



NATIONWIDE CHILDREN'S
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Helping Hand™

Health Education for Patients and Families

Polycystic Ovary Syndrome (PCOS)

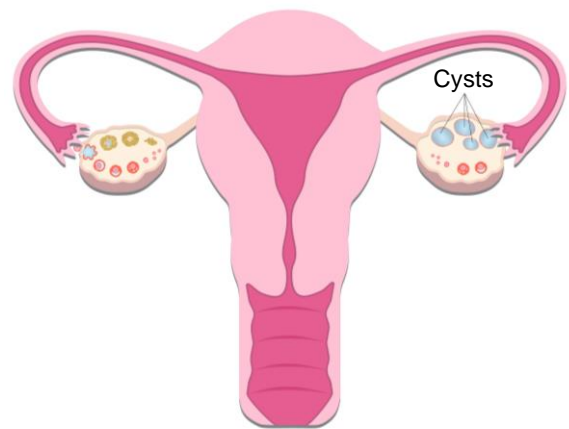
Polycystic ovary syndrome (PCOS) is a hormone disorder that affects the ovaries. PCOS may start after having a period (menstruation) for 2 years or more.

Ovaries are 2 small, oval-shaped glands on each side of the uterus. Ovaries make and store eggs. They send out (release) 1 egg each month. This is called ovulation. If the egg doesn't join with any sperm cells, your body will take in (absorb) it. Your period starts after that.

This cycle is controlled by hormones and usually happens every 21 to 35 days. Hormones are messages sent from the brain to the ovaries. In PCOS, the hormone levels are off balance (imbalanced). Mainly, testosterone levels are too high. This may keep your body from ovulating or may space it out.

Signs and Symptoms

- Irregular periods (not having one every 21 to 35 days)
- No periods (amenorrhea)
- Acne
- Dark patches of skin around the back of the neck, underarms, or groin (acanthosis)
- Difficulty losing weight
- Multiple small cysts in a certain pattern on the ovaries (Picture 1)
- Male patterned hair growth on the upper lip, chin, chest, belly button, or sideburns (hirsutism)



Picture 1 Cysts appear in an ovary when the hormone levels are out of range.

Increased Risk

The exact cause of PCOS is not known. There's a higher risk of PCOS if someone:

- Is overweight or obese.
- Has a family history of PCOS.
- Has high levels of insulin (insulin resistance).

Diagnosis

- There is not a specific test for PCOS. Testing usually includes:
 - A health history with questions about your symptoms and period dates.
 - Blood (lab) tests.
 - An ultrasound to look for cysts on the ovaries. Ultrasounds use sound waves to see the inside of the body.
- You may be diagnosed with PCOS if you have at least 2 of these:
 - Irregular period or no period.
 - Higher level of testosterone in the blood or physical symptoms of increased testosterone.
 - Cysts on your ovaries. PCOS cysts have a certain number present and in a certain pattern.

Treatment

There is no known cure for PCOS. The treatment goal is to:

- Work to have a healthy weight.
- Protect the uterus inner lining.
- Treat the symptoms bothering you, such as acne or unwanted hair growth.
- Screen for fat (lipid) or blood sugar (glucose) problems and treat those if needed.

Treatment goals can be achieved by:

- Nutrition and exercise – Good nutrition and exercise may be all you need to regulate your hormone levels. These can be the most important changes.
 - Eat small, healthy, and balanced meals.
 - Get at least 30 minutes of physical activity each day.

- Shaving, waxing, hair removal creams, and laser hair removal. These can help get rid of unwanted hair growth. You don't need a prescription for any of these options.
- Medicines (by prescription only)

Medicine name	What it does
Progestin birth control	Protects the lining on the inside of the uterus (endometrial protection)
Spironolactone	Prevents unwanted male pattern hair growth (hirsutism)
Estrogen containing birth control or Estrogen plus Progestin containing birth control	<ul style="list-style-type: none"> • Endometrial protection • Prevent acne • Prevents hirsutism
Metformin	Controls blood sugar (glucoregulation)

Your doctor, health care provider, or nurse may discuss these prescription options with you. If PCOS is not treated, your risk for the following conditions may increase:

- Type 2 diabetes
- High fat levels (cholesterol) in the blood
- Mood disorders like anxiety or depression
- Hard time getting pregnant
- High blood pressure
- Obstructive sleep apnea (OSA)
- Eating disorders

Follow-up

- Keep track of when your periods start and stop in a journal or calendar. Bring the dates to appointments so a doctor or health care provider can check your cycles.
- Take all medicines as instructed and keep all follow-up appointments. Keep medicines out of the reach of children and pets.
- Call your doctor, health care provider, or nurse with any questions.