

PCOS – INSTRUCTIONS & EDUCATION

POLYCYSTIC OVARIAN SYNDROME (PCOS):

PCOS is the most common hormonal problem in women of reproductive age, affecting approximately 9% to 13% of women. There is a 20-40% chance that a woman with PCOS will have a mother or sister who is also affected. A diagnosis of “*LIKELY*” PCOS will be made and you will be monitored until you are 8 years past your first period. Oftentimes, as a teenager’s HPO-AXIS matures, she will grow out of her PCOS symptoms. See the [Education page](#) on my website, and then take a look at [PCOS](#) page.

SYMPTOMS:

- irregular menstrual cycles (long or short): abnormally long cycles can increase your risk of *endometrial hyperplasia*, which can predispose you to endometrial cancer.
- acne: more severe than typical, may be on face, back, upper chest.
- hirsutism: course hair growth on upper lip, chin, nipples/chest, above/below belly button
- alopecia: hair loss, oftentimes at the hairline and/or at the part line.
- high insulin levels: most often go undetected, can put you at high risk of developing diabetes.
- infertility: PCOS accounts for ~ 27% of infertility cases.
- miscarriage & recurrent pregnancy loss (RPL): women with PCOS have a 20-40% higher risk of having a miscarriage as compared to women without PCOS.
- pregnancy problems: ectopic pregnancies, gestational diabetes, pre-eclampsia and premature birth.
- high cholesterol: puts you at risk of heart attack and stroke.
- sleep apnea: puts you at risk of heart attack, stroke, and sudden death.
- psychological problems: depression, anxiety, eating disorders and/or disordered eating.

DIAGNOSIS:

A women must have only **2 of the 3 criteria:**

1. Oligoovulation OR anovulation:

- 1-3 yrs after first period: menstrual cycles < 21 days OR > 45 days apart OR > 90 days apart.
- more than 3 yrs after first period: cycles < 21 days OR > 35 days apart OR less than 8 cycles per year.

2. Clinical and/or Biochemical Hyperandrogenism (affects 60-90% of pts)

- clinical hyperandrogenism: significant acne, alopecia (hair loss) and/or hirsutism (hair growth).
- biochemical hyperandrogenism: high androgens in your blood, testosterone, DHEAs, androstenedione.

3. Polycystic Ovaries (diagnosed by ultrasound on Cycle day 5)

- one ovary with at least 20 follicles.
- one ovary with a total volume of equal to or greater than 10 mls.

MEDICATION:

- myoinositol /d-chiro inositol 2000/50 mg twice daily can help decrease high insulin levels.
- L-cartinine 2,000 mg per day can be added to the myoinositol if alone this is not effective.
- metformin is a prescription medication that is very effective in reducing insulin level, and improving ovulation, and increasing pregnancy outcomes.
- bioidentical progesterone: 200 mg to 800 mg is often used on P+3 through P+12.
- letrozole is a prescription medication that can help grow your follicle, increase your cervical mucus, stimulate ovulation, and help women with PCOS achieve a pregnancy. Start with 2.5 mg on cycle day 3 through 7 (five days). If you don’t achieve a pregnancy, we will increase the dose to 5 mg.

EDUCATION:

- you are welcome to watch my PCOS lecture for medical professionals can be [here](#).

