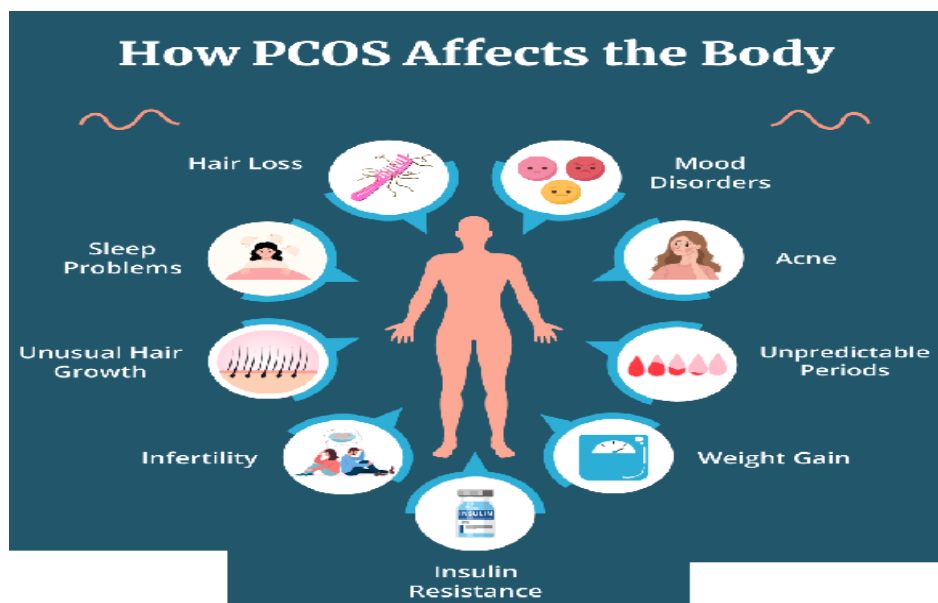


## POLYCYSTIC OVARY SYNDROME

- Polycystic ovary syndrome (PCOS) affects an estimated 8–13% of reproductive-aged women and up to 70% of affected women remain undiagnosed worldwide.
- PCOS is the most common cause of anovulation and a leading cause of infertility.
- PCOS is associated with a variety of long-term health problems that affect physical and emotional well-being.

Women of reproductive age are frequently affected by PCOS, or polycystic ovarian syndrome, a hormonal disorder. Though the onset commonly occurs in adolescence, the symptoms could change over time. Hormonal abnormalities, irregular periods, high testosterone levels, and ovarian cysts can all be symptoms of PCOS. Unusual menstrual cycles, typically accompanied by insufficient ovulation, can pose challenges to conceiving.



### Symptoms

Symptoms of polycystic ovary syndrome can differ from person to person. Symptoms may change over time and often occur without a clear trigger.

Possible symptoms include:

- heavy, long, intermittent, unpredictable or absent periods
- infertility

- acne or oily skin
- excessive hair on the face or body
- male-pattern baldness or hair thinning
- weight gain, especially around the belly.

People with PCOS are more likely to have other health conditions including:

- type 2 diabetes
- hypertension (high blood pressure)
- high cholesterol
- heart disease
- endometrial cancer (cancer of the inner lining of the uterus).

PCOS can also cause anxiety, depression and a negative body image. Some symptoms such as infertility, obesity and unwanted hair growth can lead to social stigma. This can affect other life areas such as family, relationships, work and involvement in the community.

### Diagnosis

Polycystic ovary syndrome is diagnosed by the presence of at least two out of the following:

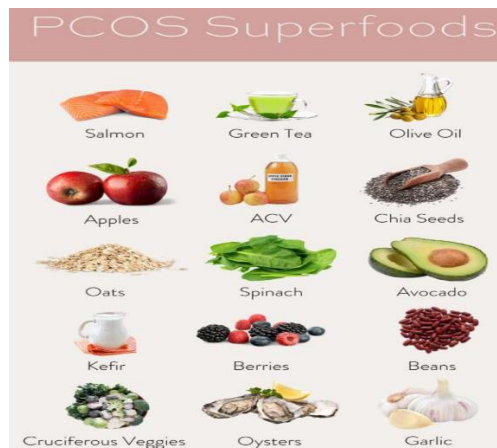
1. signs or symptoms of high androgens (unwanted facial or bodily hair, loss of hair from the head, acne or an elevated blood level of testosterone) – after other causes for this have been excluded;
2. irregular or absent menstrual periods – after other causes for this have been excluded;  
and
3. polycystic ovaries on an ultrasound scan.

Blood tests can be used to identify characteristic changes in hormone levels, although these changes are not universal. Women with polycystic ovary syndrome may have elevated levels of:

- testosterone (an ovarian androgen hormone that influences hair growth);
- oestrogen (an ovarian hormone that stimulates the growth of the womb lining (endometrium));

- luteinising hormone (LH, a pituitary hormone which influences hormone production by the ovaries and is important for normal ovulation);
- insulin (a hormone that is principally involved in utilisation of energy from food); and
- anti-müllerian hormone (which measures the ovaries' fertility level).

## Treatment



Some symptoms of PCOS can be reduced through lifestyle changes. Eating a healthy diet and getting enough exercise can help reduce weight and reduce the risk of type 2 diabetes. Contraceptive pills can help regulate the menstrual cycle and reduce symptoms. Treatments for infertility due to PCOS include lifestyle changes, medicines or surgery to stimulate regular ovulation. In-vitro fertilization (IVF) may be used but it has some risks.