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 Share By [Dr David Moore](#), 18 February 2014

What is PCOS?

PCOS is an important medical condition in women that causes irregular or absent periods. It occurs when monthly release of eggs is not occurring and there are higher levels of male-type hormones (androgens). Excess androgens may also cause problems such as acne, or male-pattern hair thinning. PCOS is common, affecting 1 in 10 women, although most women go undiagnosed. PCOS may have short- and long-term health implications, such as period problems, difficulty falling pregnant and increased risk of uterine cancer in later life.

What causes PCOS?

The cause of PCOS is not fully understood, although there seems to be some inherited tendency towards its development. Excess androgen ("male" hormones - although androgens are always present in females at some level), but the underlying cause is not clear. High levels of insulin commonly seen in overweight women or, alternatively, there may be primarily a problem with the levels of the pituitary gland. Whatever the cause, these androgen levels prevent normal development of "eggs" in the ovaries, so that only one egg becomes dominant and ovulating, rather than one egg becoming dominant and ovulating, as is the usual case. The ovaries produce even more androgens, and a "vicious cycle" develops. The lack of ovulation leads to irregular periods, and excess androgens also produce acne and excess hair growth.

What are the symptoms of PCOS?

Importantly, PCOS does not cause ovarian pain. Periods are often heavy and may be painful, but non-menstrual pain is an alternative cause. Women commonly present with:

- Period problems: absent or infrequent/irregular, often heavy and painful.
- Difficulty falling pregnant
- Acne or excess hair growth (often face, chest, below navel)
- Signs of metabolic problems: obesity, diabetes

How is PCOS diagnosed?

PCOS is diagnosed following a thorough medical history, examination, and after some investigations of hormone levels of the ovaries. There is no single test that confirms PCOS, and the diagnosis is usually made by a General Practitioner based on the presence or absence of the following:

- Signs of infrequent ovulation
- High androgen levels (physical signs or elevated on blood tests)
- Pelvic ultrasound appearance of the ovaries

How is PCOS treated?

Often the most effective treatment for PCOS is modest weight loss (5-10kg) in women with PCOS who are overweight. Regularly and, in turn, will notice the resumption of a regular monthly period pattern. Referral to a Dietitian can be very helpful. Treatment also depends on a woman's age and current intentions for pregnancy, and often require advice from a Gynaecologist.

Treatments for women not trying to conceive may include progesterone therapy to help regulate her periods. This is often a combined oral contraceptive pill, and some pills have "anti-androgen" components that help alleviate symptoms such as acne and excess hair. Women trying to conceive may require medications to help her ovulate, although these are safest when used in conjunction with a Gynaecologist. There are also surgical options that can help restore ovulation. As PCOS has further-reaching implications, a General Practitioner or Specialist Gynaecologist is important to screen for secondary complications of PCOS such as type 2 diabetes.

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About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Fellow of the Royal Society of Obstetricians and Gynaecologists, Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

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