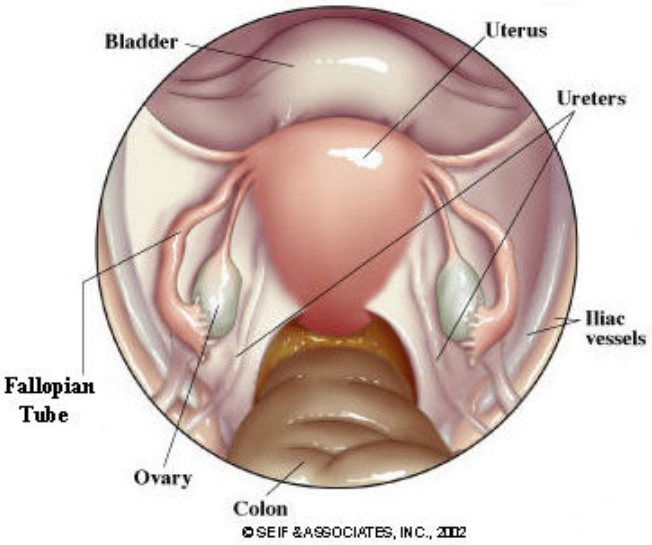
Polycystic Ovarian Syndrome (PCOS)
Treatments

Women with PCOS have an increase of male hormones (*androgens*) and do not produce an egg (*ovulate*). If you have PCOS, you may not have a menstrual period for 3 to 6 months or none at all. PCOS also increases the risk of type 2 diabetes, heart disease, increase blood pressure, infertility, obesity, acne, male type baldness and increase hair growth on the face and chest.



There is no cure for PCOS. Therefore, it needs to be managed to prevent problems and treat the patient's symptoms. Treatment is also based on whether the woman wants to have a baby or needs contraception. Your caregiver will go over some of the choices with you.

TREATMENT

The following are choices your caregiver may consider discussing with you.

- **Diabetes Medications**. Women with PCOS should be screened for diabetes and treated if necessary. Managing diabetes mellitus is important.
- Maintain a healthy diet and exercise as directed by your caregiver. Since obesity is common with PCOS, a healthy diet and exercise will help the body lower glucose levels, use insulin better and may help restore a normal period. Even loss of 10% body weight can help make a woman's cycle more regular.
- **Birth control pills**. For women who **do not** want to become pregnant, birth control pills (combination estrogen and progesterone) can regulate menstrual cycles. They can also reduce male hormone levels, help to clear up acne and prevent baldness and increase hair growth. Birth control pills do not cure PCOS. The menstrual cycle will become abnormal again if the pill is stopped. Women may also think about taking a pill that only has the female hormone (*progesterone*). This will regulate the menstrual cycle and prevent endometrial (lining of the inside of the uterus) problems. Progesterone alone can make acne and hair growth worse.
- **Medicine for increased hair growth or extra male hormones.** If a woman is **not** trying to get pregnant, there are some other medicines that may reduce hair growth. A type of blood pressure medicine has been shown to decrease the male hormone's effect on hair. Propecia, a medicine taken by men for hair loss, is another medication that blocks this effect. Both of these medicines can affect the development of a male fetus. They should not be taken if pregnancy is possible. Other non-medical treatments such as electrolysis or laser hair removal are effective at getting rid of hair. A woman with PCOS can also take hormonal treatment to keep new hair from growing
- **Fertility Medications**. The main fertility problem for women with PCOS is the lack of ovulation. Even though a woman is diagnosed with PCOS, her husband's sperm count should be checked. The woman's fallopian tubes should be checked to make sure they are open (the usual infertility work up) before fertility medications are used. Pills and shots can be used to stimulate ovulation. PCOS patients are at increased risk for multiple births when using these medications. In vitro fertilization (IVF) is sometimes recommended to control the chance of having triplets or more.
- **Surgery**. Surgery is not recommended as the first course of treatment. However, surgery called ovarian drilling is available to induce ovulation. The caregiver makes a very small cut (*incision*) above or below the belly button (*navel*). They will insert a small, telescope-like instrument into the belly (*abdomen*). This is called laparoscopy. The caregiver punctures the thick capsule of the ovary (that prevents ovulation) with a small needle carrying an electric current. This destroys a small portion of the ovary. This procedure carries a

risk of developing scar tissue on the ovary. This surgery can lower male hormone levels and help with ovulation. The effects may only last a few months. This treatment does not help with increased hair growth and loss of scalp hair.

EFFECTS ON PREGNANCY

There appears to be a higher rate of miscarriage, gestational diabetes, pregnancy-induced high blood pressure, and premature delivery in women with PCOS. Research indicates that the drug Metformin is safe in pregnancy. They are also looking at how the drug lowers male hormone levels and limits weight gain in women who are obese when they get pregnant.

PCOS CHANGES AT MENOPAUSE

Researchers think that as women reach menopause, ovarian function changes. The menstrual cycle may become more normal. But even with falling male hormone levels, excessive hair growth continues and male pattern baldness or thinning hair gets worse after menopause.

FOR MORE INFORMATION

You can find out more about PCOS by contacting:

- National Women's Health Information Center (NWHIC)
  Phone: 800-994-WOMAN (9662)
- American Association of Clinical Endocrinologists (AACE)
  Phone: (904) 353-7878
  Web: www.aace.com
- Center for Applied Reproductive Science (CARS) Phone: (423) 461-8880
  Web: www.ivf-et.com
- PolyCystic Ovarian Syndrome Association, Inc. (PCOSA)
  Phone: (877) 775-7267
  Web: www.pcosupport.org
- National Institute of Child Health and Human Development (NICHD), NIH, HHS Phone: (800) 370-2943
  Web: www.nichd.nih.gov/womenshealth
- The Hormone Foundation
  Phone: (800) 467-6663
  Web: www.hormone.org
- American Society for Reproductive Medicine (ASRM)
  Phone: (205) 978-5000
  Web: www.asrm.org
- International Council on Infertility Information Dissemination, Inc. (INCIID)
  Phone: (703) 379-9178
  Web: www.inciid.org

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