

POLYCYSTIC OVARIAN SYNDROME (PCOS)

(Stein-Leventhal Syndrome)



BASIC INFORMATION

DESCRIPTION

Polycystic ovarian syndrome (PCOS), polycystic ovarian disease (PCOD), and Stein-Leventhal syndrome are all names for the same endocrine (hormone) condition. It is sometimes called “hyperandrogen anovulation syndrome” which describes its hormonal imbalance and associated problems with ovulation. PCOS affects 5-10% of all women of childbearing age regardless of race or nationality. It may begin during puberty and become more severe with time. Diagnosing PCOS can be difficult. The syndrome has a number of diagnostic symptoms with no single hard and fast diagnostic test. Two of the following factors are usually involved in the diagnosis:

- Polycystic ovaries. These are fairly common and involve ovary enlargement from many small cysts.
- Hyperandrogenism (hirsutism and acne).
- Anovulation (absence of ovulation); the monthly release of the egg from the ovary fails to take place.

FREQUENT SIGNS AND SYMPTOMS

- Irregular menstrual bleeding resulting in periods of light flow along with heavy flow. Increased time between periods, often up to several months.
- Hirsutism - increased hair growth on the face, arms, legs and from pubic area to navel.
- Thinning of the scalp hair (alopecia).
- Overweight or obesity.
- Trouble getting pregnant; miscarriages.
- Acne.

CAUSES

The cause of PCOS is unclear. Between 25 and 75% of patients have some evidence of insulin resistance. Luteinizing hormone (LH) levels are typically elevated with PCOS and follicle-stimulating hormone (FSH) levels are normal or low, but this hormone pattern alone is not diagnostic of the disorder.

RISK INCREASES WITH

- Lifestyle problems such as obesity, poor diet and physical inactivity.
- Family history of PCOS or diabetes.

PREVENTIVE MEASURES

Cannot be prevented at present.

EXPECTED OUTCOME

Treatment and lifestyle changes can make a difference with the immediate problems of the disorder and also decrease the risk of long term complications.

POSSIBLE COMPLICATIONS

- Type II (adult-onset) diabetes.
- High cholesterol and triglyceride levels.
- Cardiovascular disease; high blood pressure.
- Endometrial cancer (cancer of the uterine lining).
- Gestational diabetes or impaired glucose tolerance during pregnancy.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory studies of blood hormone levels, an oral glucose tolerance test, a pelvic ultrasound or an endometrial biopsy to rule out hyperplasia or cancer.
- If medications are prescribed for the disorder, they will be determined by severity of symptoms and whether there is a desire for pregnancy. Current treatment steps are also directed at preventing potential long-term consequences.
- Overweight or obesity should be treated with a structured diet and exercise program.
- Infertility is usually treated successfully by improving diet and exercise, weight reduction and drug therapy. If these measures are not successful, conception can usually be achieved by additional drug therapies, laparoscopically applied therapies to the ovaries and assisted reproductive techniques.
- Cigarette smoking should be discontinued due to risk of cardiovascular problems and diabetes.
- The diagnosis of PCOS may cause emotional side effects. Discussing these with your doctor will help determine if any special treatment is needed.
- Options for removing excess hair from your face, arms and legs include medications, bleaching, electrolysis, laser therapy, plucking, waxing, and depilation.
- Additional information available from numerous sites on the internet dedicated to PCOS.

MEDICATION

- Insulin-lowering medications, oral contraceptives (if pregnancy not desired), or androgen-blocking medications may be prescribed. Studies on new treatments are ongoing.
- Clomiphene citrate, or other drugs for those patients who desire pregnancy.
- Vaniqa (eflornithine cream) for excess facial hair growth or spironolactone for excess body hair may be prescribed.

ACTIVITY

No restrictions on activity, including sexual intercourse. Exercise regularly; physical activity helps regulate insulin production.

DIET

Low carbohydrate diet may be recommended. Weight loss recommended if you are overweight.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of polycystic ovarian syndrome.
- Your periods become profuse or more frequent than usual.
- Symptoms recur after treatment.
- You want a referral to remove excess body hair.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.