



PCOS

Polycystic ovarian syndrome (PCOS) is a metabolic and endocrine disorder that affects women. This syndrome of symptoms can be described as a continuum as woman may experience mild to severe symptoms. PCOS can be caused by insulin resistance, inflammation, hormonal birth control, high stress hormones, and thyroid problems. These issues cause an increase in male hormones which often causes cycle irregularities, excess hair, and acne.

Some common symptoms include:

- Irregular menstrual cycles which are caused by the ovaries not functioning properly
- Infertility related to the ovaries not ovulating (releasing an egg) or ovulating irregularly
- Excess facial hair, acne, and male pattern balding caused by elevated male sex hormones
- Weight gain caused by insulin resistance

Medical evaluation for PCOS

Physician evaluation including history of symptoms and physical appearance

Extensive hormone analysis including Follicle Stimulating Hormone, Luteinizing Hormone, Progesterone, Estradiol, and Male Hormones

Ultrasound – Pelvic ultrasound done 7-10 days after finishing a menstrual period so that the ovaries can be evaluated for follicle (cyst) development. Often women with PCOS form multiple cysts around the edges of the ovaries, taking on the appearance of a “string of pearls.” Enlarged ovaries (larger than 10mL) is consistent with PCOS.

Treatment for PCOS

Myo-Inositol- a nutrient that can be found as a powder in most vitamin stores which has shown to improve insulin sensitivity and other symptoms. It is considered safe to consume while pregnant and breastfeeding.

Progesterone- cyclic bioidentical progesterone in the post peak phase of the cycle (after ovulation) is the recommended treatment to help regulate menstrual cycles. Local compounding pharmacies (Meridian North Pharmacy, Custom Med Apothecary) compound a bioidentical (similar to the hormone which is found in the body) capsule (200mg) that should be taken at bedtime peak plus three through peak plus twelve or as directed. If you begin a menstrual flow, you may stop taking progesterone for that cycle and wait until the next cycle to repeat treatment. During the third cycle of taking progesterone, you should have your progesterone level drawn one week after ovulation, on peak plus seven (may be checked on peak plus eight or nine if it falls on a weekend) to determine proper dosage. If your progesterone level remains low, you will be instructed to increase your dosage.

Fertility Charting- Charting your menstrual cycle with the Creighton Model System can help identify menstrual cycle abnormalities and identify the timing in the cycle for women to supplement progesterone when it is naturally higher in the body, after ovulation has occurred.

Diet & Exercise- Diet and exercise are especially important to prevent complications of PCOS including heart disease, diabetes, and some types of cancer. A low carbohydrate diet is recommended for women with PCOS as simple sugars will increase blood sugar and insulin levels. This includes sugar and grain-based foods. Lean meats (chicken and fish), eggs, and vegetables are great sources of energy and can help maintain blood sugar levels and maintain a healthy body weight. Alcohol and sweets should be avoided. Avoid soy products. Get 30 minutes of exercise five times a week to improve the body’s sensitivity to insulin and maintain a healthy weight.

Avoid hormone disruptors including sunscreen and BPA which is often found in plastics.