PCOS (b) PROGESTERONE CHALLENGE – INSTRUCTIONS & EDUCATION

POLYCYSTIC OVARIAN SYNDROME- PHENOTYPES:

Not everyone who has PCOS has abnormal menstrual cycles where the woman is not ovulating monthly (*oligoovulation*) or when she is not ovulating at all (*anovulation*). There are four different flavors of PCOS:

- Phenotype A: +oligoovulatory/anovulatory cycles, +hyperandrogenism, +pcos ovaries
- Phenotype B: +oligoovulatory/anovulatory cycles, +hyperandrogenism. NO pcos ovaries.
- Phenotype C: +hyperandrogenism, +pcos ovaries, normal ovulatory cycles.
- Phenotype D: +oligoovulatory/anovulatory cycles +pcoc ovaries, NO hyperandrogenism.

TRUE PERIOD vs BREAKTHROUGH BLEED?

- CrMS teaches that a "true" period has either a *crescendo-decrescendo* or a *decrescendo* pattern.
- true period, *crescendo-decrescendo*: L, M, H, H, M, L, VL/B.
- true period, *decrescendo*: H, H, M, M, L, L, B.
- women with oligoovulatory or anovulatory cycles often have "*breakthrough bleeds*" which can present as 1-2 days of pink or brown spotting or several says of bleeding that may be mistaken for a period.
- an example of a *breakthrough bleed* that may be mistaken for a period: L, VL, L, M, L, M, VL/B, B.
- the longer-type breakthrough bleeds occur when the endometrium thickens and it simply cannot hold onto itself. Thus, only a portion of the endometrium will slough off.
- Recall, on the Education page that a true period is when almost all of the endometrium will slough off.

RISKS OF OLIGOOVULATORY/ANOVULATORY CYCLES:

- the most concerning risk is that the endometrium will thicken and a condition known as "*endometrial hyperplasia*" will occur, which can be a precancerous condition.
- please see the AUB page of my website for more information about *endometrial hyperplasia*.

TREATMENT PLAN FOR PCOS-BREAKTHROUGH BLEEDS:

1. Medication:

- the primary goal will be to "protect" the endometrium, so I will offer a "progesterone challenge"
- micronized progesterone 200 mg: take one pill at bedtime for 10 days, starting tomorrow night.
- pt will reach out to me if she does not have a "true" period bleed 5-7 days after her last dose.
- pt will **send a horizontal image of her chart** to me after her bleed via the **patient portal**.
- if a good quality bleed has occurred, then the pt will continue to take progesterone 200 mg at bedtime on cycle day 18 through 27 (ten days each month), until we have her routinely cycling every month.

- if 200 mg is not effective to produce a good bleed, I will increase the dose to 400 mg for the next cycle.
- if 400 mg is not effective to produce a good bleed, I will recommend progesterone 200 mg injections to be administered every three days for three injections total.
- a spouse, relative, or good friend will have to administer the injections.
- Welcome to Freedom MedTeach is a wonderful website that posts a video to teach how to give progesterone injections. Just click on "progesterone in oil".

2. Labs:

a) On cycle day 22 of pt's second round of progesterone, she will have a progesterone level drawn to ensure her levels are within a normal, healthy range, which can be viewed here.
b) next, we will attempt to order hormone panels (see Handout #3)

3. Imaging:

- the pt will also repeat an US on her next cycle day 5, where she has a good quality bleed with a pattern similar to a "true" period.

EDUCATION:

- you are welcome to watch my PCOS lecture for medical professionals can be here.