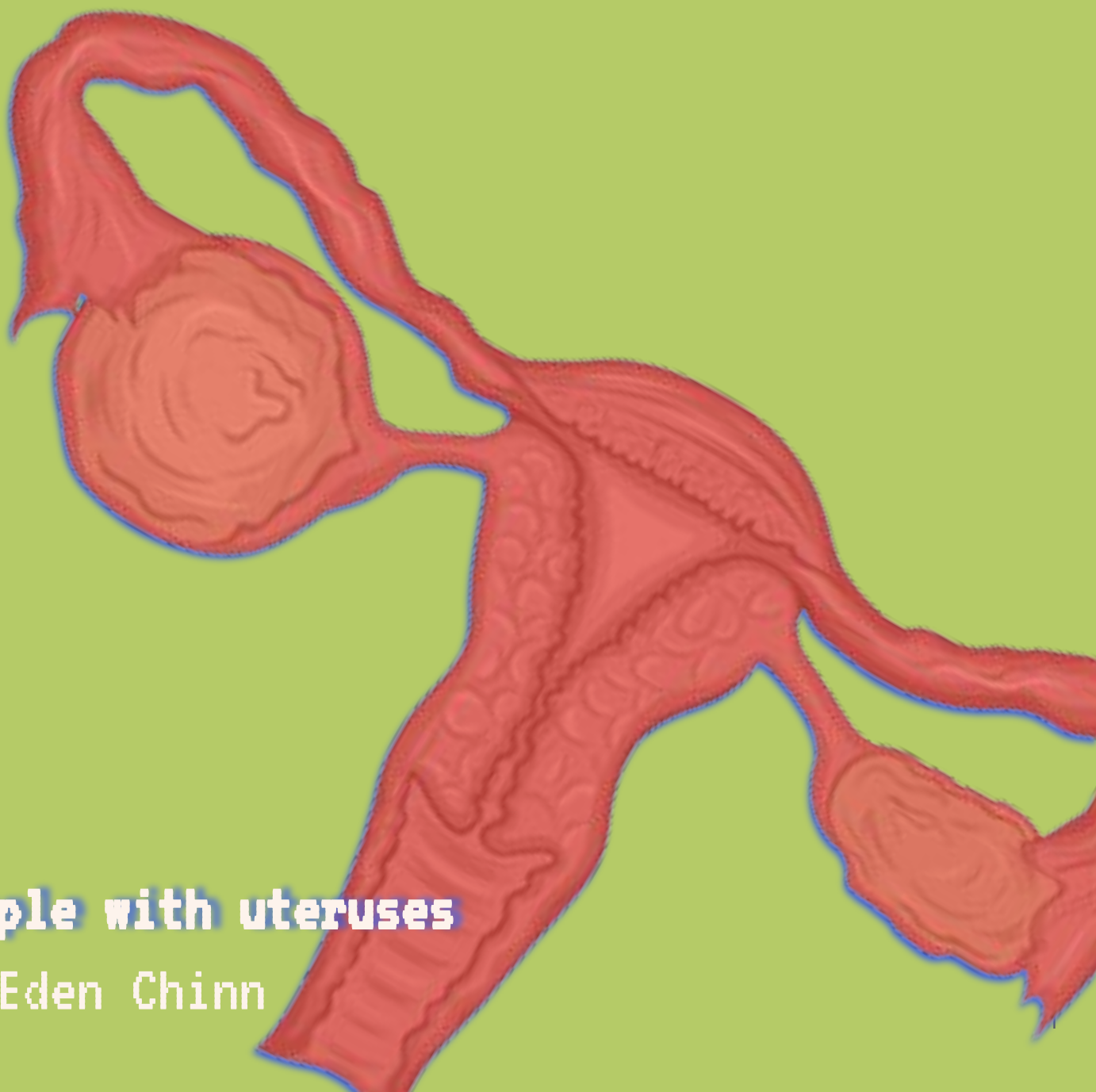


**so you wanna learn  
about PCOS?**



**a free zine for people with uteruses**

by Gabi Branco and Eden Chinn

## a quiz:

### how do I know if I might have PCOS?

1) do you have irregular periods?

2) do you have high androgen levels?

this can show up as acne, increased hair growth, hair loss, among other factors. it can be confirmed on a blood test

3) do you have ovarian cysts?

this can be confirmed via ultrasound

if you answered **YES** to at least two of these questions, you may have PCOS.

**let's get a little more specific...**

do any of these apply to you?

**my insulin is high**

(frequent urination, high thirst, weight changes, high blood pressure, dry skin/hyperpigmentation, to name a few)

**... go to page x**

**bloated, hair growth, hair loss, or acne**

**... go to page y**

**I've stopped taking the pill**

**... go to page w**

**I've been under stress**

**... go to page w**

# insulin resistant PCOS

this type of PCOS is the most common: ***you're not alone***. 70% of those with PCOS are insulin resistant. increased insulin levels occur when our cells become “numb” to its effects, causing the pancreas to produce more. To rule out insulin resistance: have your **fasting insulin** tested by your doctor.

how can I manage insulin resistant PCOS?

- > regular exercise
- > avoid sugar
- > prioritize sleep and reduce stress
- > dietary supplements recommended by a health professional

# inflammatory PCOS

Chronic inflammation may cause the ovaries to produce more testosterone, resulting in symptoms such as headaches, joint pain, fatigue, eczema, and bowel issues like IBS. Inflammatory markers like **high CRP** (C reactive protein) may come up on a blood test.

## how can I manage inflammatory PCOS?

### -> address gut health

(repairing leaky gut tissue, balancing bacteria, improving digestive enzymes)

### -> remove food triggers and sensitivities

(it can help to keep a food diary or see a nutritionist)

### -> natural anti-inflammatories

(turmeric, omega 3 fatty acids, antioxidants)

## “post-pill” PCOS

Due to the kinds of synthetic progestins used, pills like Ginnet, Yasmin, and Yaz may cause symptoms like irregular periods, acne, or hair growth to pop up around 3-6 months after stopping the pill. This is because after stopping the pill, **there is a natural surge in androgens**. Symptoms can go away on their own, but there are some things you can do that may help address symptoms more quickly.

### how can I manage “post-pill” PCOS?

- > speak to a practitioner about supplementation  
(magnesium, vitamin E, B6, zinc, and some herbs can support ovulation and lower androgen levels)
- > prioritize sleep and stress management

# adrenal PCOS

This kind of PCOS is not often tested, but affects about 10% of those diagnosed. **DHEA-S** (androgen from adrenal glands) will be elevated, but high levels of testosterone and androgens are not seen. Typically, DHEA-S levels are tested with an endocrinologist, not a gynecologist.

## how can I manage adrenal PCOS?

### -> manage stress

(yoga, meditation, mindfulness, journaling support the nervous system and hormone balance)

### -> get enough sleep

### -> avoid high intensity exercise

### -> avoid caffeine

### -> supplements under the guidance of a practitioner

**everyone is different** and no solution is one-size-fits all!

the only thing that all of these suggestions have in common is that it's important to prioritize **your mental and physical health** as a holistic practice of ***self love*** and ***care***.



## could it be something else?

PCOS can often be misdiagnosed for **hypothalamic amenorrhea (HA)**, in which your period can stop due to under-eating and/or over-exercising. like PCOS, it can present itself with mild acne, hair growth, and a polycystic ovary appearance on an ultrasound.

**the treatment of the two conditions is very different.**

the main difference is the luteinising hormone (LH): follicle stimulating hormone (FSH) ratio. in PCOS, LH can be 2-3 times higher than FSH. in HA, the opposite is true.

**what did/didn't resonate with you?**

**what symptoms are a priority for you?**

## what questions do you have?

## what support do you need?

## PCOS community

A study found that 30% of those with PCOS rely on online forums for information. This is due to a lack of informational resources, a lack of trust in primary care services, and stigma attached to the condition.

curious about what the community is saying?

the PCOS subreddit shares firsthand experiences and is a place for open discussion. here are some posts marked “the best PCOS posts.”

primary care women's health forum offers a self-help group for those with PCOS.

here is a more comprehensive list of online communities.

all these links are available at pcoszine.xyz