Polycystic Ovarian Syndrome

30 Frequently Asked Questions

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Who is the Author?

Hello, my name is Pamela and I was diagnosed with Polycystic Ovarian Syndrome (also known as PCOS) over 7 1/2 years ago. I had my first child at 20 years old, she was unplanned, but a pleasant surprise. The only issues I experienced were excess facial hair, irregular periods, and depression/anxiety. I would have at least 3 or more periods a year. After having my daughter, the doctors put me on Birth Control Pills, and that is where the real problems began.

I took the birth control pills for over a year then stopped because of all of the horrible side affects. From there my periods basically become non-existent, and all of the other symptoms started to show. I was diagnosed with PCOS by a Reproductive Endocrinologist over 4 years later.

From there we started infertility treatments to have our next child. After 3 1/2 years of Metformin, Clomid, Gonal-F injections, ultrasounds, blood work every 3 days, HCG triggers, progesterone, etc. We finally conceived our second child in 2004.

We tried for our third child but using a drug called Femara, because my body did not react well to Clomid. We conceived our third daughter after 4 months of Metformin, Femara, HCG trigger, plus PreSeed (we conceived without an IUI or any other fertility procedures).

Our fourth daughter was our miracle – we followed the same regime above (minus the Metformin) however blood work said we did not ovulate, and were not pregnant. We conceived her a few weeks later, much to our surprise! No medication involved, only PreSeed!

I am currently on various herbal remedies to regulate my cycle (yes, because we do want more children!) and to improve/control my symptoms. I have had an incredibly positive response from these herbs; much more than I had

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from prescription medication, and I plan to remain on them as my method of treatment.

I started this blog in hopes of helping others suffering from PCOS. The more women I speak to, the more I hear about them not knowing enough about the condition, that their doctors don't inform them, they just pop them pills, and send them on their way.

If you have any questions, or want to share your PCOS or infertility story, please contact me at PCOSinfo.com. I would love to hear from you, and help you in anyway I can.

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1. What are the symptoms of Polycystic Ovarian Syndrome (PCOS)?

- Irregular cycles, and lack of, or infrequent ovulation
- High levels of testosterone and other male hormones
- Ovarian Cysts
- Enlarged ovaries
- Chronic pelvic pain
- Obesity or weight gain
- Insulin resistance
- Elevated cholesterol levels, and high triglycerides
- High blood pressure
- Hirsutism (excess facial/body hair)
- Male-pattern baldness or thinning hair
- Acne/Oily Skin, and dandruff
- Dark patches of skin (Acanthosis Nigricans)
- Skin tags

2. How can PCOS be diagnosed?

A physician (Primary care, OB/GYN or Reproductive Endocrinologist) can make the diagnosis based on any of the following:

- Physical exam
- Ovarian ultrasound
- Medical history
- Symptoms
- Blood tests

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3. What causes Polycystic Ovarian Syndrome?

An exact cause of PCOS has yet to be determined. Since it has become more common scientists have begun thoroughly studying the condition. Current studies show the following:

- There may be a genetic link; that this condition is passed through generations. So ask around, it's quite possible another woman in your family has the same symptoms.
- Women may have insulin resistance first, THEN develop PCOS, kind of like the "chicken before the egg" idea. Studies show that a large number of women with PCOS also have insulin resistance, and that insulin resistance can alter or negatively affect hormone levels, causing infertility and other cycle irregularities.

4. What are ovarian cysts?

An ovarian cyst is a fluid-filled sac. The most common kind of ovarian cyst is called a functional cyst, there are two types of functional cysts:

- Follicular cyst: The pituitary gland sends a message by increasing the luteinizing hormone (LH) to the follicle (this is what we refer to as the LH surge). The egg is released and goes to the fallopian tube where it can be fertilized. If this LH surge doesn't happen, the follicle doesn't rupture or release the egg; it grows into a cyst.
- Corpus luteum cyst: After the LH surge and the release of the egg, the follicle then becomes the corpus luteum. The corpus luteum makes large amounts of progesterone as well as some estrogen, to help ready the uterus for conception.

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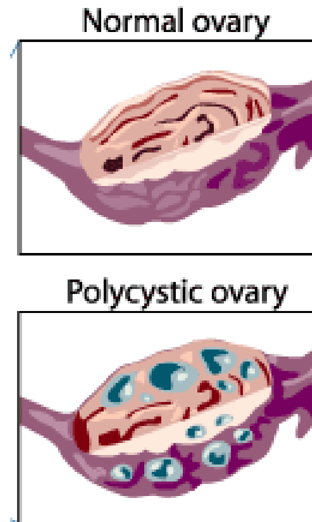
You can see how women who don't ovulate would have multiple cysts. If the hormones aren't there to help mature and release these eggs, they will remain in the ovary and turn into ovarian cysts. This is what women with PCOS experience.



5. What are the differences between fibroids and ovarian cysts?

As noted above, ovarian cysts are a fluid filled sac located on the ovary.

Fibroids are muscular tumors that grow in the wall of the uterus and are almost always benign (non-cancerous). One can have a single fibroid, or many and can be as small as a seed, or as big as a grapefruit. You can clearly see the difference in the two by comparing the image displaying uterine fibroids below with the image in the previous question that shows ovarian cysts.

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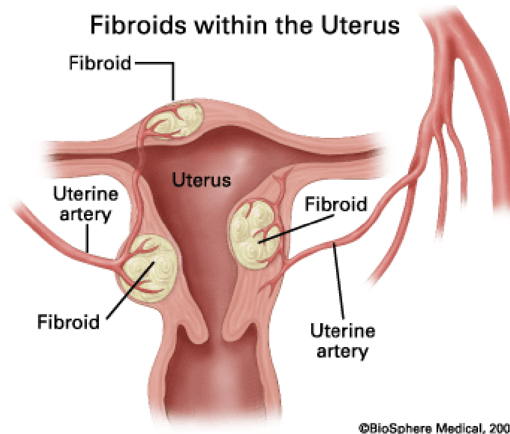

(Source: http://www.4woman.gov/faq/fibroids.htm#1)

6. Is it possible to have PCOS without having ovarian cysts?

This all depends on who you speak to. This is a topic of many debates in the medical profession. Although most women with PCOS have polycystic ovaries, and it is often what leads doctors to consider PCOS, some will diagnose a woman based on other symptoms or hormone abnormalities often found by blood work.

You do not have to have ovarian cysts for a diagnosis of PCOS. If you do not have cysts but have all or some of the many other symptoms of PCOS, you may be diagnosed on those signs alone.

7. What is ovarian drilling? Will it help my PCOS?

The purpose of ovarian drilling is to lower the male hormones and regulate your cycles. It is done as an outpatient surgery. Using laparoscopy a small needle is used to make anywhere from 4-20 punctures in the ovary. Then, an electric current is passed through the needle and a small part of the ovary destroyed. More recently, lasers have been used as an alternative, however there seems to be a higher risk of injury and scar tissue with the use of lasers. Below you see an ovary after a drilling procedure:

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(Source: http://hayatcenter.com/images/Ovarian-Drill-Punctures.jpg)

The success rate for ovarian drilling is often less 25-50%, depending on the specific procedure, and patient. It is best to discuss *your* doctor's statistics and outcomes with his specific technique.

One should never consider surgery as a cure, or as a first step in treatment for PCOS. All surgeries come with risks, and it is still unclear what the long term affects of ovarian drilling are.

8. What are the long-term health risks in women with PCOS?

It's so important to understand the long-term health risks associated with PCOS. Not all women with PCOS will develop all of these, but PCOS does increase your risk.

- Endometrial hyperplasia and/or endometrial cancer
- Type II diabetes
- Sleep Apnea
- High blood pressure and High cholesterol
- Heart disease
- Stroke

Regular monitoring of PCOS and its symptoms are so important, since we are at risk for other conditions. Annual blood tests including blood sugar, cholesterol and triglycerides are a MUST. These simple tests can alert us of any problems that may arise, allowing us to treat them in a timely manner

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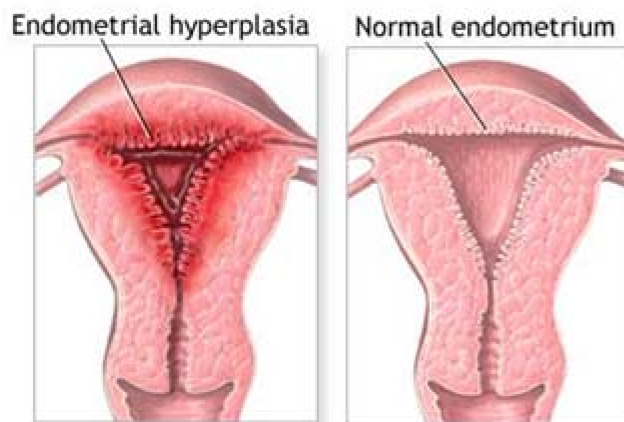
and keep our bodies healthy.

9. Why is the risk of endometrial cancer higher in women with PCOS?

Endometrial hyperplasia is defined as a thickening of the endometrium (the uterine lining) and the presence of abnormal cells in that lining. This is considered a pre-cancerous condition, and one that should be monitored very closely. It can be diagnosed through a biopsy (a procedure that involves the doctor taking a sample of the endometrium to send for analysis. The results can often take up to 2 weeks or more)



(Source: http://www.uwhealth.org/)

The best way to reduce your chance of endometrial hyperplasia (and endometrial cancer) is to have a regular period, at least 3 times per year if not more. Menstrual cycles are meant to shed the endometrium. This reduces the "build up" or thickening, therefore reducing your chance of growing abnormal cells.

11. Do all women with PCOS have insulin resistance?

Studies show **at least** 30 percent of women with PCOS are insulin resistant. Insulin resistance (IR) produces higher testosterone levels, and reduces the

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SHBG (serum sex-hormone binding globulin), which can worsen your PCOS symptoms.

The most common symptoms of insulin resistance are:

- Acne
- Weight gain, especially around the mid-section
- High blood pressure
- Carbohydrate and sugar cravings
- Dark patches on the skin, particularly on the back of the neck, knees, ankles, elbows, and knuckles

Insulin resistance is most often diagnosed by its symptoms, and by elevated levels often noted in “normal” blood tests. Including:

- Triglycerides
- Uric acid levels
- Blood glucose levels (above 115)
- Glycohemoglobin A1C
- Liver enzymes
- Low HDL (good) cholesterol
- Low plasma magnesium levels

However, it is important to know that you ***can be*** insulin resistant with normal blood work and blood glucose levels (I am!).

Controlling insulin resistance through insulin-sensitizing medications (Metformin, and Avandia) or with herbal supplements such as Gymnema, Cinnamon, and Inositol, often regulates your cycle, and restores normal ovulation in many women with PCOS.

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Studies show that women who have not been diagnosed with insulin resistance can still benefit from the use of these medications and herbal supplements.

Another effective way of controlling your insulin resistance is by following a Low GI Diet (Glycemic Index). This diet utilizes the "good carbs" (and removes the bad) which helps our body process the insulin efficiently, therefore reducing the side affects of IR including making it easier for us to control our weight.

12. Why should I exercise when it is so difficult for my body to lose weight?

Exercise can help your body use the glucose in the bloodstream for energy (instead of turning it into fat which IR does) and that helps reduce blood glucose levels. It may also help your body use insulin better and which will cause a reduction of insulin levels. Exercise also improves your circulation, increases your energy, builds muscle, keeps your heart strong, and does help with weight loss.

Most doctors recommend at least 30 minutes of exercise a few times a week. However more frequent exercise is recommended for those who are trying to lose weight.

13. Will losing weight restore my fertility?

You will likely hear this from a lot of doctors, "If you'll just lose some weight, you'll get your period back and become pregnant." Yeah…. Ok! As you may know, its not that easy otherwise we'd be skinny and fertile!

Losing weight can help control the insulin resistance, which could improve your ovulation and cycles. However, there are plenty of lean women that have PCOS, so losing weight isn't a "cure-all". Obviously, it's better for you

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to be at a healthy weight (especially due to our increased risk of heart problems and stroke). It is also extremely important if you are trying to conceive.

14. Can women with PCOS have children?

PCOS occurs in 1 out of every 10 women, and is the most common cause of fertility in women today. Irregular cycles, and lack of ovulation or decreased ovulation is what causes infertility problems. However, there are ***many ways to overcome these issues and infertility***. You can rest assure in the fact that MILLIONS of women with PCOS have biological children.

15. Does PCOS lower egg quality?

PCOS may reduce egg quality, due to the insulin resistance and the fact that our ovulation is often delayed, or often completely absent.

It's kind of like bread, a horrible way to describe it but the best way I know of! Fresh bread is best. It tastes better, smells better, etc. Stale bread that has been sitting there for a while is not as good, not as fresh…. Same goes for our eggs. If they're sitting there for a while before they're released (again, due to the delayed ovulation) they probably aren't the freshest, most viable eggs.

Poor egg quality is what some doctors believe gives us such a high rate of miscarriage. The best way to help our egg quality is regulating our hormones which in turn will regulate our ovulation and cycles.

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16. What are the medications used to help women with PCOS conceive?

Clomid is the most common ovulation induction medication used for women today. However only about 40% (often less) will ovulate and become pregnant on Clomid alone.

Most doctors will only allow you to be on Clomid for 4-6 cycles, at that time they may introduce additional medications (Follicle stimulating hormones, such as Gonal-F as well as HCG trigger shots) to create the ovulation pattern needed to conceive.

More recently, Femara has become quite popular with RE's and OB/GYN's; it too is an ovulation inducing medication. Femara has often been shown to be more successful (on a lower dose) than Clomid, and carry a LOT less side affects. There have been rumors saying that since Femara has not been approved by the FDA as a fertility treatment, that it causes birth defects in unborn babies. This information is **completely untrue**, there have been no accurately run studies to prove this so-called risk. It is just that, a rumor…..

Both medications are taken on cycle days 3-7, or 5-9 (all depending on your doctor) then followed with timed intercourse.

17. Will birth control pills help with PCOS?

For some reason, when a doctor hears the word PCOS, the next words that come out of their mouth are Birth Control Pills. It is one of the most common medications prescribed for women with PCOS.

Birth Control Pills DO NOT help us. Doctors **heavily** push these pills as a quick fix to the problem. They often sell them saying, "it's the only thing that will help you". A type of "cure-all" for your ovarian cyst pain, and

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irregular periods. In actuality, they make our PCOS worse! Think about it…. we already have severe hormone imbalances, so add more hormones to the mix?

A point that most doctors seem to miss is that insulin resistance causes the majority of our issues. Birth control pills **do not help control insulin resistance,** studies have shown that they make insulin resistance worse, so how does that help us?

Not to mention the general health risks associated with them (increased chance of heart problems, high blood pressure, blood clots and stroke – all risks that we already have!)

The doctors will tell you that it's the only "treatment" for PCOS, ***they are not a treatment or cure for this condition***. It's the easiest way for them to "treat" us, one that does not require much effort. But studies clearly prove Birth Control Pills do not help us at all, so please avoid them at all costs.

18. Are basal body temperatures (BBT's) reliable in women with PCOS?

In general, there are a lot of issues that can affect your BBT, such as waking during the night, waking at different times, being ill, etc. However, women with PCOS who don't ovulate normally will have erratic BBTs, which makes it difficult to chart. Their charts will resemble a "Rocky Mountain" pattern as seen below:

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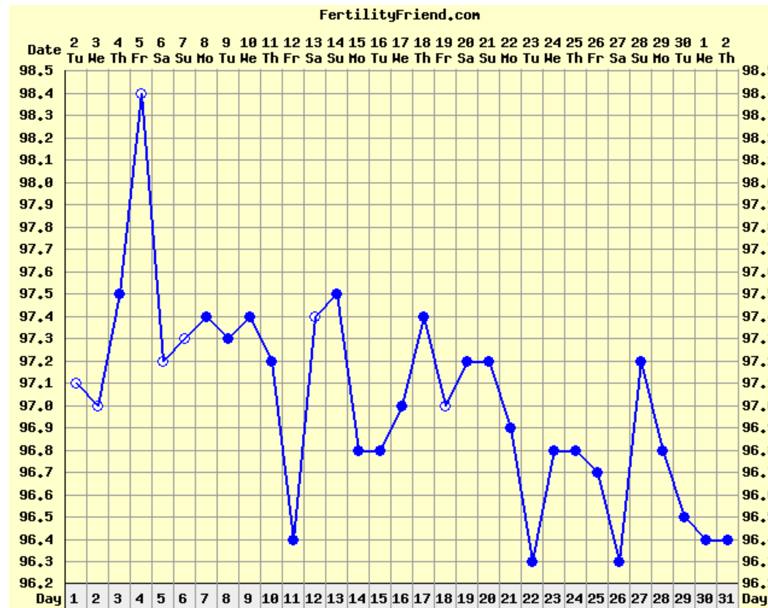

If a woman with PCOS does ovulate, the chart should show what is called a thermal shift, but it can often be harder to read. The thermal shift happens the day after ovulation due to an increase in progesterone levels. The temperature will raise an average of 0.2-0.5 degrees. The presence of this shift is a good sign that you have ovulated.

Some doctors won't even recommend those with PCOS to chart because of the variability and lack of accuracy, however others swear by it.

19. Are ovulation predictor tests reliable in women with PCOS?

An ovulation predictor test (or OPT) tests your levels of luteinizing hormone (LH). Just before ovulation, women have a short surge where their LH level rises. This OPT helps you identify this surge, helping you predict when you will ovulate.

Whether or not they work for women with PCOS all depends on their LH levels. If you have high LH levels you could continuously get positive tests, or get incorrect readings. This obviously makes it difficult to accurately

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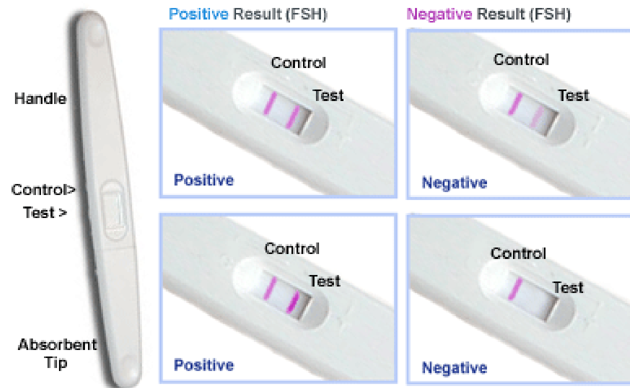
track ovulation. Most women will show some type of line in the result window of the OPT since LH is always present, however an ovulation test is only positive if the result line is equal to, or darker than the control line.



One test in particular, the Clear Plan Fertility Monitor, clearly notes that it is unreliable for women with PCOS.

20. Does PCOS increase the risk of ovarian hyperstimulation?

Yes! Because most women with PCOS already have multiple cysts on their ovaries, so taking an ovarian stimulating medication such as Clomid, Femara, (and/or an injectable medication) could cause OHSS (Ovarian Hyperstimulation Syndrome).

It can be mild to quite severe, and although it's rare, life threatening if it goes untreated. Since each cyst releases fluid when it ruptures, having many cysts (as in the image below) would release a large amount of fluid into your body. This fluid only has so many places to go, so it often travels to other places in your body.

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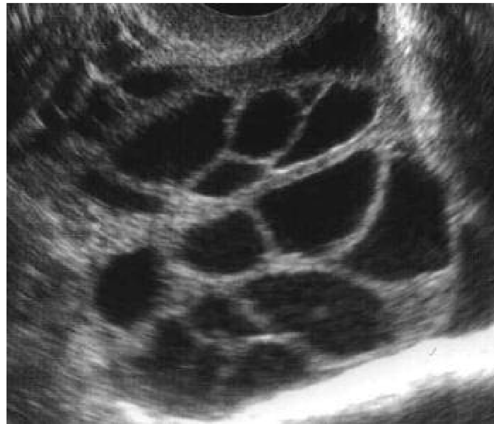

(Source: http://www.ivf-infertility.com/ivf/standard/complications/ovarian_stimulation/ohss.php)

Symptoms of a mild case of OHSS include:

- Weight gain
- Abdominal bloating and nausea
- Diarrhea
- Mild pain in the abdomen

Symptoms of a moderate case of OHSS include:

- Weight gain of greater than 2 lbs. per day (excessive weight gain)
- Increased abdominal measurement causing clothes to feel tight
- Vomiting & diarrhea
- Urine is darker and amount is less
- Skin/hair may feel dry
- Thirst

In rare cases, symptoms of a severe case include:

- Fullness/bloating up above the belly button
- Shortness of breath
- Urination has reduced or stopped and become darker
- Calf pains and chest pains
- Marked abdominal bloating or distention
- Lower abdominal pain

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To avoid OHSS doctors will start you on the lowest dose of ovulation stimulating medication possible. A doctor **should always** monitor you closely during a medicated cycle (with Estradiol levels and ultrasounds) to monitor follicle growth. One should NEVER start ovulation induction medication if you already have multiple ovarian cysts unless you are given the "ok" from your doctor. This can be determined by an ultrasound prior to starting the medication.

Some studies suggest that taking Metformin during a medicated cycle MAY reduce your chance of OHSS, however the above precautions should still be taken.

21. Is progesterone supplementation required for women with PCOS?

Most women with PCOS also have low progesterone levels, this can cause problems with fertility and is what some doctors believe is one of the causes of our increased miscarriage risk.

The best way to improve this is to regulate your cycles and ovulation. One should never self medicate and give themselves progesterone supplementation (through creams or pills) without the instruction of your doctor. It is a very strong hormone, and one that should always be monitored and only prescribed by your doctor or homeopath. Herbs can help with hormone imbalances, including improving the low progesterone levels. (If you have a pre-existing condition, or are currently on medication, speak you're your doctor before taking any herbal supplements)

22. Is miscarriage rate higher in a woman with PCOS?

Yes. Unfortunately, women with PCOS do have a higher tendency to miscarriage. Information from some studies suggest our rate may be as high

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as 40% during the first trimester (compared to the “normal” first trimester miscarriage rate of 10-15%).

As mentioned earlier, one cause may be associated with the insulin resistance factor. Other possibilities include elevated LH levels, poor egg quality (due to delayed/late ovulation), and low progesterone levels.

Don’t despair! The majority of these issues are treatable, which enables us to reduce our chances of miscarriage to the “normal” rate. Many women are prescribed Metformin while trying to conceive, and are instructed to continue taking the medication during their first trimester. Studies have shown that Metformin use (which is safe for the baby) has been shown to dramatically reduce our miscarriage rate as well as our risk of Gestational Diabetes.

Once you have gotten what most PCOS’ers refer to as the “BFP” (Big Fat Positive, referring to a positive pregnancy test) you should request a progesterone level check from your doctor. If your levels are low, he/she can (and should) prescribe a progesterone supplement that will be taken during the first trimester. This supplementation insures our body has enough of the hormone to hold a pregnancy, therefore reducing our chance of miscarriage.

23. Will pregnancy cure PCOS?

As mentioned earlier, there is no medical cure for PCOS. However some women do have regulated cycles after pregnancy. Studies show that the more children a woman with PCOS has the more regulated her cycles become. So those who have had fertility problems in the beginning (when trying for their first child) often find it much easier to conceive the next time around.

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24. Does PCOS mean I will have a High Risk pregnancy?

Anyone who is severely insulin resistant, diabetic, or has high blood pressure prior to getting pregnant may need to see a high-risk OBGYN. The fact that you have PCOS may have your doctor send you directly to a High Risk OB/GYN, it all depends on your doctors recommendations.

It is recommended that PCOS women be monitored closely during pregnancy, even if no pre-existing conditions exists. We often have high blood pressure (which increases our risk of Pregnancy Induced Hypertension and Pre-Eclampsia), as well as insulin resistance issues (which increases our risk of Gestational Diabetes) all of which can cause problems if not monitored correctly.

Having PCOS does not mean you will automatically have a High Risk or difficult pregnancy, it just means that you (and your doctor) need to keep an eye out for related symptoms, just to be safe.

25. Does PCOS cause problems breastfeeding?

It seems that many women with PCOS do have difficulties in producing breast milk, and is thought to be related the hormone imbalances associated with the condition. It is such a common complaint that many herbal companies have created supplements made exclusively for breastfeeding mothers who have PCOS. They are designed specifically to increase your milk supply, and are completely safe for the baby. This gives mothers with PCOS the option and ability to breastfeed exclusively.

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26. What causes male pattern hair loss and/or thinning hair?

This is probably one of the most troubling symptoms for women with PCOS. Male pattern hair loss/thinning hair and male pattern hair growth (excess facial/body hair) are caused by the elevated testosterone levels.

It's normal for women to have *some* testosterone, however increased levels of insulin (due to the insulin resistance) causes the ovaries to make more testosterone. This testosterone is converted into a stronger hormone called DHT (dihydrotestosterone). DHT is the hormone that causes Hirsutism (male pattern hair growth), and hair loss/thinning hair.

(Source: http://www.womenshairlossproject.com)

Reducing these levels and regulating your hormones will likely decrease these symptoms. Hair loss/thinning hair in women is also thought to be associated with hypothyroidism. Your doctor can diagnose hypothyroidism by the TSH blood test mentioned earlier.

The most common doctor recommended treatments for hair loss and/or thinning hair are:

- Rogaine (Minoxidil)
- Spironolactone

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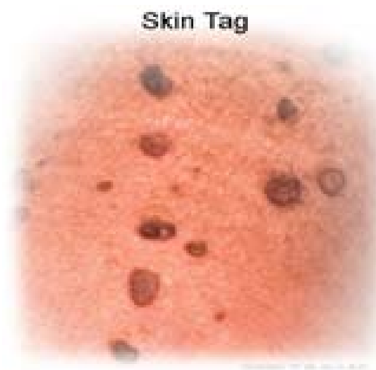
There are numerous herbal/natural ways to treat the above symptoms as well including Saw Palmetto, White Peony Tea, Spearmint Tea and herbal/natural based hair shampoos/treatments.

27. What is a skin tag?

Skin tags are growths (benign) that can be smooth, or rough, light colored or dark. They often "hang" from a stalk or can be slightly raised above the skin as shown below:



(Source: http://www.medicinenet.com/skin_tag/article.htm)

Skin tags are most often found on your neck, armpits, upper chest, eyelids and groin area. Although a bit ugly, and annoying, they are completely harmless, and they do not require removal unless they cause irritation. Like everything else, they are caused by hormone imbalance, so the best way to prevent them is to regulate your hormone levels.

28. My skin is changing color, what causes these dark-colored skin patches?

The exact cause of these darkened skin patches, most commonly known as Acanthosis nigricans, is not known. It is associated with increased insulin levels (insulin resistance), and other endocrine disorders.

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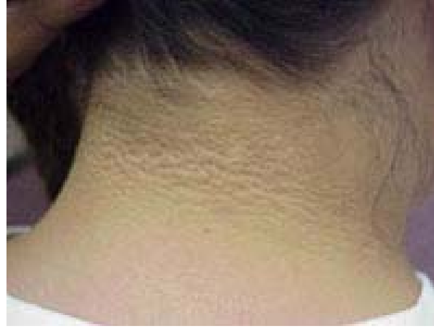

This darkening can range from tan to a dark brown/black and most often appears on the back of the neck, armpits, under breasts, in the groin area (it is also seen on the elbows, knees and hands). The skin is usually rough to the touch and it may look like it is dirty, or that it can be scrubbed off.

Unfortunately, there is no cure. The most effective way to control or treat it is weight loss (controlling your insulin resistance) and regulating your hormones. In the meantime, there are some prescription medications such as Retin-A, alpha hydroxyacid, and salicylic acid that may help reduce the discoloration.

29. Are depression and anxiety common in women with PCOS?

Recent studies show that many women with PCOS suffer some type of depression or anxiety issues. This is believed to be caused by the possible link between diabetes and depression. Hormone imbalances may also play a part. Yet again, another benefit to regulating your hormones, as this may reduce your chances of depression and anxiety attacks.

The effects PCOS has on our self-esteem and general self worth can cause extreme low points, and often bring on depression signs/symptoms. The acne, weight issues, hair loss/thinning hair, and excess facial hair is enough to upset anyone. If not monitored closely, these sad feelings can easily turn into a full blown depression.

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The stress of infertility is often too much to handle. Infertility issues alone can cause depression, anxiety, insomnia issues, and marital/relationship problems. The thought that your body is so screwed up, that it can't do anything right can really affect your mood and overall mental health.

Please, don't ignore these feelings. Don't think that they'll just go away. You are not alone, and you need to remember that millions of women with PCOS are facing the exact same feelings. It is not a sign of weakness, or another sign that your body is messed up. It's a natural feeling and is completely understandable with all the stress we are under (and all the pressure we often put on ourselves).

Depression can hit you very fast and before you know it, you're so far down that it is hard to get yourself back up. If you notice ***any*** signs of depression or anxiety, speak to your doctor **immediately** to discuss a plan of action (prescription medications, therapy, etc)

30. Is there a cure for PCOS?

Unfortunately, no there is no known medical cure for PCOS. However, its symptoms/side affects can be controlled and managed with various treatments, both medical and herbal. Treating and controlling these symptoms is essential in increasing our fertility, and improving our health by reducing future health risks.

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If you found this report useful and you know someone who could benefit from this information please,
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