Genea Fertility
FACT Sheet

Polycystic Ovarian Syndrome (PCOS)

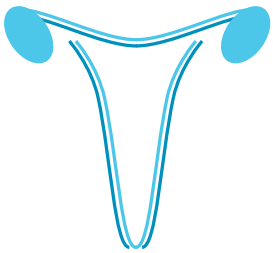
What is Polycystic Ovarian Syndrome (PCOS)?

Polycystic ovarian syndrome is the commonest cause of irregular menstrual cycles, poor ovulation (egg release) and associated infertility.

The term Polycystic Ovarian Syndrome refers to the multiple, mini "cysts" seen on the ovaries at ultrasound in women who suffer from the condition. These cysts are actually follicles (egg sacks) and instead of growing and releasing an egg through ovulation as they normally would, they stall and tend to release relatively higher levels of male hormones into the blood, causing a range of health problems.

Polycystic Ovarian Syndrome (PCOS) is defined by the presence of 2 of 3 of the following criteria:

1. **Increased androgens**
2. **Irregular menstrual periods**
3. **Polycystic ovaries (PCO) on ultrasound.**



PCOS is a complex condition that can be related to elevated cholesterol, insulin resistance and a tendency for weight gain. However, significant metabolic shifts can still occur even if the woman is slim.

Ovulation induction is often required, using a variety of medical therapies.

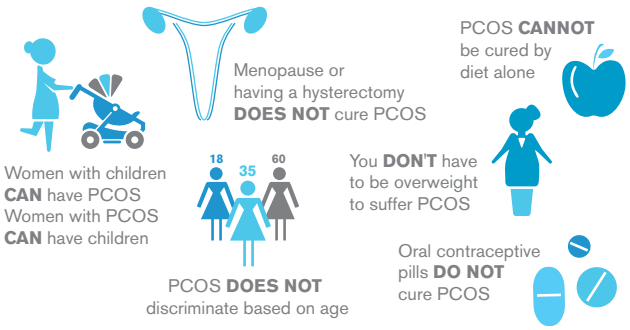
What are the symptoms of PCOS?

The symptoms and signs of PCOS can include:

- Irregular or absent periods
- Difficulty in becoming pregnant
- Insulin resistance (a problem that leads to high blood sugar levels and diabetes risk)
- High cholesterol and abnormal lipid profile
- Obesity and weight gain despite normal calorie intake
- Hirsuitism, acne and oily skin, alopecia ,skin discoloration
- Hypertension
- Sleep apnoea

The contraceptive pill may mask some or all of these symptoms.

Dispelling common PCOS myths



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What's the impact of PCOS on fertility?

Male hormones or androgens are present in low levels in all women, but women who have PCOS often have excessive levels of these hormones in their blood stream. Excessive male hormones cause excess facial and body hair and problematic acne. It also interferes with the production of female hormones that the body needs to ovulate. As a result, women with PCOS will often experience irregular menstruation or a complete absence of periods.

The syndrome is also associated with insulin resistance, which leads to altered blood sugar levels, a tendency for weight gain and further exacerbates disordered ovulation and therefore the ability to conceive.

Diagnosis and treatment for PCOS

A combination of physical assessment, hormone assessment and a pelvic ultrasound is the accepted approach to diagnosing PCOS. There's currently no cure for PCOS but it can be successfully managed through changes to diet and exercise routines and, in some cases, medical intervention. Upon diagnosis with PCOS, a patient with a BMI above the healthy range will be advised to try to lose some weight to improve the chance of conceiving. In fact, studies show that a BMI of more than 30 significantly reduces fertility. The good news is that losing even a modest amount of weight – 5 per cent of the starting weight – will help 90 per cent of women start ovulating again and approximately 30 per cent to conceive naturally.

If a patient's weight is already in the normal range or losing weight doesn't help them conceive, there are a range of other treatments available, such as

- Medication to increase ovulation
- Hormonal treatments
- Surgical options.

IVF may be needed if there are other factors involved, such as poor sperm quality, so it's important that both partners are assessed together to decide on the best treatment options.

Regardless of test results, time spent trying to conceive should be monitored as a strong indicator of fertility. It is recommended that patients under 35 continue trying for a maximum of 12 months and patients over 35 continue trying for a maximum of six months before referral to a Fertility Specialist.

For further information, call Felicity our Genea Fertility Advisor on 1300 361 795

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