



Menstruation Friendly

What is Polycystic Ovary Syndrome (PCOS)?

INTRODUCTION TO PCOS,
WHAT IT IS, SYMPTOMS,
DIAGNOSIS AND
TREATMENT



INTRODUCTION

Polycystic ovaries (PCO) are very common, affecting around 20 per cent of women*. Polycystic ovary syndrome (PCOS) is also very common, affecting 5–10 per cent of women. The term polycystic ovaries describes ovaries that contain many small cysts (about twice as many as in normal ovaries), usually no bigger than 8 millimetres each, located just below the surface of the ovaries. These cysts are egg-containing follicles that have not developed properly due to a number of hormonal abnormalities.

Polycystic ovary syndrome is the name given to a condition in which women with polycystic ovaries also have one or more additional symptoms.

Polycystic ovary syndrome (PCOS):

- affects millions of women in the UK and worldwide
- runs in families
- is one of the leading causes of fertility problems in women
- if not properly managed, can lead to additional health problems in later life
- can affect appearance and self-esteem

**People of diverse gender expressions and identities could be experiencing symptoms of PCOS. Most research has been carried out on women so although we may use the terms 'women' 'female' 'her' when quoting specific research, this workbook is focused on how everyone can be supported.*

Disclaimer: *The information, including but not limited to, text, graphics, images and other material contained in this workbook are for informational purposes only. No material is intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your GP or other qualified healthcare provider with any questions you may have regarding any medical condition or treatment and before undertaking a new healthcare regime.*



What causes PCOS?

The symptoms of PCOS are associated with abnormalities in some of the hormones that control the menstrual cycle. These abnormalities typically include: higher than normal levels of LH and of androgens, and below normal levels of FSH and progesterone. The most important androgen is testosterone, which is produced by all women from the ovaries. Testosterone is a normal and essential product of the ovary because most of it is converted, within the ovarian follicle, to oestrogen, which is the main female hormone.

People with PCOS produce higher than average amounts of testosterone from the ovaries, and it is this that results in many of the symptoms of the condition. Testosterone is often thought of as a 'male hormone', but this is not the case – it is just that men produce 10 times as much testosterone as women. People with PCOS usually have a testosterone measurement that is either slightly above the female range or at the upper end of the normal range .

It is also thought that another hormone – insulin – may be involved in the development of PCOS. Insulin is a hormone produced by the pancreas to regulate the level of glucose in the blood. Many people with PCOS have been found to have a condition known as insulin resistance, in which the body's tissues are resistant to the effects of insulin (particularly on the ability of insulin to get glucose into muscle tissue), so the body has to produce more insulin to compensate. It seems that these high levels of insulin then affect the ovaries, contributing to the abnormal hormone environment.

Doctors do not yet fully understand what causes these hormonal abnormalities. It may be that there are several causes, which could explain why different people have such different symptoms. Much research is still going on in this area. It is currently thought that there is a hereditary link, whereby some people inherit a greater chance of having PCOS, but whether or not these people actually develop PCOS depends on a number of additional factors.

What are the symptoms of PCOS?

PCOS affects people in different ways, so not everyone will have all these symptoms.

Some may have only mild symptoms, while others may have a wider range of more severe symptoms.

Symptoms usually start in adolescence, although some do not develop them until their early to mid twenties.

Symptoms can include:

- irregular periods, or a complete lack of periods
- irregular ovulation, or no ovulation at all
- reduced fertility – difficulty becoming pregnant, recurrent miscarriage
- unwanted facial or body hair (hirsutism)
- oily skin, acne
- thinning hair or hair loss from the scalp (alopecia)
- weight problems – being overweight, rapid weight gain, difficulty losing weight
- depression and mood changes

Symptoms usually start in adolescence, although some do not develop them until their early to mid twenties





What are the health risks?

The 'cysts' in polycystic ovaries are not harmful, do not require surgical removal and do not lead to ovarian cancer. However, the abnormal menstrual cycles in some people with PCOS can make them more susceptible to certain health problems in later life.

People who have very infrequent periods – fewer than four a year – may have an increased risk of developing endometrial cancer, if the womb lining (endometrium) becomes too thick. Fortunately, this type of cancer is still quite rare and the risk can be minimised, and probably eliminated, by using appropriate treatments to regulate periods. Possible treatments include the oral contraceptive pill (either combined pill or mini pill), progestogen tablets or a progestogen-releasing coil.

People with PCOS who have insulin resistance have an increased risk of developing a type of diabetes known as non-insulin-dependent diabetes (type 2 diabetes). This is much more likely to occur in people who are overweight, but can sometimes occur in people of normal weight too.

People with insulin resistance may also be at risk of developing heart disease in later life. However, although risk factors for heart disease may be increased with PCOS, there is, as yet, no clear evidence that heart attacks are more common in women with the condition than in those who do not have PCOS. These risks can be reduced to a large extent by preventive measures such as good nutrition and exercise. Preventive measures are particularly important for women who are very overweight, and for people who have a family history of diabetes or heart disease.

PCOS can make people more susceptible to certain health problems in later life

How is PCOS diagnosed?

PCOS is usually diagnosed using a combination of an ultrasound scan to check for polycystic ovaries and blood tests to detect hormonal abnormalities. Your doctor should also check your blood pressure level and, if you are overweight, your blood sugar level. Once a diagnosis has been made, your doctor may refer you to a specialist – usually a gynaecologist (a doctor specialising in caring for a woman's reproductive system) or an endocrinologist (a doctor specialising in the hormonal system).



Can PCOS be treated?

Medical treatments cannot currently offer a 'cure' for PCOS, so they tend to be aimed at managing the symptoms. The good news is that many of the symptoms and the health risks can be managed successfully without medical intervention, through good nutrition, exercise and adopting a generally healthy lifestyle.

Although this is good news, for anyone living with PCOS managing symptoms can be challenging and it can take time to navigate the right way for each individual. Over the next pages there are some considerations and tips for anyone living with the condition.

It's important to consider your priorities. This can help in deciding on the best treatment. What is your current priority? Managing your periods, particular symptoms, your fertility and/or long-term health?



Managing your own health: weight loss, nutrition and exercise

For people who are overweight, weight loss is always the first recommended treatment. Gaining weight makes the symptoms of PCOS worse, so losing weight makes them better. Losing weight reduces the risk of diabetes and heart disease, and can often regulate periods and improve fertility without the need for medical treatments.

Unfortunately, losing weight can be even more difficult for people with PCOS than for others, because of their hormonal abnormalities. Simply telling someone to lose weight is not particularly helpful and can add to feelings of low self-esteem if someone finds weight loss difficult to achieve. Consultation with a supportive and appropriately qualified dietician who understands PCOS can be very helpful.

Good nutrition and exercise are extremely important for anyone with PCOS, regardless of their weight, as these measures lower insulin levels. This can reduce the risks of diabetes and cardiovascular disease, help balance hormones, regulate periods and improve fertility. Again, a nutritionist can advise on the best approach, as everyone's nutritional needs are slightly different. It is also important not to smoke, as smoking significantly increases the long-term risks to health and also has a major impact on fertility.

Studies have shown that losing 5–10 per cent of your body weight is often enough to make a significant difference to symptoms.

Regulating irregular periods

Oral contraceptive pills are often prescribed to people with PCOS. The pill provides regular periods and can also improve symptoms such as acne and hirsutism (unwanted facial or body hair). However, it does not cure the underlying hormonal abnormalities, so once you stop taking it the symptoms are likely to return.

There are many different pills available and these vary in their strength and hormone content, so if you do wish to take the pill, it is probably a good idea to experiment to find the best one for you. People who want to regulate their periods but prefer not to take the pill can use alternatives such as cyclical progestogens.



Coping with skin and hair problems

There is a wide range of 'cosmetic' approaches to help deal with skin and hair problems. These include creams and lotions for acne, and various methods of removing unwanted hair – shaving, waxing, plucking, depilatory creams, bleaching, sugaring, electrolysis, laser treatment and newer treatments using pulsed light. No single method is better than another – preferences and success rates vary, as do costs.

For people with more severe acne or unwanted hair, or with thinning scalp hair, a combined oral contraceptive pill containing a low-dose anti- androgen may be prescribed.



Improving fertility

When someone with PCOS have difficulty getting pregnant, it is usually because they are not ovulating regularly. There are a number of fertility treatments available to help stimulate ovulation. For more information on managing PCOS and fertility please visit the [NHS site on PCOS and treatment options](#).

Insulin-reducing drugs

Recent research suggests that drugs designed to treat non-insulin-dependent diabetes may be effective in treating PCOS. For more information on managing PCOS please visit the [NHS site on PCOS and treatment options](#).

Alternative therapies

Many people have succeeded in managing their symptoms and improving their hormonal abnormalities using alternative therapies, either instead of or in conjunction with conventional treatments. There is a wide variety of therapies to choose from. Those where successes have been reported in treating PCOS include herbalism, acupuncture, nutritional therapy and homeopathy.

These therapies do not offer a quick fix, so they can require quite a long-term commitment, and success rates do vary. It is important to find a reputable therapist, either by seeking recommendations from others or by contacting a relevant professional body. It is also advisable to choose a therapist who has knowledge and experience of PCOS.

Many symptoms can be managed successfully without medical intervention

Supporting PCOS

At the end of the day it is up to each individual to make their own choices about whether or not they want to follow treatments, make changes to their lifestyle or try alternative therapies.

Whatever decisions you make, the best choices will come from taking responsibility for your own health, and having access to good quality information and advice. Each individual with PCOS is different, so the more you can understand about how your own body works and how it responds to different approaches, the better choices you will be able to make.

Further information

- [NHS information on PCOS](#)
- [NHS information on treating PCOS](#)
- [World Health Organisation information on PCOS](#)
- [Henpicked Lunch & Learn on PCOS](#)

