Polycystic Ovary Syndrome

PCOS is fairly common hormonal disorder. Cysts in the follicles where your eggs develop prevent your eggs from maturing properly or reaching ovulation. Women with PCOS have at least two out of three of the following symptoms: irregular or absent periods, higher levels of male-type hormones (androgens) which can increase acne and facial hair, and ovaries with multiple cysts (polycystic ovaries).

What’s the big deal?

Not ovulating isn’t good for your eggs, of course – but it also isn’t good for your uterus. Without ovulation, your body produces less progesterone. Over time, that can change the lining of your uterus – potentially even causing uterine cancer. So if attempts to kickstart ovulation don’t work, your doctor may give you regular doses of progesterone. (Women with PCOS who aren’t trying to get to pregnant can simply take the birth control pill, which does the trick.)

You also may have heard murmurs that PCOS can cause miscarriages – although some studies have indicated that, others haven’t, so it’s still being studied.

Once you’re pregnant, PCOS can put you at a higher risk for gestational diabetes, or complications like pregnancy-induced hypertension or preeclampsia. These babies are more likely to spend time in the neonatal intensive care unit (NICU) after they’re delivered.

How it’s tested

Most doctors will suspect PCOS if you have irregular cycles plus either higher levels of androgens or cysts in your ovaries. You may also have thick, dark patches of skin on your neck, arms, breasts, or thighs, or skin tags (excess flaps of skin) in your armpits or neck area. Finally, you may have problems (which you may not notice!) handling blood sugar.

To diagnose you, your doctor will usually do blood work to rule out any other explanations until only PCOS is left.

Whoa. I have cysts on my ovaries, so I have PCOS?
Not necessarily! Women can have polycystic ovaries (PCO) for many reasons, without having the full-blown syndrome.

**How it’s treated**

PCOS is linked to metabolic syndrome. In other words, if you have PCOS, you’re more likely to also have high cholesterol, high blood pressure, diabetes, and other risk factors for heart disease. 50%-70% of women with PCOS will have insulin resistance or diabetes, and many women with PCOS are overweight or obese. If that sounds like you, your doctor may recommend some careful weight loss: losing even 5% of your weight can help your body ovulate again! It can also improve the regularity of your periods, reduce your excess androgens, and more. So weight loss is usually the first step for treating overweight women with PCOS.

After that, it depends on whether you’re trying to get pregnant or not. If you aren’t, a birth control pill is a simple solution: it delivers progesterone to protect your uterus, reduces your excess androgens, and helps restrain the androgens from causing acne, facial hair, male pattern baldness, and similar issues.

If you’re trying to get pregnant, doctors often recommend medications like clomiphene citrate or letrozole. These drugs trick your brain into thinking, “Uh-oh! The ovaries aren’t working well, I’d better make them work harder.” You’ll typically use these drugs for 5 days early in your cycle.

The good news? The medications work in about 80% of women, and the side effects (hot flashes, night sweats and mood changes) usually aren’t too severe and wind down after the medication has stopped. Another side effect is multiple births in 7% of pregnancies; usually twins.

If these drugs don’t work, we can also directly give you the hormones your brain uses to stimulate your ovaries. These are more expensive, though, and are often combined with IVF treatments.

Some doctors also recommend a diabetes medication called metformin, which lowers your blood sugar and therefore your insulin production. In the past, this was a standby treatment, but recent research suggests that clomiphene citrate is more effective and metformin isn’t as helpful as we originally thought. (That said, for some women with specific medical cases, it’s still a good idea.)

The surgical procedure “ovarian drilling” can also work for women with PCOS, but it’s a bit invasive. It requires a laparoscopy, followed by using a needle to drill into and cauterize areas in the outside part your ovary. This can work, but it makes doctors nervous because it results in egg loss and possibly even scarring.

Finally, if you’re struggling with weight loss, bariatric surgery (weight loss surgery) can help. However, it takes time to recover from the surgery before you can try to get pregnant again.

**Emotional effects of PCOS**

Women with PCOS sometimes feel embarrassed or ashamed about the cosmetic effects of the disorder, or have fears about their fertility. If you have PCOS, receiving counselling or joining a support group can help. You aren’t alone, and there are resources available.

**Resources**

*SoulCysters*

Website filled with support, resources and information for women with PCOS.

Know a useful resource on this topic? [Send us your suggestion!](http://fertility.ca/my-diagnosis/list-of-diagnoses/polycystic-ovary-syndrome/)
Credits

- Legro et al., Clomiphene, Metformin, or Both for Infertility in the Polycystic Ovary Syndrome, N Engl J Med, 2007: 551-567