

Patient Advice and Liaison Service (PALS)

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Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

ہم میں ہڈی ہک اس جی، سی۔ یٹکس ای کی بایٹس دی سی سٹیٹسٹکس لڈا بٹم تاملول عم۔ ہ
ٹنرپ اڈب ای ناس آ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید
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Patient information

Polycystic ovary syndrome



What is Polycystic Ovary Syndrome (PCOS)?

PCOS is an endocrine (hormonal) disorder. It can affect your periods, aspects of your appearance, fertility as well as your long-term health. Estimates of how many women it affects vary widely between 2 to 26 in every 100.

Polycystic ovaries are slightly larger than normal ovaries and have twice the number of follicles (small cysts). Polycystic ovaries are very common affecting 20 in 100 (20%) of women. Having polycystic ovaries on scan does not necessarily mean that you have PCOS. This may be an incidental finding on the ultrasound scan.

What is the treatment for PCOS?

There is no cure for PCOS, medical treatment aims to manage symptoms and consequences of having PCOS.

Ways of managing PCOS:

- Losing weight - reduces high levels of insulin and therefore testosterone which then improves ovulation, fertility, excess hair and acne and also decreases the risk of developing long term conditions such as diabetes and high blood pressure.
- Progesterone only contraception or combined oral contraceptive pill – as well as for contraception can also help regulate periods, reduce hair growth and acne.
- Fertility treatment is available for women who do not ovulate and want to become pregnant with good rates of success. In women who are overweight, this may require a certain Body Mass Index (weight to height ratio) in order to reduce the risks of certain complications in pregnancy.

Support groups available

www.verity-pcos.org.uk

Reference:

<https://www.rcog.org.uk/en/news/rcog-release-revised-green-top-guideline-on-long-term-consequences-of-polycystic-ovary-syndrome-pcos/>

Adapted from: Royal College of Obstetricians and Gynaecologists. *Information for you: Polycystic ovary syndrome (PCOS)*. Patient Information Leaflet. London: RCOG; 2015, with the permission of the Royal College of Obstetricians and Gynaecologists
Patient.co.uk

How Is PCOS diagnosed?

A diagnosis is made using the Rotterdam Consensus criteria when you have any 2 of the following:

- Irregular, infrequent periods or no periods at all
- An increase in facial or body hair and/or blood tests that show higher than normal levels of testosterone
- An ultrasound scan that shows polycystic ovaries

What are the symptoms of PCOS?

The symptoms of PCOS include:

- Irregular periods or no periods at all
- An increase in facial or body hair (hirsutism)
- Loss of hair on your head
- Being over weight, rapid increase in weight and a difficulty in losing weight
- Oily skin and acne
- Difficulty becoming pregnant (reduced fertility)
- Depression and mood swings (PCOS can affect your appearance and how you see yourself)

The symptoms vary from woman to woman. Some women have very few symptoms, while others are affected more severely by a wider range. Contraception is advised if you do not want to become pregnant. Your GP can give you advice about contraception.

What causes PCOS?

The exact cause is not totally clear. The symptoms are related to abnormal hormone levels. Several factors probably play a part:

- PCOS often runs in families. If any of your relatives (mother, aunt, sister) are affected with PCOS, your risk of developing PCOS may be increased.
- Testosterone is a hormone that is produced in the ovaries in small amounts by all women but in PCOS there is a higher than normal level of testosterone and this is associated with many of the symptoms of the condition.
- Insulin is a hormone that controls the level of glucose (a type of sugar) in the blood. If you have PCOS your body may not respond normally to insulin (this is known as insulin resistance) so the level of glucose is higher. To try to prevent the glucose levels becoming higher, your body produces even more insulin. High levels of insulin can lead to weight gain, irregular periods, fertility problems and higher levels of testosterone.
- Being overweight or obese is not the underlying cause of PCOS. However, if you are overweight or obese, excess fat can make insulin resistance worse. This may then cause the level of insulin to rise even further. High levels of insulin can contribute to further weight gain producing a 'vicious cycle'. Losing weight, although difficult, can help break this cycle.

Possible long term problems with PCOS

Women with PCOS are at a higher risk of developing long term health problems such as: diabetes, high blood pressure, endometrial cancer (cancer of the lining of the womb due to infrequent shedding of the lining of the womb over a prolonged period of time) as well as depression, mood swings, snoring and day time drowsiness.

You are advised to have at least one menstrual bleed every 3-4 months (if not pregnant) to reduce the risk of cancer of the womb and your doctor can prescribe medication for this. Women with PCOS who are over 40 or have family history of diabetes or a body mass index over 40 should see their GP for yearly blood sugar tests.