

POLYCYSTIC OVARIAN SYNDROME

(PCOS; Stein-Leventhal Syndrome)



BASIC INFORMATION

DESCRIPTION

Polycystic ovarian syndrome (PCOS) is an endocrine (hormone) condition. It is not a disease itself. It is a set of signs and symptoms, that when combined, make up the condition. PCOS affects 5% to 10% of all women of childbearing age. It may begin during puberty and become more severe with time.

FREQUENT SIGNS AND SYMPTOMS

- Irregular menstrual bleeding. This results in periods of light flow along with heavy flow. There is increased time between periods, often up to several months.
- Hirsutism—increased hair growth on the face, arms, legs, and from pubic area to navel.
- Thinning of the scalp hair (alopecia).
- Overweight or obesity.
- Trouble getting pregnant; miscarriages.
- Acne.
- Dark patches of skin or skin tags (small skin growths).
- Polycystic ovaries. These are fairly common and involve enlarged ovaries from many small cysts.
- Anovulation (absence of ovulation). The monthly release of the egg from the ovary fails to take place.

CAUSES

The cause of PCOS is unclear. Hormone imbalances, insulin production, and hereditary factors all seem to play a role.

RISK INCREASES WITH

- Lifestyle problems such as obesity, poor diet, and physical inactivity.
- Family history of PCOS or diabetes.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

Treatment, along with weight control and exercise, can relieve or eliminate symptoms. Pregnancy (if desired) can be achieved in many patients.

POSSIBLE COMPLICATIONS

- Infertility (unable to get pregnant) or miscarriages.
- Depression and anxiety.
- High cholesterol and triglyceride levels.
- Heart and blood vessel disease; high blood pressure.
- Diabetes.
- Cancer of the breast or uterus.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will usually do a physical exam and a pelvic exam. Questions will be asked about your symptoms, menstrual cycle, and pregnancies. Medical tests may include studies of blood for levels of hormones, glucose, insulin, and fats (cholesterol and triglyceride). Other tests such as an ultrasound may be done to rule out other disorders. There is no specific test to diagnose PCOS.
- Treatment goals: regulate menstrual cycle, reduce hair growth and acne problems, help with fertility (if pregnancy desired), and prevent long-term problems.
- A diet and exercise program for overweight or obese women will help improve physical and mental health.
- Infertility is usually treated successfully through diet and exercise, weight loss, and drug therapy. If these steps are not successful, other options are available.
- Quit smoking. Find a way to stop that works for you.
- Counseling may help you cope with emotional stress.
- Options for removing excess hair from your face, arms, and legs include drugs, bleaching, electrolysis, laser therapy, plucking, waxing, and depilation.
- More information is available from a variety sites on the Internet dedicated to PCOS.

MEDICATION

- Diabetic drugs (such as metformin), birth-control pills, or other drugs may be prescribed.
- Drugs to help with fertility may be prescribed.
- Vaniqa (eflornithine cream) for excess facial hair) or spironolactone for excess body hair may be prescribed.

ACTIVITY

No limits on activity, including sexual intercourse. Physical activity is important. Exercise daily.

DIET

Low-carbohydrate diet may be recommended. Begin a weight-loss diet if you are overweight.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of polycystic ovarian syndrome.
- New symptoms occur after treatment.

Special notes:

More notes on the back of this page