

CAUSE AND EFFECT

PCOS SUFFERERS REPRESENT A DISPROPORTIONATE NUMBER OF AESTHETIC PATIENTS. SARAH WILLIAMS, WIMPOLE DERMATICS, AND NADIR R FARID OF LONDON ENDOCRINE CLINIC ADVISE ON SPOTTING THE SIGNS AND TREATING THE SYMPTOMS

Large population surveys have shown that 25-30% of women of reproductive age have polycystic ovaries. Many of these women are more hirsute than women without polycystic ovarian syndrome (PCOS) morphology and the majority are insulin resistant, but only 25-30% have the additional criteria of hyper-androgenism or anovulation.

PCOS is a metabolic disorder that not only presents with aesthetically undesirable symptoms (as well as irregular periods and infertility) but represents an important risk factor for obesity, diabetes, coronary artery disease, depression and a skewed relationship to food.

WHERE AESTHETICS COMES IN

Women with PCOS make up a disproportionately large percentage of those seeking aesthetic advice, for several possible reasons:

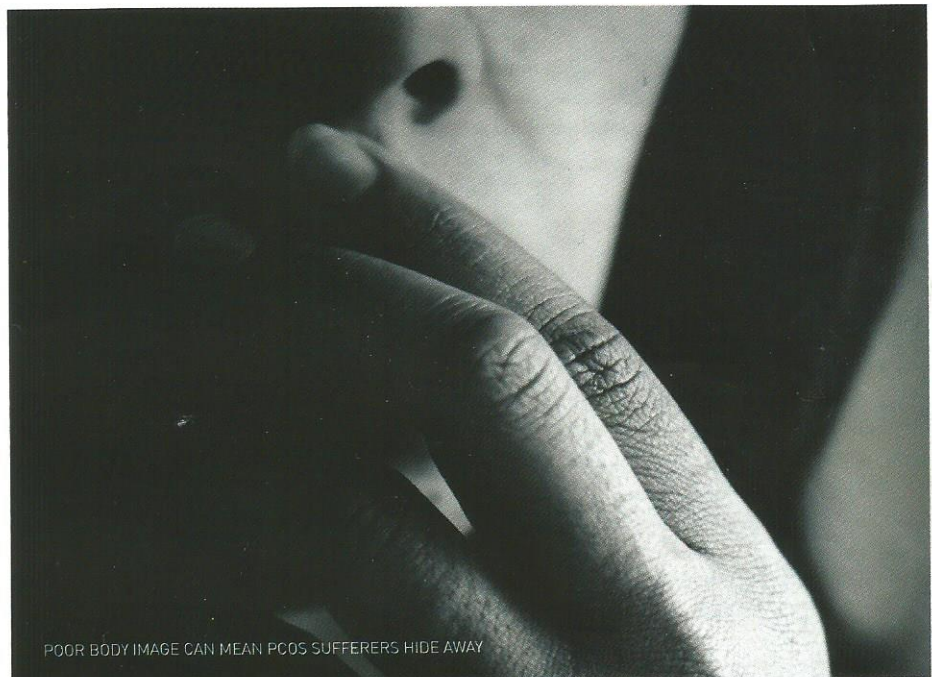
Hirsutism affects 70% of these women.

Marked and rapid hair growth, particularly when associated with menstrual abnormalities, should alert you to a medical condition that requires investigation. Wimpole Aesthetics offers laser treatment and has recently introduced an alkaline wash for hair removal, which is good for treating fine hair and acne.

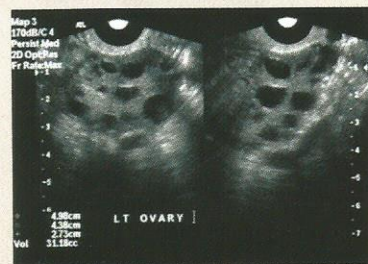
Acne, if associated with hirsutism and irregular periods, should alert the practitioner to the possibility of PCOS. The blanket prescription by GPs of co-cyprindiol tablets such as Dianette may be unwise because of associated side-effects. Acne in PCOS sufferers is more resistant to first line treatments but severe acne is not necessarily more common among women with PCOS. Scarring and pigmentation related to acne may also be the reason for seeking aesthetic advice.

Obesity can also result from insulin resistance. PCOS is usually associated with central obesity, although this predominance has recently been questioned. Irrespective, visceral adiposity but not subcutaneous adiposity is associated with the risk for diabetes and coronary artery disease and risk does not diminish with fat removal via cosmetic procedures.

Skin condition can also be affected. Dark acanthotic skin may appear in the neck and



POOR BODY IMAGE CAN MEAN PCOS SUFFERERS HIDE AWAY



ULTRASOUND OF OVARY FROM PCOS SUFFERER SHOWING CYSTS, COURTESY OF DR SUE BARTER

the major skin folds of insulin-resistant, obese PCOS patients. Skin tags may form on the neck and armpits. Insulin-related pathways are also related to premature ageing, so sufferers may present for skin rejuvenation.

BE SENSITIVE

The aesthetic services should be sensitive to psychological issues related to PCOS. Distorted body image is common, as is an abnormal relationship with food. Characteristically, sufferers show emotional lability, with a predilection to depression, and this tends to be exaggerated

pre-menstrually. They may also be emotionally impacted if they have struggled to start a family. Women with PCOS rate their quality of life surprisingly low, which can affect their satisfaction with treatment outcome.

REFERRAL IS KEY

The aesthetician has a duty of care to refer or have referred a client they suspect could have PCOS to an endocrinologist with expertise in the condition. Other conditions that masquerade as PCOS must be excluded by endocrine investigations. These conditions include late-onset congenital adrenal hyperplasia, ovarian or adrenal tumours and ovarian hyperthecosis.

Success in helping women with PCOS effectively entails a multifaceted programme. As well as being offered a series of aesthetic procedures to treat symptoms, patients should be advised to follow a low glycaemia/healthy fats diet, take regular aerobic exercise and get adequate, high-quality sleep. These lifestyle measures are often complemented with metformin and testosterone receptor blocker, and hair growth modulators. ■