

Polycystic Ovary Syndrome (PCOS)

Polycystic ovaries are common; about one in ten women develop what is called polycystic ovary syndrome. PCOS is also sometimes called "Ovarian Androgen excess," as the ovaries start producing male hormones in slightly increased amounts. Polycystic simply means that there are multiple cysts on the ovaries. These cysts are tiny fluid filled sacs on the ovary, each about four millimetres across. Their correct name is follicles and if they grow under the influence of the correct hormones one of them will become particularly large and contain the egg. At the middle of the month this follicle bursts releasing the egg. In the majority of women, polycystic ovaries only lead to minor problems associated with their periods. However, about a quarter of women with polycystic ovaries may have problems which can range from minor to very severe. The most common symptoms are inappropriate or excessive hair growth, acne and greasy skin; being considerably overweight; absent or very irregular periods and infertility.

Why does it occur?

This is not known precisely but it is said by doctors that there is a genetic link which can be passed on through mother or father. The underlying cause of PCOS is an imbalance of hormones. The imbalance is often linked with the way that the body processes insulin, which is a hormone responsible for regulating sugar levels in the blood. Sufferers of PCOS, particularly if they are considerably overweight, have a much increased chance of developing diabetes later in life.

What tests can be done to diagnose the condition?

The combination of polycystic ovaries found on ultrasound scanning, together with the symptoms described above are usually diagnostic. However, blood tests will also show raised levels of male hormones (androgens) and also a high level of the hormone from the pituitary gland called luteinising

hormone (LH). In some clinics insulin levels may also be measured.

How is the condition treated?

Treatments are directed at the problems of obesity, hair growth, menstrual irregularities and infertility. Cosmetic options as well as medical therapies are included. Treatment is dependent upon the needs of the woman. Excessive hair growth can be treated by simple shaving, bleaching, waxing or using hair removal creams. Electrolysis and laser treatment are also effective. Hair removal preparations are available and may be useful for those who wish to avoid hormonal treatment or in conjunction with hormone therapy. For milder cases and particularly where acne is the main problem the oral contraceptive pill is useful and one that contains a hormone called cyproterone acetate is particularly useful. Hair growth on the body and limbs responds to treatment much faster than the face which may take over a year to show any appreciable improvement. Subfertility tablets of clomiphene or tamoxifen may be prescribed to be taken at the beginning of the cycle. This can stimulate ovulation and is often sufficient for those wishing to become pregnant. In some resistant cases injections of hormones may be needed but this has to be very carefully monitored in a specialist unit.

Period problems when fertility is not an issue

Irregular or absent periods can be treated by using the oral contraceptive pill. However, the condition is much more common in women who are overweight and in this group the pill is contra-indicated (not recommended). These patients produce high amounts of the female hormone oestrogen which makes the lining of the womb grow.

PCOS may lead to very heavy, prolonged bleeding and, if left untreated, very rarely can lead to cancer of the lining of the womb. For this reason it is advised that this particular group of women have a withdrawal bleed every three months following a two week course of progesterone



tablets. Spironolactone is a weak diuretic with anti-androgen properties that may be used in women with either hirsutism and/or acne in whom the COCP is contra-indicated.

Being overweight

This can be a major problem for patients with polycystic ovarian syndrome. They find it particularly hard to lose weight and this is partly because of their resistance to insulin, the hormone that controls blood sugar levels. Strict dieting and loss of weight often means a return of periods and fertility. For some a drug used in the treatment of late onset diabetes, metformin, is used with great effect in women with PCOS and leads to a return of menstruation and makes the ovaries more sensitive to infertility drugs like clomiphene.

Surgery

Keyhole surgery is used to make small holes in the ovaries via a laparoscope. This procedure has the effect of leading to the return of ovulation for about a year.

Miscarriage

Unfortunately, the chances of having a miscarriage are slightly increased if you have PCOS. Recurrent miscarriages (three or more) should be investigated at a specialist clinic.

Useful contacts

Infertility Network

Charter House, 43 St Leonards Road, Bexhill on Sea,
East Sussex TN40 1JA

Tel: 08701 188088

Website: www.infertilitynetworkuk.com

Verity

The Grayston Centre, 28 Charles Square, London N1 6HT

Website: www.verity-pcos.org.uk

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: November 2007.**