

How is PCOS treated?

The goal in the treatment of PCOS is to reduce the symptoms, assist in fertility challenges and prevent/treat the related long-term complications. The treatment involves:

Lifestyle modification

Women with PCOS tend to have difficulty managing their weight, leading to weight gain or obesity. Being overweight or obese can worsen PCOS symptoms.

Lifestyle modification focusing on healthy balanced diet along with regular exercises is recommended. Studies have shown that losing 5 to 10 % of body weight can restore ovulation, regulate the menstrual cycle, improve the chance of pregnancy and reduce long term metabolic risks of diabetes and cardiovascular diseases⁴.

Medical therapies

Medical treatment can be used to manage irregular menses, fertility issues, excessive hair growth and excess weight. The medical treatment includes (this list is not exhaustive):

- Oral contraceptive pill
- Progestogens
- Insulin-sensitising drugs such as Metformin
- Testosterone lowering drugs
- Ovulation Induction drugs (such as Clomiphene Citrate or Letrozole)
- Gonadotrophin injections for fertility treatment

Other alternatives

- Local treatment of excessive hair growth (e.g. waxing, laser or IPL hair removal, depilatory creams)
- Assisted reproductive techniques such as Intra-uterine insemination (IUI) or In Vitro Fertilisation (IVF) will be considered as second line of treatment.
- Psychological support.

Despite the fact that no cure is available for this condition, good control of the symptoms can be achieved with lifestyle modifications and, if necessary, medical treatment. PCOS should be diagnosed early to promote long-term health and prevent metabolic and cardiovascular complications such as diabetes and heart diseases.

References

- ¹ March, W., et al., The prevalence of polycystic ovary syndrome in a community sample assessed under contrasting diagnostic criteria. *Human Reproduction*, 2010. 25(2): 544-51.
- ² Teede H, Deeks A, Moran L. Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic manifestations that impacts on health across the lifespan. *BMC Medicine* 2010. 8:41.
- ³ Teede HJ et al. Assessment and management of PCOS: summary of evidence based guideline. *MJA* 2011. 195 (6): S65_S112
- ⁴ Teede H, Misso M, Costello M. Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome. *Fertil Steril*, 2018 Aug; 110(3): 364-379.

Useful telephone number

Central Appointments

6294-4050



KK Women's and
Children's Hospital
SingHealth

KK Women's and Children's Hospital
100 Bukit Timah Road
Singapore 229899
Tel: 6-CALL KKH (6-2255 554)
Fax: 6293-7933
Website: www.kkh.com.sg
www.facebook.com/kkh.sg



KK Women's and
Children's Hospital
SingHealth

Polycystic Ovary Syndrome (PCOS)

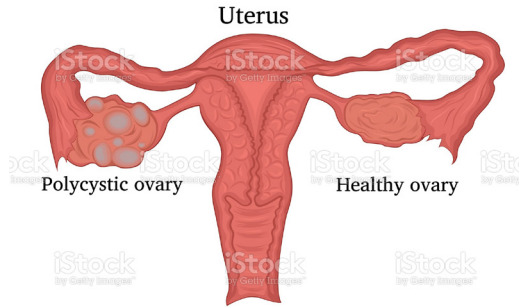
Reg No 198904227G GRMpcos0321

PATIENTS. AT THE HEART OF ALL WE DO.®

What is PCOS?

Polycystic Ovary Syndrome (PCOS) is a condition that affects 1 in 10 (10%) women in the reproductive age^{1,2}.

Women with PCOS have hormonal imbalance and metabolism dysfunction that can affect their menses, fertility and appearance.



What causes PCOS?

The exact cause of PCOS remains unclear, although it tends to run in families therefore genetic contributing factors may be involved. PCOS is also associated with poor lifestyle factors (inactivity, over-eating) and hormonal imbalance such as increased level of androgen (male hormones) and insulin resistance (insulin level increases as it is unable to effectively assist the glucose to enter into the cells).

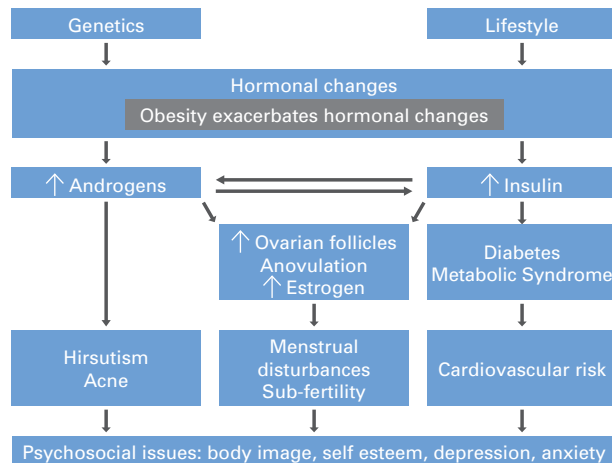


Fig. 1. The aetiological, hormonal and clinical features of polycystic ovary syndrome.³

What are the manifestations of PCOS?

Symptoms of PCOS can vary from woman to woman and may change over time. They may include:

- Irregular menses
- Difficulty in conceiving (getting pregnant)
- Excessive hair growth
- Hair loss or thinning of scalp hair
- Acne
- Darkened skin patches (acanthosis nigricans)
- Weight gain

Women with PCOS are at higher risk of developing the following long-term health issues:

- Type 2 diabetes and gestational diabetes (Diabetes occurring during pregnancy)
- High cholesterol and lipid levels
- Cardiovascular disease (hypertension, heart attack, stroke)
- Snoring and day-time drowsiness (sleep apnea)
- Cancer of the womb

How is PCOS diagnosed?

To diagnose PCOS, your doctor will take a detailed medical history, conduct a physical examination, and request for blood tests and an ultrasound of the pelvis.

A woman will be diagnosed with PCOS if she has at least two of the three following main findings: irregular menstrual cycles, high androgen levels and multiple small follicles in the ovaries (ring of pearls).



Fig. 2. Multiple small follicles (ring of pearls)

Details on the three main features of PCOS are described in the table below:

1. Irregular menses cycles	<ul style="list-style-type: none"> • Menses are too frequent or too infrequent (respectively less than 21 or more than 35 days apart) • No menses by the age of 15 years old or • No menses for more than three months
2. High testosterone levels	<ul style="list-style-type: none"> • Excessive hair growth and acne • High levels of male hormones (testosterone)
3. Multiple small ovarian follicles (ring of pearls)	<ul style="list-style-type: none"> • The small follicle (less than 1cm) are detected through an ultrasound of the lower abdomen either through the abdominal wall or with a special probe inserted into the vagina.