

PCOS AWARENESS

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Polycystic Ovary Syndrome (PCOS) is a serious genetic, hormonal, metabolic, and reproductive disorder that can lead to complications like infertility, anxiety, obesity, severe skin issues, endometrial cancer, type 2 diabetes, cardiovascular disease, stroke, fatty liver disease, and other life-threatening conditions.

WHAT ARE THE SIGNS OF PCOS?

The most common signs and symptoms of PCOS include:

- Irregular periods: Abnormal menstruation involves missed periods, no periods, or heavy bleeding during periods.
- Abnormal hair growth: Up to 70% of people with PCOS experience excess facial, arm, chest, and abdominal hair growth (hirsutism).
- Acne: PCOS can cause persistent acne on the back, chest, and face, often continuing beyond teenage years and being difficult to treat.
- Obesity: 40% to 80% of people with PCOS are obese and struggle with weight loss or maintenance.
- Darkening of the skin: you may get dark patches of skin, particularly in the neck, armpits, groin, and under the breasts, known as acanthosis nigricans.
- Cysts: Many people with PCOS have ovaries that appear larger or with many follicles (egg sac cysts) on ultrasound.
- Skin tags: Skin tags are little flaps of extra skin. They're often found in your armpits or on your neck.
- Thinning hair: People with PCOS may lose patches of hair on their head or start to bald.
- Infertility: PCOS is the leading cause of female infertility, often due to irregular or absent ovulation.

PCOS CAN INCREASE THE RISK OF DEVELOPING:

- Diabetes
- High Blood Pressure
- Cardiovascular Disease
- Endometrial hyperplasia
- Sleep apnea
- Endometrial cancer
- Depression
- Anxiety

WHAT IS THE MAIN CAUSE OF PCOS?

The exact cause of PCOS is still unknown. There's evidence that genetics may play a role. Several other factors, most importantly obesity, also play a role in causing PCOS:

- Insulin resistance: This occurs when the body doesn't process insulin properly, leading to high levels. This can trigger the ovaries to produce excess androgens, disrupting ovulation and contributing to PCOS symptoms. While not everyone with insulin resistance has high glucose or diabetes, it increases the risk. Being overweight or obese can also contribute. Even with normal glucose levels, elevated insulin may indicate resistance.
- Higher levels of androgens: High androgen levels prevent your ovaries from releasing eggs, which causes irregular menstrual cycles. Irregular ovulation can also cause small, fluid-filled sacs to develop on your ovaries. High androgen also causes acne and excess hair growth in females.
- Low-grade inflammation: People with PCOS tend to have chronic low-grade inflammation. Your healthcare provider can perform blood tests that measure levels of C-reactive protein (CRP) and white blood cells, which can indicate the level of inflammation in your body.

HOW IS PCOS TREATED?

Your healthcare provider will tailor treatment based on your symptoms, medical history, other conditions, and pregnancy goals. Options may include medications, lifestyle changes, or both.

- Hormonal birth control: Options including pills, patches, shots, rings, or IUDs, helps regulate menstrual cycles and may improve acne and excess hair growth.
- Insulin-sensitizing medicine: Metformin, a diabetes drug, helps regulate insulin and may improve menstrual cycles in some with PCOS.
- Medications to block androgens: Androgen-blocking medications help reduce acne and excess hair growth.
- Lifestyle changes: A healthy diet and maintaining a proper weight can improve insulin levels.

If attempting to get pregnant -

- Ovulation-inducing drugs like clomiphene, letrozole (oral), and gonadotropins (injections) can help with pregnancy in patients with PCOS.
- Surgery to remove androgen-producing tissue in the ovaries can restore ovulation, but is rarely needed due to newer medications.

HOW IS PCOS DIAGNOSED?

There is no single test to specifically diagnose PCOS. Your provider may ask about your menstrual cycle and weight changes and perform a physical exam checking for signs of excess hair growth, insulin resistance and acne. Your provider may also do a pelvic exam, ultrasound and blood tests including insulin levels, fasting cholesterol levels, hormone levels and a glucose tolerance test to diagnose the condition.