Polycystic Ovarian Syndrome



What we understand and how we can help

October 2017

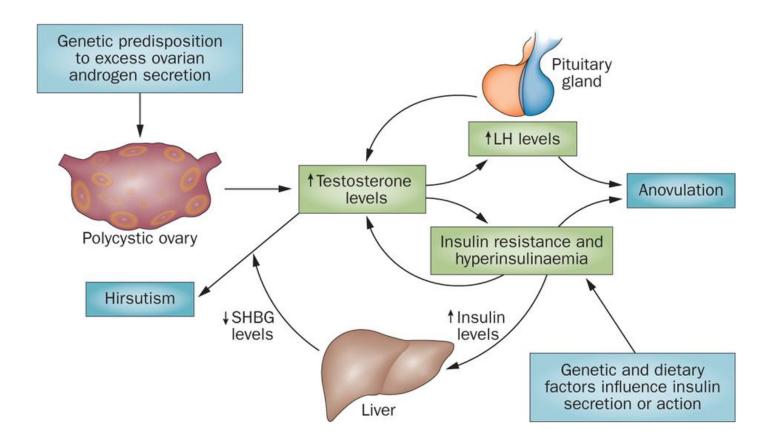
History

Stein and Leventhal 1935



Stein IF, Leventhal ML. Amenorrhoea associated with bilateral polycystic ovaries. Am J Obstet Gynaecol 1935; 29:181-191





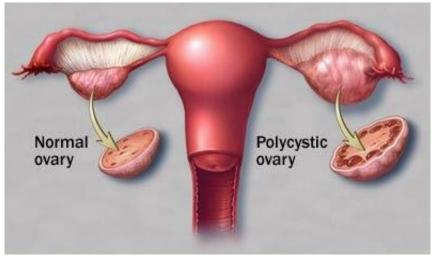


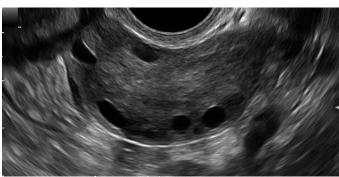
Diagnosis

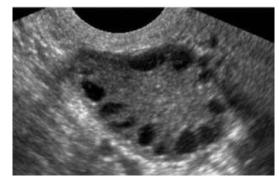
Rotterdam criteria – Two of the three criteria

- 1. PCOS on USS
- 2. Oligo or anovulation (less than 6 periods each year)
- 3. Hyperandrogenism











Diagnosis – ovarian morphology

PCO ultrasound appearance in 22% of normal population

PCOS is present in

- 7% of women
- 32% of women with amenorrhoea
- 87% of women with hirsuitism/ acne
- 73% of women with anovulatory infertility



Diagnostic tests

The biochemical tests are to identify hyperandrogenism...

Testosterone

Can be measured at any time during the cycle. Consider testosterone secreting tumour if rapid virilisation.

Consider

High total testosterone or normal total testosterone with low SHBG and high bio-testosterone (measure the free androgen index)

GTT

All PCOS women who are obese and all women PCOS women over the age of 40.

LH and FSH

AMH

Ovarian reserve and number of antral follicles. – may be raised in PCOS, however not currently used in diagnsois.









Managing Symptoms



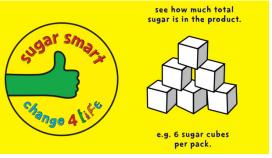
Obesity

Supportive strategies for weight loss and diet.

Consider Metformin

Bariatric surgery









Hirsuitism and Acne

Weight loss

Cosmetic methods

Oral contraceptive pill

consider Yasmin as it has an antiandrogenic action. Avoid norethisterone and levonogestrel as these are androgenic and worsen hirsuitism.

Dianette (Cyproterone acetate)

Eflornithine (Vaniqa cream)

Spironolactone

Flutamide

Finasteride



Menstrual irregularity

Weight loss if high BMI
Oral contraceptive pill (avoid androgenic pills)
Mirena IUS
Aim to have at least 4 period each year



Subfertility

10% weight loss in high BMI women is more successful than IVF.

Metformin

Clomiphene citrate (Clomid) – with follicular tracking.

Ovarian drilling.

IVF – need BMI less than 30



Long-term health

Gestational diabetes risk
Insulin resistance and Type 2 diabetes
Cancer risks – endometrial cancer
Cardiovascular risks
Sleep apnoea
Depression



Take home messages

PCO affects 1 in 4 women however PCOS affects 1 in 10 Confirm the diagnosis

Treat the presenting symptoms

Consider long-term health risks



Further Reading

RCOG: <u>www.rcog.org</u> – Polycystic Ovarian Syndrome; Long term consequences

NICE – PCOS Metformin in women not planning pregnancy

The Polycystic Ovarian Syndrome. Position statement from the European Society of

Endocrinologists 2014

Verity.co.uk – Patient support



Thank You

LONDON GYNAECOLOGY

London Gynaecology Ltd The Portland Hospital 212 Great Portland Street London W1W 5QN

Secretary:

T: 0207 10 11 700 F: 0207 69 10 394

contact@london-gynaecology.com

www.london-gynaecology.com