## POLYCYSTIC OVARIAN SYNDROME (PCOS)

Dr. Kelli MacAdam, CNM

# **OBJECTIVES**

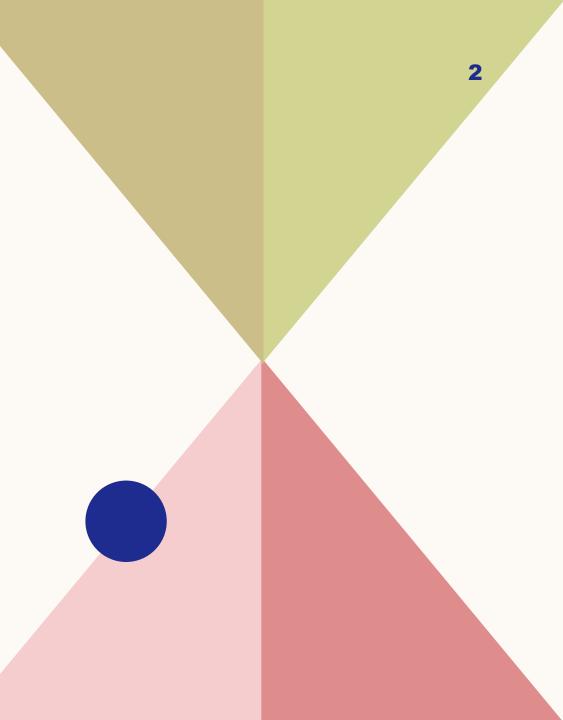
What is PCOS

Causes and Risk factors

Diagnostic Criteria

Lifestyle Modifications

Medical Management and Screening





# WHAT IS PCOS

- Hormonal and metabolic disorder effecting women of reproductive age.
- 5.2% incident rate
  - 70% of women with PCOS are undiagnosed
    4-5 folds higher than UK.
  - 4-5 folds nighter than UK.
- Increases risk of type II diabetes, cardiovascular disease, endometrial cancer and leading cause of infertility.

# **CAUSES OF PCOS**

#### **Genetic Factors**:

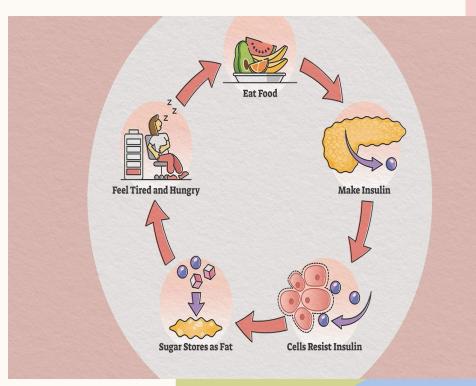
• PCOS tends to run in families, suggesting a genetic component.

#### **Hormonal Imbalances:**

- Insulin Resistance: Higher insulin levels in blood leads to excess androgen production
- Excess Androgen: Prevents ovulation causing irregular cycles and other physical symptoms

#### Inflammation:

• Low-grade inflammation is common in women with PCOS.



# **RISK FACTORS FOR PCOS**

### **Family History**:

• Mother or sister with PCOS increases risk

### **Obesity**:

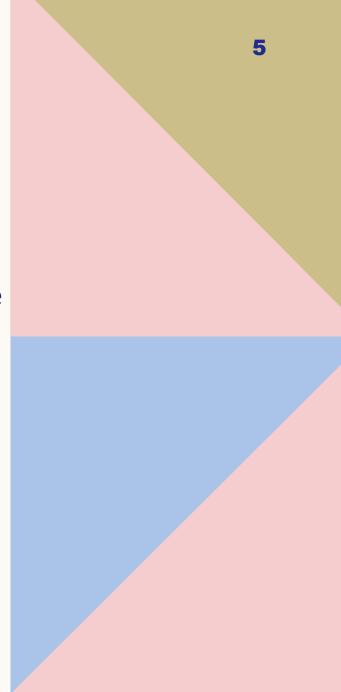
- Increase weight = hormonal imbalance and insulin resistance
   Lifestyle Factors:
- Poor diet, sedentary lifestyle= increased symptoms

### **Environmental Factors:**

• Not as well understood

### Metabolic syndrome

• Routine labs- Lipids, A1C, hypertension screening



# Diagnosis

### Rotterdam Criteria:

- Hyperandrogenism: Clinical signs (e.g., hirsutism, acne) or biochemical evidence (elevated levels of androgens in blood tests).
- **Ovulatory Dysfunction**: Irregular or absent menstrual periods.
  - First Year Post-Menarche: Irregular cycles are normal.
  - **1 to <3 Years Post-Menarche**: Cycles <21 or >45 days are considered irregular.
  - >3 Years Post-Menarche to Perimenopause: Cycles <21 or >35 days or <8 cycles per year are considered irregular.</li>
  - >1 Year Post-Menarche: Any cycle >90 days is considered irregular.
  - **Primary Amenorrhea**: No menstruation by age 15 or >3 years postthelarche (breast development).
- Polycystic Ovaries: Presence of 12 or more follicles in each ovary as seen on an ultrasound or increased ovarian volume.

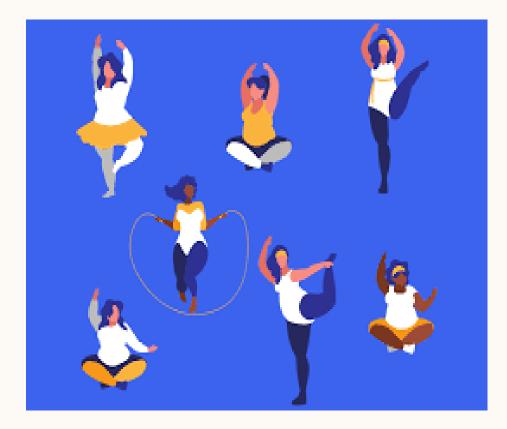
## **LIFE STYLE MODIFICATIONS**

#### \* Diet

\* Exercise

### Sychosocial Counseling

- Increased risk of depression and anxiety
- Increased psychosexual dysfunction
- Eating disorders
- \* Laser Hair Removal
- Sleep Apnea Screening



## **MEDICAL MANAGEMENT**

#### **Hormonal Contraception**

- Regulates cycles
  Protects the endometrium

#### **Metformin**

• Improves insulin sensitivity- lower blood insulin

#### GLP1

• Growing Research

#### Inositol

Anti-androgen medication

Antidepressant/ Antianxiety



## **MYTHS OR FACTS OF PCOS**

FACT: Not all women with PCOS have cysts on their ovaries, and having cysts does not necessarily mean you FACT: PCOS is quite peops not necessarily mean of reproductive age worldwide.

FACT: While PCOS can cause infertility, many women with PCOS can still conceive naturally or with the help of fertility treatments.

FACT: The exact cause of PCOS is unknown, but it is believed to involve a PCOBilis falls of by something the patient fast done.

FACT: There is no cure for PCOS, but losing weight can help manage symptoms and improve insulin sensitivity. However, weight loss alone will not eliminate PCOS.

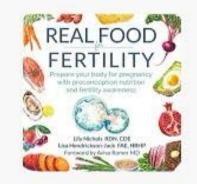
## **PATIENT RESOURCES**

- AskPCOS app
- Real Foods for Fertility By: Lily Nichols RDN, CDE

Ask PCOS

POWERED BY MONASH

- Aviva Roma MD podcast
- https://www.pcosaa.org





## **QUESTIONS?**

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