



What is PCOS?

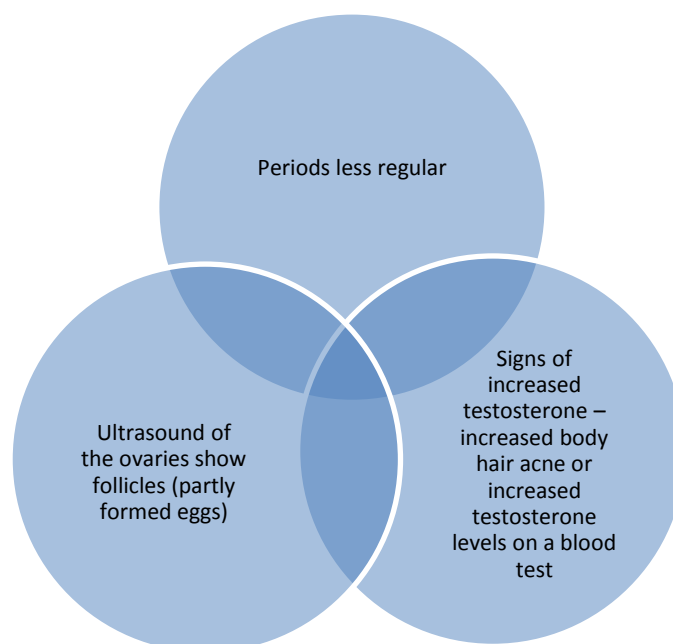
Polycystic ovary syndrome (PCOS) is a hormonal condition. It is a common condition affecting up to one in five women of childbearing age. The two main hormones that are affected are insulin and testosterone (male-like hormones), which may be produced in higher levels leading to problems such as:

- less regular periods
- excess hair growth on face, stomach, back
- acne or pimples
- easy weight gain
- may delay getting pregnant
- increased risk of diabetes
- increased risk factors for heart disease
- mood problems (anxiety or depression)

Not all women with PCOS will have all of these symptoms as PCOS can vary between women and changes with age.

PCOS diagnosis

Two out of three of the following are needed for a diagnosis of PCOS





Insulin and testosterone

Testosterone

Male-like hormones also known as testosterone and androgens are found in all women in small amounts. Women with PCOS produce slightly higher levels (but not as high as men).

Insulin

Insulin's most important job is to help control the sugar (glucose) levels in the body by helping to get it into the cells to be used for energy, or to send it into storage, if not needed. This way the level of glucose in the blood is kept steady.

- Insulin works like a key to let glucose (energy) into the body cells
- In PCOS, many women have insulin resistance, where the cell will not let insulin work properly, resulting in higher levels of insulin in the blood
- Higher insulin levels can make people gain weight easier and may increase appetite
- Insulin works better if women with PCOS exercise regularly
- Higher insulin levels can eventually lead to diabetes

Fertility and PCOS

Most women with PCOS are able to conceive, however they may take a little longer to fall pregnant and some women may encounter difficulty falling pregnant. Once pregnant, some women with PCOS may have more difficulties such as miscarriage and increased pregnancy complications (such as diabetes and blood pressure problems).

The best way to increase your chances of getting pregnant is to plan your family earlier in life, if possible, as fertility is higher in women under the age of 35 years. It is also helpful to optimise your health by eating well and being as active as possible and to lose a few kilograms of weight if you are overweight. This can help your periods become more regular and increase ovulation (produce an egg which is ready to become fertilised).

The healthier you are, the better your chances of conceiving and having a healthy pregnancy and a healthy baby. If you are overweight, it is important to ensure you eat a balanced diet with good amounts of vegetables and fruit and to be as active as possible, ideally with the aim of losing some weight in advance of conceiving. You should start taking folate supplements before trying to get pregnant.



It is common for women with PCOS to have periods that do not come for many months or which come too often. The best way to help your periods to become more regular is through lifestyle change (getting active and losing a few kilograms if overweight). If you are still not pregnant despite having optimised your lifestyle, there are medical treatments available (see assisted reproductive treatment). Women should see their GP for advice if they are concerned that they are having difficulty falling pregnant and have been trying to conceive for a year or more. If you are over 35, you should see a doctor if you have been trying to conceive for six months or more.

While the majority of women with PCOS become pregnant without fertility treatment, women with PCOS are statistically more likely to need treatment (ovulation induction or IVF) than women without PCOS. Despite this, studies show little difference between the numbers of children born to women with PCOS than to those without.

Healthy weight

The most successful way to treat PCOS is by living a healthy life. The way you eat, exercise and generally stay healthy is the best way to reduce your symptoms.

If overweight, weight loss as little as 5 – 10% of body weight or just a few kilos can help improve your symptoms such as irregular periods and prevent long term problems such as diabetes and heart disease. Even a few kilos can make a very big difference to your health. For example, 5% for a woman weighting 80kg is only 4 kilos.

There is no specific diet for women with PCOS. The diet that will be of most benefit is a balanced, healthy diet. Changes in diet are often the most important when it comes to trying to lose weight. Regular exercise also helps with weight management and also may help improve insulin levels. Doing regular exercise greatly helps women with PCOS in many ways, such as improving mood and in preventing weight gain, diabetes and heart disease. Try and find ways to exercise that you enjoy such as walking with friends and make it a regular part of your routine.

It is important to weigh yourself weekly so that you are aware of any significant changes in your weight. Aim for prevention of weight gain or slow steady small losses. It is important to take action if your weight does go up a little. If you need support to help you to lose weight then ask your doctor to refer you to someone who can help such as a dietitian or an exercise physiologist.

When making changes to your lifestyle, avoid short term fad diets or changes you are unlikely to be able to maintain long-term. Make sure you are ready to change and that you have support around you. Importantly, set small achievable goals that you can manage such as always taking the stairs not the lift, try a pedometer and work out ways to increase your steps each day, or swapping juice for water, and build these up slowly over time.



Questions to ask your clinician

If you have difficulty conceiving your GP may refer you to a specialist clinician. The following questions may be helpful.

1. Do you offer ovulation induction treatment or do I need to go straight to IVF because I have other complicating fertility issues?
2. How do you or your team track the ovulation induction cycle when the ovaries are stimulated to ensure I have a low risk of a multiple pregnancy?
3. When I am doing ovulation induction will you or your nursing team tell me when it is safe for me to have unprotected sex to help me get pregnant?
4. How many cycles should I have before we re-appraise the situation?

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