



Polycystic ovary syndrome

A Fresh Approach to Women's Health

A newsletter from Gynsys.com

#4, Fall 2013

Available periodically throughout the year, this guide is intended to accompany the modern woman on her journey to wellness and fulfillment. Each edition will have a specific focus guided by a single objective: the health, well-being and beauty of today's women.

Polycystic ovary syndrome

Polycystic ovary syndrome (PCOS) is one of the most common endocrine disorders affecting reproductive-age women. This complex disorder has no clear cause but the evidence strongly suggests it be classified as a genetic disease. PCOS produces symptoms in approximately 5% to 10% of women 12 to 45 years old and is thought to be a leading cause of infertility and problems associated with excessive male hormones.

The exact cause of this condition is not known but may be related to multiple factors including insulin resistance, irregular menstrual cycles and increased androgens levels (male hormones).

Primary symptoms of PCOS are irregular periods, possibly resulting in non-ovulation (anovulation) and an over production of male hormones by the ovaries, and leading to increased acne and excessive hair growth. This

may affect 70% of untreated women to various degrees. Chronic anovulation can lead to endometrial hyperplasia (excess thickening of the uterus), a risk factor for uterine cancer.

One-third of PCOS patients may experience "metabolic syndrome" due to insulin resistance and other factors. This condition could include high blood pressure, central obesity (waist measuring 35 inches or more), diabetes or glucose intolerance, abnormal cholesterol profile and high levels of fat (triglycerides) in the blood.

It is important to note that symptoms can vary greatly amongst individuals and can vary over time in the same patient. Fortunately, few will experience all symptoms. Indeed some may have so few symptoms that diagnosing PCOS only occurs during an infertility investigation.

Online Resources

- Reproductive Facts
> www.reproductivefacts.org
- SOGC (Society of Obstetricians and Gynaecologists of Canada)
> sogc.org
- Canoë Santé
> sante.canoe.ca



About Dr. Faez Faruqi
(the founder of GynesyS)

Both Fellow of the Royal College of Physicians and Surgeons of Canada and Fellow of the American Board of Obstetrics and Gynaecology, Dr. Faez Faruqi practises and teaches Gynaecology and Obstetrics at St. Mary's Hospital in Montreal (affiliated with McGill University). He also heads the Gynaecology and Fertility Centre GynesyS that was launched in 2004 with great success.



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DIAGNOSIS

Currently there is no specific test that will allow a definite diagnosis of PCOS, however the condition is suspected when a woman has any two of the following:

- Pelvic ultrasound showing a characteristic appearance of the ovaries (polycystic ovaries).
- A history of irregular or absent menstrual cycles.
- Abnormal levels of androgens (discovered through a blood test or by clinical signs of excessive male hormones).

Your doctor must rule out other conditions that could cause the above symptoms features by physical exam, blood work and ultrasound.

The most common causes of these symptoms are:

- Thyroid disorders
- Adrenal gland (small glands above the kidney that produce male hormones) disorders
- Elevated prolactin hormone (hormone that produces lactation)
- Ovarian cysts
- Premature menopause
- Obesity with or without diabetes

TREATMENTS

Management of PCOS frequently requires a combination of various treatments and depends on whether or not a pregnancy is desired and which symptoms need to be treated:

- **Weight loss** is beneficial in overall management and will frequently reduce most of the symptoms. It may lower Androgens, restore ovulation and improve insulin resistance.
- Various **fertility medications** may be used to induce ovulation.
- **Metformin**, an insulin sensitizing agent, lowers blood sugars, helps to lower Androgens and can help in ovulation induction.
- In the case of irregular menstrual cycles and hyperandrogenism, **birth control pills** can be used for long term maintenance.
- For hyperandrogenism, **various medications** exist to lower or block the effects of Androgens.
- **Lifestyle changes, diet and anti-cholesterol medications** can be used to manage metabolic syndrome.

The bottom line is that PCOS can be managed and patients can lead normal lives. However it requires an individualized treatment plan designed by a doctor based on a detailed diagnosis. In the vast majority of patients, fertility and regular menstrual cycles can be restored and excess androgens prevented and controlled. Long term health risks can also be minimized by taking the appropriate preventative measures listed above.

If you have any questions about fertility issues or treatment options, we invite you to visit our website (gynesyS.com) or contact us by phone (514-781-5950) or by email (info@gynesyS.com).