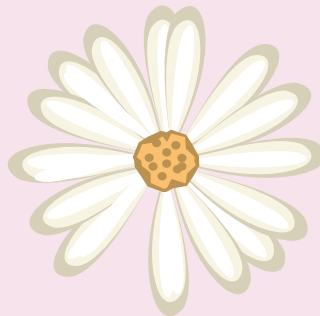


Polycystic Ovary Syndrome



Signs, symptoms and
associated risks
a guide for women

Introduction

Polycystic Ovary Syndrome (PCOS) is a very common condition and can occur in 5-10% of pre-menopausal women. It is not totally clear what causes the condition. In the UK the diagnosis is based upon 'The Rotterdam Criteria'. This means that to have PCOS, a woman needs to have two or more of the following symptoms:



- irregular or absent periods,
- abnormal cysts on the ovaries or
- raised male hormones (androgens).

The raised hormone levels are detected by a blood test result or by changes to the appearance of the body including excessive body hair or acne. However, each woman is different with some finding these symptoms a real problem and others less so. Often women will not know they have PCOS and it is only diagnosed when they consult their doctor about one of the common signs and symptoms, such as irregular periods, excessive hair growth, problematic acne or spots or infertility.

What symptoms do women with PCOS commonly experience and how are they treated?

Symptoms vary considerably for women with PCOS and so there is no standard 'treatment' or cure. Often women will be treated for the individual 'problem' that they complain of to

their doctor. Some of the common signs and symptoms will now be discussed.

Irregular or absent periods:

Raised androgen (male) hormones can cause menstrual periods to become irregular or absent. This may affect ovulation (the release of an egg each month), which in turn can stop a period (menstruation).

This may not be a problem for some women but if periods completely stop or occur less frequently than every three months, there can be longer term health risks so advice should be sought from your doctor to help prevent this.

For some women who wish to start a family, getting pregnant may be difficult. Women may be unaware of their PCOS until it is diagnosed during fertility investigations. However, many women with PCOS do conceive - some naturally and some with medical intervention.

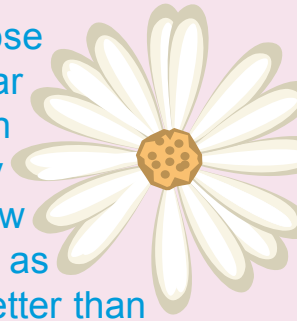


Weight problems, diet and exercise:

Some women with PCOS are a healthy weight but many struggle to maintain this and often find that they can't lose weight easily. Many women are more 'apple shaped' than 'pear shaped', with weight gain around their tummy that is hard to shift.

Being overweight has shown to make some PCOS symptoms worse, for example periods become more irregular and

women are frequently advised to try to lose weight through diet and exercise. It is unclear which diet is most effective for weight-loss in women with PCOS. However, a healthy balanced diet that is low in fat and contains low glycaemic index (GI) carbohydrates (such as wholemeal pasta and wholemeal bread) is better than a diet high in fat and refined carbohydrates (such as white bread, sugar, biscuits and cake). It is thought that the low GI carbohydrates satisfy hunger for longer, avoiding the need for snacking between meals, which is known to increase the likelihood of weight gain. Eating three healthy meals each day with smaller portion sizes will help maintain a healthy weight and will aid weight loss. Try to avoid skipping meals such as breakfast or lunch or eating too much for your evening meal.



Exercise is also important for health and wellbeing. The general advice is for at least 30 minutes of exercise each day of at least moderate intensity physical activity on five or more days of the week. However, to prevent excessive weight gain, 45-60 minutes per day is recommended of enough intensity to burn up calories – for example exercise that increases your heart rate, makes you short of breath or causes sweating. This will not only help to maintain a healthy weight but it has also been shown to improve mood and can help reduce depression. Often women who are overweight feel reluctant to exercise but you don't have to join a gym or go swimming - brisk walking is beneficial and can be increased gradually over a period of time. Adequate exercise is an important way that you can improve your health and metabolism now and in the future. When exercising adequately, your weight may not change but you should notice your waist measurement

reduce. Measuring your waist is the most effective way of monitoring how healthy your underlying metabolism is, and many people find this more effective than concentrating on their weight.

Acne and hirsutism (*excessive hair growth*)

Raised androgens (male hormones) can cause spots (acne) and hirsutism (excessive hair growth). These symptoms vary considerably and may not be a problem for some women with PCOS but for others the symptoms are highly distressing. Acne is often treated with skin lotions or washes or by taking hormonal medications such as the oral contraceptive pill. Excessive hair growth is treated according to the severity and site. These may include the top lip, chin and sides of the face, inner thigh, lower abdomen, breasts and less frequently arms and lower back. Hair growth varies considerably in all women and what is excessive is very individual and dependant on skin colour, race and genetic make-up. Hair removal methods vary considerably, including plucking, shaving, waxing, depilatory creams, laser and electrolysis.

Although hair growth for some women with PCOS is an extremely distressing symptom, it is important to remember that wide variation in hair growth is normal and very few women have hair-free bodies.



Diabetes and other health risks

Many women with PCOS and health professionals are unaware that PCOS is associated with an increased risk of

type 2 diabetes. PCOS is often linked with a condition called 'insulin resistance'. Insulin resistance is a known a risk factor for diabetes and is also associated with a risk of developing heart disease. It is important to stress that most women with PCOS will not develop diabetes but it is difficult to know who will and therefore it is recommended that women with PCOS are tested by their GP or Practice Nurse for this condition. If you are very overweight or if your parents, grandparents or siblings have diabetes, getting tested is even more important. A Glucose Tolerance Test is the best way to diagnose diabetes in women with PCOS but some doctors may prefer to take a fasting glucose test which is quicker and easier to perform, however it can miss some cases of diabetes. If the diagnosis of diabetes is made or suspected further tests are usually recommended including checking blood pressure and blood levels such as cholesterol.



What can I do to help myself?

Treatment often focuses on what is important to the woman herself, such as treating irregular periods or acne. There is evidence that reducing your waist circumference through healthy dietary choices and increasing your exercise can reduce symptoms even if you are not significantly overweight. However, some women find hormonal treatment is necessary and it is important to see your GP or hospital consultant to have this prescribed. It is also important to understand the risk of diabetes and even though you may have no symptoms it is important to ask your GP about this and ask for a blood test.

Where can I get further help?

Remember that PCOS is very common and you are not alone. If you need further advice or support, speak to your GP or Practice Nurse. You may also wish to contact the charity VERITY at www.verity-pcos.org.uk. Verity is a support group that provides information for women with PCOS and is supported by health professionals who have an expertise in this condition.

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