

What is Polycystic Ovarian Syndrome (PCOS)?

Polycystic Ovarian Syndrome is the most common hormonal disorder affecting women of reproductive age. About one-in-10 women will be diagnosed with the condition.

PCOS causes irregular menstrual cycles and poor ovulation, and is one of the most common causes of female infertility.

Women with PCOS have too much insulin and the male hormone androgen. This hormonal imbalance affects the ovaries and also causes a number of other symptoms.

In women who suffer from PCOS, instead of the ovary producing follicles that release a mature egg each month during ovulation, this hormonal imbalance causes the follicles to clump together and resemble cysts (small fluid-filled sacs) that can be seen on an ultrasound.

Polycystic Ovarian Syndrome is diagnosed when two of the following three criteria is met:

1. Increased androgens
2. Irregular menstrual periods
3. Polycystic ovaries seen on ultrasound.

Symptoms of PCOS

Women with Polycystic Ovarian Syndrome can have a number of symptoms, ranging from mild to severe. Not all women with PCOS will have the same symptoms, but these can include:

- Irregular or absent periods
- Difficulty becoming pregnant
- Obesity, weight gain or difficulty losing weight
- Hirsutism (excess hair) on the face and body
- Hair loss on the scalp
- Skin problems, such as acne, skin tags and discolouration
- Insulin resistance (which can lead to high blood sugar levels and increased risk of developing diabetes)
- High cholesterol and abnormal lipid profile
- Hypertension (high blood pressure)
- Sleep apnoea and insomnia
- Stress, anxiety and depression.

The oral contraceptive pill is sometimes prescribed to women with PCOS to help manage symptoms but can also suppress symptoms in someone who has not been diagnosed.

Dispelling common PCOS myths



PCOS **can't**
be cured by diet alone



Menopause or having a hysterectomy
doesn't
cure PCOS



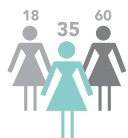
You **don't** have to be
overweight to have PCOS



Women with children **can** have
PCOS and women with PCOS
can have children



Oral contraceptive pills **don't**
cure PCOS



PCOS **doesn't**
discriminate based on age

What is the impact of PCOS on fertility?

In order to conceive a baby naturally, a woman must first ovulate (the release of an egg from the ovary). This requires a delicate balance of hormones. Women who have PCOS have higher than normal levels of androgens (male-type hormones) and insulin. The increased levels of androgens can also interfere with the production of hormones needed to signal the body to produce follicles, which in turn become eggs. This can lead to ovulation becoming irregular or stopping altogether.

Because the follicles haven't developed properly, the under-developed eggs stay in the ovaries, where they resemble the cysts that are one of the classic signs of PCOS.

Many women with PCOS have irregular periods or stop menstruating completely.

PCOS is also associated with insulin resistance, which leads to higher blood sugar levels and a tendency to gain weight. This weight gain can also affect ovulation and the ability to conceive.

Diagnosis and treatment for PCOS

PCOS is diagnosed through a combination of physical examination and symptoms, blood tests to measure hormone levels and a pelvic ultrasound.

There is currently no cure for PCOS but a number of treatment options are available to help manage the individual symptoms.

These can include lifestyle changes, such as improving diet, and increasing exercise.

Research has shown that a weight loss of 5 to 10 per cent can be enough to help restore ovulation and increase the chances of conceiving a baby naturally.

Sometimes medication, including those designed to increase the chances of ovulation, or other hormonal treatments, are recommended. There are also a number of surgical options.

Ovulation tracking, such as the service offered by Genea, can also be helpful as it will show if a woman with PCOS is ovulating.

Some women who have PCOS will require fertility treatment, such as IVF, in order to conceive.

It is recommended that when trying to conceive, women do not wait longer than 12 months if under the age of 35, or six months, if aged 35 and over, to seek a referral to a Fertility Specialist.