

A guide to Polycystic Ovary Syndrome (PCOS)

What is PCOS?

Polycystic ovary syndrome is a common condition where ovaries produce eggs but ovulation does not occur (anovulation). These eggs are then retained as multiple small cysts, hence the name. It is also associated with hormonal imbalance that can either be the cause or effect of anovulation.

What are the symptoms of PCOS?

- Irregular, infrequent periods or no periods at all
- Infertility (due to irregular or no ovulation)
- Excessive hair growth (hirsutism) on the face, chest or back
- Weight gain
- Hair loss from the head
- Oily skin or acne

How do you diagnose PCOS?

Any two out of the following three features would be diagnostic:

Ovaries have many (more than 12) tiny cysts:

These cysts are small blister-like-lumps (about 5-8 mm) that form on the surface of the ovaries. Women produce an egg every month and these eggs, if not released, may be retained as small cysts. This is usually seen on an ultrasound scan. Polycystic appearance of ovaries is seen on ultrasound scan in 22% of women but only a few of these women will have the “syndrome.”

Hormonal imbalance (Hyperandrogenism):

Ovaries produce the “female” hormones, such as oestrogen and progesterone and also very small amounts of the “male” hormone, testosterone. When the level of testosterone in the blood goes over a certain level, it can cause some of the common symptoms of PCOS like acne and unwanted hair growth.

Failure to ovulate every month (anovulation) leading to infrequent or absent periods:

Oligomenorrhoea means less than six periods in a year and amenorrhoea means no periods at all.

Does PCOS affect fertility?

Although around 60% of women with PCOS achieve spontaneous pregnancy without any medical help, some women can struggle with ovulation and may need help. Usually this is quite simple in the form of medication and scans.

London Gynaecology is a first class private gynaecology practice, led by a team of leading consultant gynaecologists. London Gynaecology offers daily services across London.

What is the treatment for polycystic ovary syndrome?

1. Stay slim through a combination of regular exercise and diet (see advice from Laura Southern our Nutritional Therapist). Metformin, a drug used to treat very early diabetes, can also help with carbohydrate metabolism and losing weight.
2. Treatment of PCOS depends on symptoms and whether you are trying for a family or not. The easiest way of controlling PCOS is to go on the combined pill (such as Yasmin or Zoely) which prevents recruitment of new egg-follicles and stops the problem from getting worse.
3. Obviously the contraceptive pill is not an option if you are trying for a family. If you have been trying for longer than six to twelve months you may need ovulation induction tablets such as Clomiphene and serial scans.
4. Treatment of unwanted hair can be either cosmetic or through medication.
5. Lifestyle management: to reduce risk of cardiovascular disease and diabetes in later life.

What should I eat?

Nutritional Therapist, Laura Southern says “a healthy eating plan can help manage and alleviate some PCOS symptoms. The right diet will have a positive impact on blood sugar and insulin management, as well as helping with cell Sensitivity and hormone balance.”

Decrease or Eliminate:

It is important to remember that due to insulin resistance PCOS women are not able to deal with simple carbs. Hence it is important to avoid the following:

Sugars: White refined sugar, artificial sweeteners etc.

Natural sweet sugars: Honey, dates, agave, too much fruit.

Carbohydrates (high glycaemic index): White bread, white rice, white pasta.

Eat Plenty of:

‘Low GI’ Diet: Foods containing low glycaemic index such as brown bread, rice and pasta, sweet potatoes, traditional porridge or muesli

‘Good’ fats: Nuts, seeds, cold pressed oils, oily fish, avocado and coconut.

Green leafy vegetables: Spinach, broccoli, kale, asparagus, rocket, broccoli, brussel sprouts.

Proteins: are OK with PCOS.

A GP, gynaecologist or dietician can help with a healthy eating regime and exercise. Another positive effect of this lifestyle change can be to reduce the risk of diabetes, high blood pressure and heart disease in later life.

Summary

- Polycystic ovaries on ultrasound scan are found in 22% of women
- Polycystic ovarian syndrome is seen only in 7% of women
- Best way to control PCOS is to stay slim through a combination of low GI diet and exercise
- If you are not trying for a family being on the combined pill will control the condition well.
- 60% of women achieve spontaneous pregnancy
- Sometimes drugs such as metformin or clomiphene citrate may be necessary to induce ovulation



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