

POLYCYSTIC OVARY SYNDROME *

Polycystic Ovary Syndrome (PCOS), Stein-Leventhal Syndrome and Hyperandrogenic Anovulation are all terms attempting to label a group of symptoms that appear to be related to one another. The primary symptoms include menstrual irregularities, hirsutism (increased body and facial hair), acne and infertility. PCOS is a very common condition among women, up to 10% of women may be affected with some form of this syndrome. Despite its high incidence, the long-term effects of this syndrome are only now beginning to be understood.

What are Polycystic Ovaries?

Most women with PCOS have a characteristic appearance to their ovaries, known as polycystic ovaries. These consist of multiple small “cysts” or follicles less than ½ inch in diameter that form in the ovary.

During the normal maturation process of a woman’s egg (ovum), the egg develops within a cyst inside the ovary. The rupture of the follicle and release of the mature ovum is called ovulation. The multiple small cysts seen in the polycystic ovary are the result of eggs that only partially develop within the ovary. It is thought that a slight elevation of male hormones may inhibit the egg’s development. The egg’s failure to mature leads to a lack of ovulation (anovulation) in women with PCOS.

What Causes PCOS?

Despite extensive investigation, the cause of this common syndrome is still unknown. Our studies hope to identify potential causes.

Manifestations of PCOS:

- **Polycystic Ovaries and Infertility**
Ovulation may not occur or it may occur infrequently in women with PCOS, such that it is unpredictable. This irregularity can make achieving pregnancy difficult. Medications are now available to help women with PCOS ovulate more regularly.
- **Irregular Periods**
In women with regular menstrual cycles, the monthly period results from shedding the inner lining of the uterus. Without ovulation, the uterus does not receive the regular signals to properly develop and shed this lining. There can be long intervals of no bleeding, episodes of heavy bleeding or persistent spotting or flow. In addition to the inconvenience this causes, there is also an increased risk of uterine cancer. Hormonal medication exists to regulate flow and reduce the risk of uterine cancer.
- **Hirsutism and Acne**
Some women with PCOS may experience symptoms of hirsutism and acne because of the constant and elevated levels of male hormones associated with anovulation. This elevation in male hormones, however, rarely ever approaches the normal male levels. Rather, it represents an imbalance between a woman’s male and female hormones. These conditions can be treated with medication.
- **Insulin Resistance and Diabetes**
It has become clearer that women with PCOS are predisposed to a pre-diabetic condition and an increased chance for diabetes later in life. These are conditions which involve problems regulating blood sugar in the body. It is important to control blood sugar because diabetes has many potential long-term complications. Weight loss, diet, and medications are often successful in treating pre-diabetic and diabetic states.
- **Cardiovascular Disease**
Women with PCOS, may also face an increased cardiovascular risk due to a variety of reasons including obesity, hypertension and blood lipid abnormalities.

Obesity: Excess body weight can be a strain on the heart but the distribution of the body weight also appears to be important. When fat is deposited in the upper body, particularly around the waist (central obesity), women are at increased risk for diabetes, hypertension and heart disease. Women with PCOS tend to have this central

obesity (an apple-shape instead of a pear-shape.)

Hypertension: Some studies have found that women with PCOS have a greater risk for developing hypertension (high blood pressure) compared to women of the same age.

Lipid Abnormalities: Women with PCOS often have changes in their blood lipids (such as cholesterol) that increase their risk for heart disease. There are a variety of interventions including weight loss, diet changes, behavioral modifications, and medications available to lower these risk factors.

- **Gynecological Cancers**

Uterine Cancer: The endometrium is the inner lining of the uterus. With regular ovulation, it grows and is shed monthly. Irregular or absent ovulation causes the endometrium to continue to grow without being shed. This growth of the endometrium can lead to endometrial cancer. Consequently, women with PCOS who have absent or irregular periods are at increased risk for endometrial cancer. Hormonal treatments can lower this risk.

Other Gynecological Cancers: At this time, there is no clear evidence to suggest that women with PCOS are at any increased risk for ovarian or breast cancer.

* This information came from The Milton S. Hershey Medical Center, The Pennsylvania State University

Test Results and Advice Nurse

Please call the nurse for test results and advice: 863-4463

Appointments

Appointments can be made in person or by phone. If you are unable to keep your appointment, please call and cancel. Otherwise you will be charged for the visit.

To schedule or cancel appointments, call: 863-0774

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