anti-androgen called spironolactone can result in reduced hair growth and acne.

PCOS often responds best to a ‘whole body’ treatment, so as well as medication you are advised to make some lifestyle changes, including improving your diet and activity levels. Ask for your doctor’s advice on nutrition, weight control and exercise, and use this action plan to help you.

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