



Polycystic ovary syndrome (PCOS)

This leaflet explains what polycystic ovary syndrome is, how it is diagnosed, how it may affect you and how it is managed.

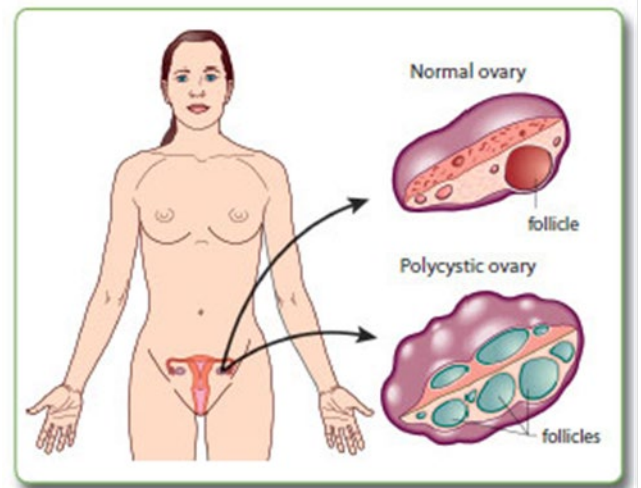
What is polycystic ovary syndrome?

Approximately 1 in 5 women have polycystic ovaries. This describes the appearance of the ovaries when viewed on an ultrasound scan. The polycystic ovary syndrome (PCOS) is the name given to a condition in which women with polycystic ovaries have one or more additional symptoms.

What are polycystic ovaries?

Polycystic ovaries are slightly larger than normal ovaries and have twice the number of follicles (small cysts). Polycystic ovaries are very common affecting 20 in 100 (20%) of women.

Having polycystic ovaries does not mean you have polycystic ovary syndrome. Around six or seven in 100 (6–7%) of women with polycystic ovaries have PCOS.



What are the symptoms of PCOS?

The symptoms of PCOS can include:

- Irregular periods or no periods at all.
- Difficulty becoming pregnant (reduced fertility).
- Having more facial or body hair than is usual for you (hirsutism).
- Loss of hair on your head.
- Being overweight, rapid increase in weight, difficulty losing weight.
- Oily skin, acne.
- Depression and mood swings.

The symptoms may vary from woman to woman. Some women have mild symptoms, while others are affected more severely by a wider range of symptoms.

PCOS is a cause of fertility problems in women. You may still become pregnant even if you do not get periods.

What causes PCOS?

The cause of PCOS is not yet known. PCOS sometimes runs in families. If any of your relatives (mother, aunts or sisters) are affected with PCOS, your own risk of developing PCOS may be increased. The symptoms of PCOS are related to abnormal hormone levels.

Hormones are chemical messengers that control body functions. Testosterone is a hormone that is produced by the ovaries. Women with PCOS have slightly higher than normal levels of testosterone and this is associated with many of the symptoms of the condition. Insulin is a hormone that regulates the level of glucose (a type of sugar) in the blood. If you have PCOS, your body may not respond to the hormone insulin (known as insulin resistance), so the level of glucose is higher. To prevent the glucose levels becoming higher, your body produces more insulin. High levels of insulin can lead to weight gain, irregular periods, infertility and higher levels of testosterone.

How is PCOS diagnosed?

Women with PCOS often have different signs and symptoms and sometimes these come and go. This can make PCOS a difficult condition to diagnose. Because of this, it may take a while to get a diagnosis. It may be diagnosed through:

- Irregular, infrequent periods or no periods.
- More facial or body hair than is usual for you.
- Ultrasound scan-In PCOS the ovaries are found to have multiple, small cysts around the edge of the ovary. These cysts are only a few millimetres in size, and do not in themselves cause any problems.

What could PCOS mean for my long-term health?

You are at greater risk of developing the following long-term health problems if you have PCOS: Insulin resistance and diabetes

If your blood glucose does not stay normal, this can lead to diabetes. One or two in every ten (10–20%) women with PCOS go on to develop Type 2 diabetes at some time. Untreated, this causes damage to organs in the body.

If you have PCOS, your risk of developing diabetes is increased further if you:

- Are over 40 years of age.
- Have relatives with diabetes.
- Developed diabetes during a pregnancy (known as gestational diabetes).
- Are obese (body mass index or BMI over 30).

The best way to reduce the risk of Type 2 diabetes is through careful food choices, exercise, and weight loss in overweight individuals.

High blood pressure

Women with PCOS tend to have high blood pressure, which is likely to be related to insulin resistance and to being overweight, rather than the PCOS itself. High blood pressure can lead to heart problems and should be treated.

Heart disease in later life

Developing heart disease is linked to health conditions such as diabetes and high blood pressure. If you do not have these conditions, there is no clear evidence that, just because you have PCOS, you are more likely to die from heart disease than women who do not have PCOS.

Cancer

With fewer periods (less than three a year), the endometrium (lining of the womb) can thicken and this may lead to endometrial cancer in a small number of women.

There are different ways to protect the lining of the womb using the hormone progestogen. Your doctor will discuss the options with you. This may include a seven-day course of progestogen tablets used every three or four months, or taking a contraceptive pill.

PCOS does not increase your chance of breast, cervical or ovarian cancer.

What can I do to reduce long-term health risks?

Have a healthy lifestyle

The main ways to reduce your overall risk of long-term health problems are to:

- Eat a healthy balanced diet. This should include fruit and vegetables and whole foods (such as wholemeal bread, whole grain cereals, brown rice, and whole-wheat pasta), lean meat, fish and chicken. You should decrease sugar, salt, caffeine and alcohol (14 units is the recommended maximum units a week for women).
- Eat meals regularly, especially breakfast.
- Take exercise regularly (30 minutes at least three times a week).

Your GP or specialist nurse will provide you with detailed advice on eating a healthy diet and exercise.

You should aim to keep your weight to a level which is normal (a BMI between 19 and 25). BMI is the measurement of weight in relation to height. For further advice and how to work out your BMI go to: <http://www.nhs.uk/LiveWell/loseweight/Pages/Loseweighthome.aspx>

If you are overweight, it would be helpful to lose weight and maintain your weight at this new level. If you are obese (BMI greater than 30), discuss strategies for losing weight, including weight-reducing drugs, with your GP, practice nurse or pharmacist.

The benefits of losing weight include:

- A lower risk of insulin resistance and developing diabetes.
- A lower risk of heart problems.
- A lower risk of cancer of the womb.
- More regular periods.
- An increased chance of becoming pregnant.
- Reduction in acne and a decrease in excess hair growth over time.

Have regular health checks

Once you have a diagnosis of PCOS you may be monitored for early signs of health problems by your GP.

Women with PCOS over the age of 40 should be offered a blood sugar test once a year to check for signs of diabetes. If you are obese (BMI over 30) or have a family history of diabetes, you may be offered testing for diabetes earlier than age 40.

Is there a cure?

There is no cure for PCOS. Medical treatments aim to manage and reduce the symptoms or consequences of having PCOS. Medication alone has not been shown to be any better than healthy lifestyle changes (weight loss and exercise).

Many women with PCOS successfully manage their symptoms and long-term health risks without medical intervention. They do this by eating a healthy diet, exercising regularly and maintaining a healthy lifestyle.

References

This information has been taken from the Royal College of Obstetricians & Gynaecologists webpage. For further information go to: www.rcog.org.uk.

Further information

The UK PCOS support group can be found on www.verity-pcos.org.uk

If you have any questions or concerns regarding your investigation, please call the Fertility Clinic and ask to talk to one of the nurses.

0118 322 7286

The clinic doctors produce a number of information sheets especially for this clinic and update them frequently, you can find these on the Trust website here

<https://www.royalberkshire.nhs.uk/leaflets?&s=4780>.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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