

Polycystic Ovaries

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Many women have polycystic ovaries, which can cause problems with periods, weight gain, unwanted hair growth, and infertility. Here's the full story.

Irregular periods and difficulty conceiving can signify polycystic ovaries. For some women, these are accompanied by symptoms such as weight gain and unwanted hair growth. Polycystic ovarian syndrome can be treated, and losing weight, eating a healthy diet, and taking regular exercise can help control the causing factors.

Remember!

Women who only have PCO don't usually have problems with getting pregnant, so it is very important to use contraception if you don't want to become pregnant.

What are polycystic ovaries?

Every month one of the ovaries produces an egg and this comes from a follicle (a small cyst) in the ovary. Often as many as 10 follicles are produced each month, but only one will burst and release the egg. In about 23% of women in their fertile years, many of these follicles can lie just below the surface of the ovary, each measuring about 5mm (1/5 of an inch). This condition is called polycystic ovaries (PCO).

The follicles produce the hormones of the ovary and when there are many, albeit small, follicles, they can cause hormonal problems, which can affect the periods and fertility. Polycystic ovaries are usually diagnosed coincidentally, during a routine ultrasound scan of the pelvis.

PCO is a common condition and should not be confused with polycystic ovarian syndrome (PCOS).

My doctor tells me I have PCOS—why me?

The exact cause of PCOS is not fully understood but, like many conditions, there is evidence that PCOS can be inherited. Whether a woman with such a tendency develops PCOS is thought to depend on additional lifestyle factors such as diet, exercise and weight.

What happens now?

The exact way in which you are treated depends very much upon the symptoms you are experiencing. As yet there is no one treatment that has been proven to help all aspects of PCOS. If you're overweight you should try to lose weight before trying any treatments. This helps reduce insulin levels and often helps to return the balance of your hormones to normal. It may be very difficult to lose weight, but a balanced diet with regular exercise is most effective. Some GP surgeries offer help to lose weight effectively. If you're not overweight, can't lose weight or have lost weight and your symptoms persist, then one or more of the treatments below may help.

Problems with periods

Using the contraceptive pill or progestogen tablets may help to make your periods more regular, and are an option if you do not wish to become pregnant.

Fertility problems

Difficulties in conceiving usually require management by a fertility specialist who is likely to take blood tests to establish whether you are making eggs. This may be followed by medications that help ovulation, such as clomifene tablets or follicle-stimulating hormone (FSH) injections.

What is polycystic ovarian syndrome?

About 5–10% of women with PCO have polycystic ovarian syndrome (PCOS). This is a condition usually associated with very irregular or absent periods, considerable weight gain, and unwanted hair growth. The presence of at least 2 of these 3 symptoms is necessary to make a diagnosis of PCOS.

How is it diagnosed?

Ultrasound examination of the ovaries shows the same numerous follicles as with PCO. However, sufferers of PCOS will usually have raised blood levels of male hormones (testosterone) as well as female hormones. Also, levels of luteinising hormone (LH), a hormone produced by a gland in the brain, are usually raised. These changes give rise to irregular or absent periods, reduced fertility and an increased miscarriage rate. The increased testosterone may lead to unwanted facial or body hair, oily skin, acne and thinning of scalp hair.

Some women with PCOS have an associated condition known as ‘insulin resistance’. Insulin normally regulates blood sugar levels by making the cells in the body use up or store glucose. Resistance to insulin, as in PCOS, means that the body has to produce more insulin to compensate, which may then go on to cause the hormonal imbalances in the ovary. Many women with PCOS are overweight, which may be due to these changes in insulin metabolism. An excess of fat cells in the body can also cause worsening of both the insulin resistance and hormonal changes of PCOS. In the long term PCOS is associated with an increased risk of diabetes, high blood pressure and high cholesterol, all of which increase your risk of developing heart disease and stroke.

Unwanted hair

There are many ways of dealing with unwanted facial and body hair that can be arranged without medical help. These include creams, shaving, plucking, electrolysis, bleaching, pulsed light and, more recently, laser therapy. Which of these you choose depends very much upon your preference and what you can afford. Your doctor may also prescribe a drug in the form of an anti-androgen such as cyproterone or spironolactone. These drugs work directly on the hair follicle by preventing the hair growth caused by the elevated concentration of testosterone in women with PCOS. The widest available preparation of cyproterone is Dianette, which also contains oestrogen and acts as a combined oral contraceptive. It is especially important that you do not become pregnant while on these drugs. It may take 2–3 months to see an effect of drugs on the growth and texture of hair. As these medications don't actually cure PCOS, once you stop taking them your symptoms will slowly return.

I've heard that surgery can be performed—is this for me?

The only operation that appears to help women with PCOS is a procedure known as laparoscopic ovarian diathermy. This is a keyhole procedure that makes small holes in the ovaries and may temporarily restart ovulation. To be considered for this procedure, you would need to see a specialist, who would explain the risks associated with keyhole surgery and general anaesthetic.

Are there any non-medical or alternative therapies that may help?

Many providers of alternative healthcare offer help for women with PCOS. When choosing a therapist it's important that they have a good understanding of PCOS and explain the risks and benefits of their suggested treatments. It's important to be aware that it may take months for an effect to become apparent.

I've heard there is a new therapy for PCOS—is this true?

This is called metformin, which has been around for many years and is taken by people with the type of diabetes that doesn't need insulin therapy. It may work by attacking the likely root cause of PCOS—the resistance to insulin. It's being used widely in fertility clinics and early studies are encouraging, in that it helps many issues of PCOS, including ovulation, irregular periods and unwanted hair. Stomach upset is the most common side-effect suffered and metformin should be taken under specialist medical supervision.

A final note...

PCOS is a complex condition that is still not fully understood. Because there is much you can do to help yourself it is very important that you understand how your body responds to PCOS and the various medical treatments. Losing weight, eating a balanced diet, and taking regular exercise will help treatments work as well as possible.

Perhaps the most exciting prospect on the horizon is metformin, which may help treat the condition and not only the symptoms it causes.

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