

■ Evelyn & Rose Women's Health

Polycystic Ovarian Syndrome (PCOS) — Diagnosis & Management

■ What Is PCOS?

Polycystic Ovarian Syndrome (PCOS) is a common hormonal condition affecting about 1 in 10 women of reproductive age. It involves an imbalance of reproductive hormones, leading to irregular periods, symptoms of excess androgens (male hormones), and polycystic ovaries on ultrasound.

■ Diagnosis — The Rotterdam Criteria

Criterion	Description
Irregular or absent ovulation	Infrequent or absent periods (cycles >35 days or <8 per year).
Clinical or biochemical hyperandrogenism,	acne, excess hair (hirsutism), scalp hair thinning, or elevated testosterone on blood
Polycystic ovarian morphology	≥20 follicles (2–9 mm) or ovarian volume >10 mL on ultrasound.

■ Conditions to Exclude

Other causes of irregular periods or excess androgens should be excluded, such as thyroid disease, high prolactin, congenital adrenal hyperplasia, or Cushing's syndrome.

■ Common Symptoms

- Irregular or absent periods
- Acne or oily skin
- Increased facial or body hair
- Scalp hair thinning
- Weight gain or difficulty losing weight
- Fatigue or mood changes

■ Associated Health Risks

Women with PCOS have an increased risk of:

- Insulin resistance and type 2 diabetes
- High cholesterol and cardiovascular disease
- Endometrial thickening (if no regular ovulation)
- Anxiety and depression

■ Management of PCOS

Treatment is individualised based on symptoms, fertility goals, and long-term health.

1 Lifestyle & Nutrition

- Aim for 5–10% weight loss, which can improve cycles and insulin sensitivity.
- Focus on balanced meals with lean protein, healthy fats, and low-GI carbohydrates.

- Limit refined sugars and processed foods.
- Engage in regular physical activity (150+ minutes/week).

2 Hormonal Regulation

- Combined oral contraceptive pill (COC) to regulate cycles and reduce androgen levels.
- Progestogen-only pill or cyclic progesterone for women not using oestrogen.
- Anti-androgen medications (spironolactone, cyproterone acetate) for acne or hirsutism.

■ Insulin Resistance & Metabolic Health

- **Metformin** improves insulin resistance, helps regulate cycles, and supports weight management.
- Monitor fasting glucose, HbA1c, and lipids regularly.
- Maintain waist circumference <80 cm where possible.

■ Fertility and Pregnancy

- Many women with PCOS conceive naturally.
- Ovulation induction with **letrozole** or **clomiphene** may be required.
- Weight optimisation and metformin can improve fertility outcomes.
- Pregnancy requires monitoring for gestational diabetes and hypertension.

■ Mental Health and Support

PCOS can affect mood, body image, and confidence. Support includes:

- Counselling or mental health support
- PCOS support groups (e.g. Jean Hailes Foundation, PCOS Challenge)
- Regular follow-up with your healthcare team.

■ Long-Term Health Monitoring

Aspect	Recommended Screening
Blood glucose / HbA1c	Every 1–3 years (more often if overweight or insulin resistant).
Lipids (cholesterol profile)	Every 2–5 years.
Blood pressure	At each clinic visit.
Endometrial health	Induce withdrawal bleeds if >90 days without a period.
Mental health	Annual review or as needed.

■ Key Takeaway

PCOS is a lifelong but highly manageable condition. With lifestyle support, hormonal balance, and regular health checks, most women can achieve improved wellbeing and fertility outcomes.

Evelyn & Rose Women's Health

Personalised, evidence-based care for hormonal and reproductive wellbeing.

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