

see the separate BUPA factsheet, *Acne*.

Oral contraceptives (the pill) can reduce acne and excess hair as they will lower your ovaries' production of testosterone. The pill also makes periods more regular which lowers the risk of womb cancer. A combination of the usual pill hormone called ethinylestradiol with cyproterone acetate (eg Dianette) suppresses male hormone activity so is often used for women with PCOS. This is available with a prescription from your GP.

### Treating infertility

If you have PCOS and are having difficulty getting pregnant there are several treatments to consider. You should see an infertility specialist to discuss which is best for you.

Fertility drugs such as clomifene will stimulate your ovaries to release eggs. Up to 60 percent of women become pregnant after six cycles of treatment with clomifene. Hormone injections with human gonadotrophin hormone (a mixture of luteinising hormone and follicle stimulating hormone) may be offered to you if clomiphene does not work.

Metformin is a medicine that reduces

insulin resistance and may improve fertility (as well as reduce excess hair). It is usually given along with clomifene to overweight women with PCOS. Metformin is currently only approved by the UK government for the treatment of diabetes, so discuss this option with your doctor.

Keyhole surgery can be performed to make tiny holes in the surface of your ovary to stimulate the ovary (laparoscopic ovarian diathermy).

IVF or assisted conception is another avenue to explore. You could also consider egg donation or surrogacy.

### Long-term impact on health

Women with PCOS tend to have a higher risk of developing diabetes and a high cholesterol level later in life. It also increases your risk of having a stroke and developing womb cancer.

A healthy lifestyle is important to help prevent the condition leading to these long-term health problems. You should not smoke, do regular physical activity and eat a healthy well balanced diet

### Further information

**Verity**

[www.verity-pcos.org.uk](http://www.verity-pcos.org.uk)

This factsheet is based on reputable sources of medical evidence and has been reviewed by BUPA doctors. For more details of references and sources, please see our website. The content is intended for general information only and does not replace the need for personal advice from a qualified health professional.

# Polycystic ovary syndrome

Polycystic ovary syndrome (PCOS) is a hormonal disorder where you have high levels of certain sex hormones and irregular, or no, menstrual periods. You can also have lots of cysts on your ovaries. PCOS is characterised by a number of symptoms, such as excess facial and body hair, acne, obesity and infertility. About one in 10 women in the UK develops the condition.

### About polycystic ovary syndrome

Polycystic means 'many cysts' and gives the condition its name.

#### What is an ovary?

Women have two ovaries, which are small organs inside the body where the egg cells are produced and stored. The ovaries also produce the hormones estrogen and progesterone.

#### What is a cyst?

A cyst is a fluid-filled sac. When you release an ovum (egg) into the uterus (womb) you 'ovulate'. This happens once a month. Before the egg is released, it develops in a small swelling on the ovary called a follicle.

The follicles can sometimes stop growing too early. Instead of bursting to release the egg, they gradually build up on the ovaries to form lots of small cysts. These cysts are swollen egg chambers. The cysts are not cancer.

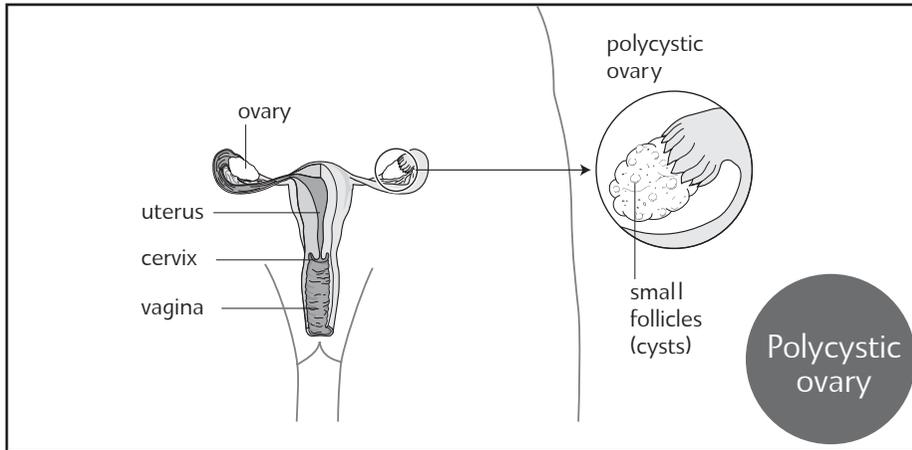
### What is a polycystic ovary?

A polycystic ovary is one with lots of cysts on its surface. There are usually 12 or more cysts that are 2-9mm in size. Sometimes only one ovary is affected.

### What is polycystic ovary syndrome?

PCOS is a syndrome that can affect your menstrual cycle, fertility, hormones, insulin production, heart, blood vessels and appearance. Women with PCOS have these characteristics:

- high levels of a hormone called luteinising hormone (LH), produced by the pituitary gland (in the brain) and testosterone, the male hormone produced by the ovaries
- an irregular or no menstrual cycle



- many small cysts on the ovaries although these are not always present
- absent, infrequent or irregular periods due to the imbalance of hormones
- infertility as you need to ovulate to become pregnant and some women with PCOS do not ovulate regularly or at all
- obesity or weight gain
- excess hair (hirsutism) - if you produce too much testosterone
- alopecia (thinning hair) - particularly at the top of your head and on your temples if you produce too much testosterone
- acne which lasts longer than normal teenage years, if you produce too much testosterone

### What causes PCOS?

The precise cause of PCOS is still not known. Several factors seem to be important, such as your genetic profile as PCOS can run in some families.

Levels of luteinising hormone and

testosterone are important as these are often higher than normal in women with PCOS.

The way your body responds to insulin, the hormone that controls your blood sugar level, may be involved. Insulin acts mainly on fat and muscle cells to make them take in sugar when your blood sugar level rises. Lots of women with PCOS have insulin resistance. This means the level of insulin in the blood needs to be higher than normal to control the blood sugar level. The high level of insulin causes the ovaries to make too much testosterone, which results in the symptoms like excess hair and acne.

Your body weight can also contribute to the cause of PCOS. Excess fat can make insulin resistance worse and can increase your insulin level. However, a symptom of having PCOS-related insulin resistance is weight gain due to the high levels of insulin. Whether it's insulin resistance that causes weight gain, or weight gain that causes insulin resistance, is not fully understood at present.

### Diagnosis

If your GP suspects that you have PCOS, he or she may refer you to a specialist in endocrinology (medicine relating to hormones) or a gynaecologist (a specialist in women's reproductive systems and hormones).

Blood tests can measure the levels of

certain hormones such as testosterone and luteinising hormone.

An ultrasound scan can look at the ovaries to see if they appear enlarged and/or polycystic.

### Controlling the symptoms of PCOS

Lifestyle changes may help to control the symptoms of PCOS. Losing any excess weight, in particular, can improve several PCOS symptoms.

If you have excess hair, you can control this with hair removing creams or by bleaching, shaving, waxing or plucking. Laser treatment and electrolysis can give longer lasting results but need to be performed by qualified professionals.

### Medical treatments for PCOS symptoms

Several medicines can help deal with individual symptoms of PCOS.

Topical (applied to the skin) treatments can be used to treat acne. Benzoyl peroxide is available in popular non-prescription acne remedies (eg Oxy lotion).

Antibiotic tablets are available on prescription to help you control acne if the creams and lotions have not worked for you.

Isotretinoin (eg Roaccutane) is also available on prescription to help you control acne. You should not take isotretinoin if you are pregnant however, as it is very dangerous to an unborn baby. For further information,

### Symptoms

Most women with PCOS start to notice problems in their late teens or 20s. A range of symptoms is possible, but you are likely to have one or more of the following: