



**WE HELP WOMEN
OVERCOME THE FEAR
OF PCOS WITH OUR
EXPERT CARE.**

SPEAK UP

- Dept of Obstetrics and Gynecology

Aster HOSPITAL MANKHOOL

WE'LL BE GLAD TO HEAR FROM YOU

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We'll Treat You Well



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Introduction

Across the world 1 out of every 8 to 10 women, and 80% of women who have less than eight menstrual cycles in a year suffer from what is known as Polycystic Ovary Syndrome or PCOS.



It is a common hormonal condition that can be both emotionally and physically challenging for women in their effort to lead their daily lives. While symptoms such as acne, hair loss and weight issues are embarrassing enough, one of the more serious issues is that of infertility, which may lead to anxiety and depression.

While this booklet aims to educate you more about PCOS – what it is, why does it occur, how to treat it and more – rest assured our expert healthcare team at Aster are available at hand to provide you with effective treatment and management, letting you live a full, worry-free and healthy life.



02

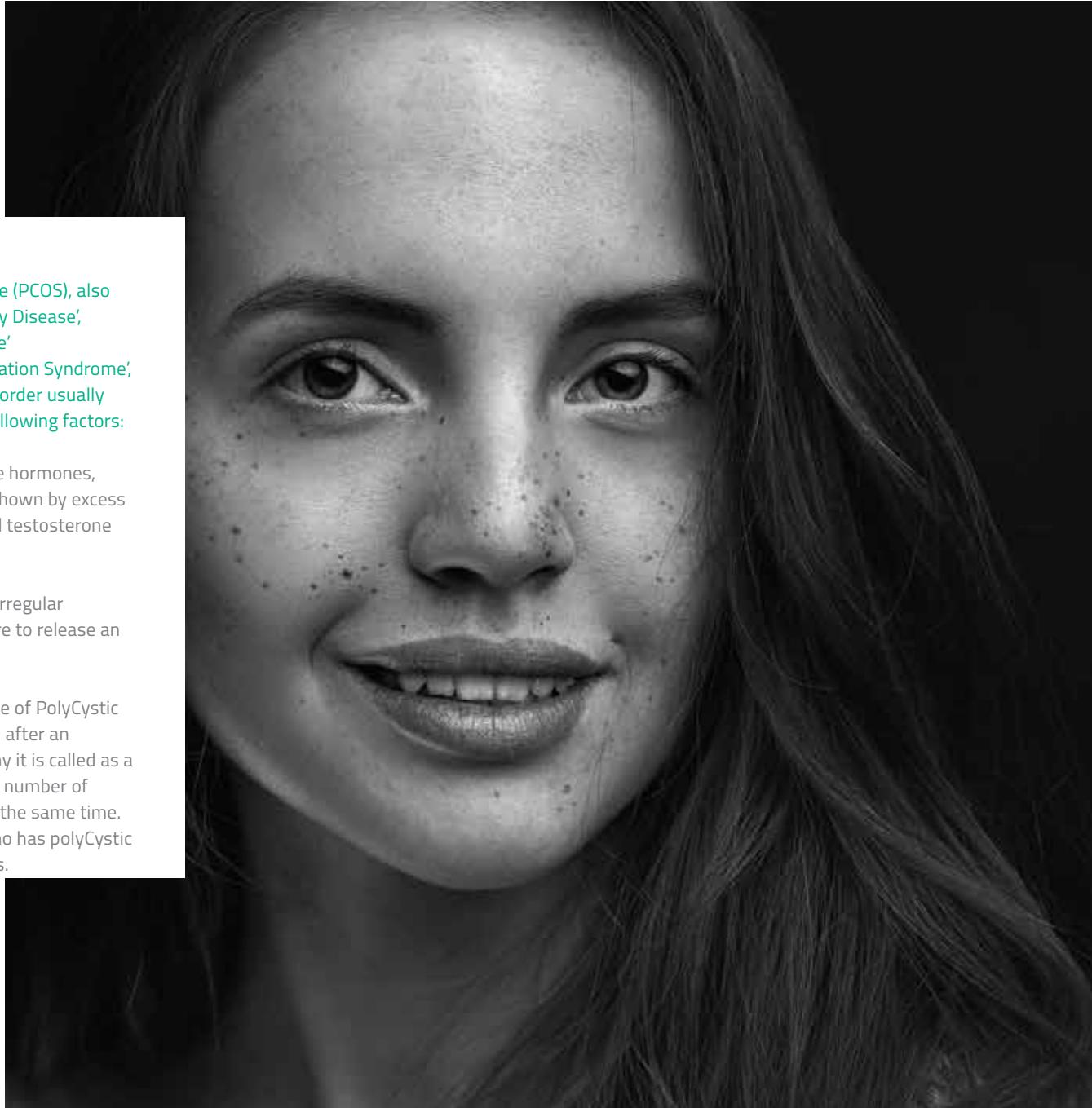
Know your PCOS

PolyCystic Ovary Syndrome (PCOS), also known as 'PolyCystic Ovary Disease', 'Stein-Leventhal Syndrome' or 'Hyperandrogen Anovulation Syndrome', is a common hormonal disorder usually diagnosed based on the following factors:

Increased androgens (male hormones, such as testosterone) as shown by excess hair growth, acne or raised testosterone levels in blood.

Lack of regular ovulation (irregular menstrual periods or failure to release an egg from the ovary)

A characteristic appearance of PolyCystic Ovaries (PCO), can be seen after an ultrasound. The reason why it is called as a 'syndrome' is because of a number of symptoms experienced at the same time. However, not everyone who has polyCystic ovaries, has the symptoms.



03

Whom and when does PCOS affect?

PCOS can affect any woman between puberty and menopause. Nearly 75% of women with PCOS show that they have polycystic ovaries on an ultrasound.

These are ovaries that contain about 12 or more tiny cysts. Many women have polycystic ovaries but none of the other symptoms of PCOS and are able to ovulate normally.

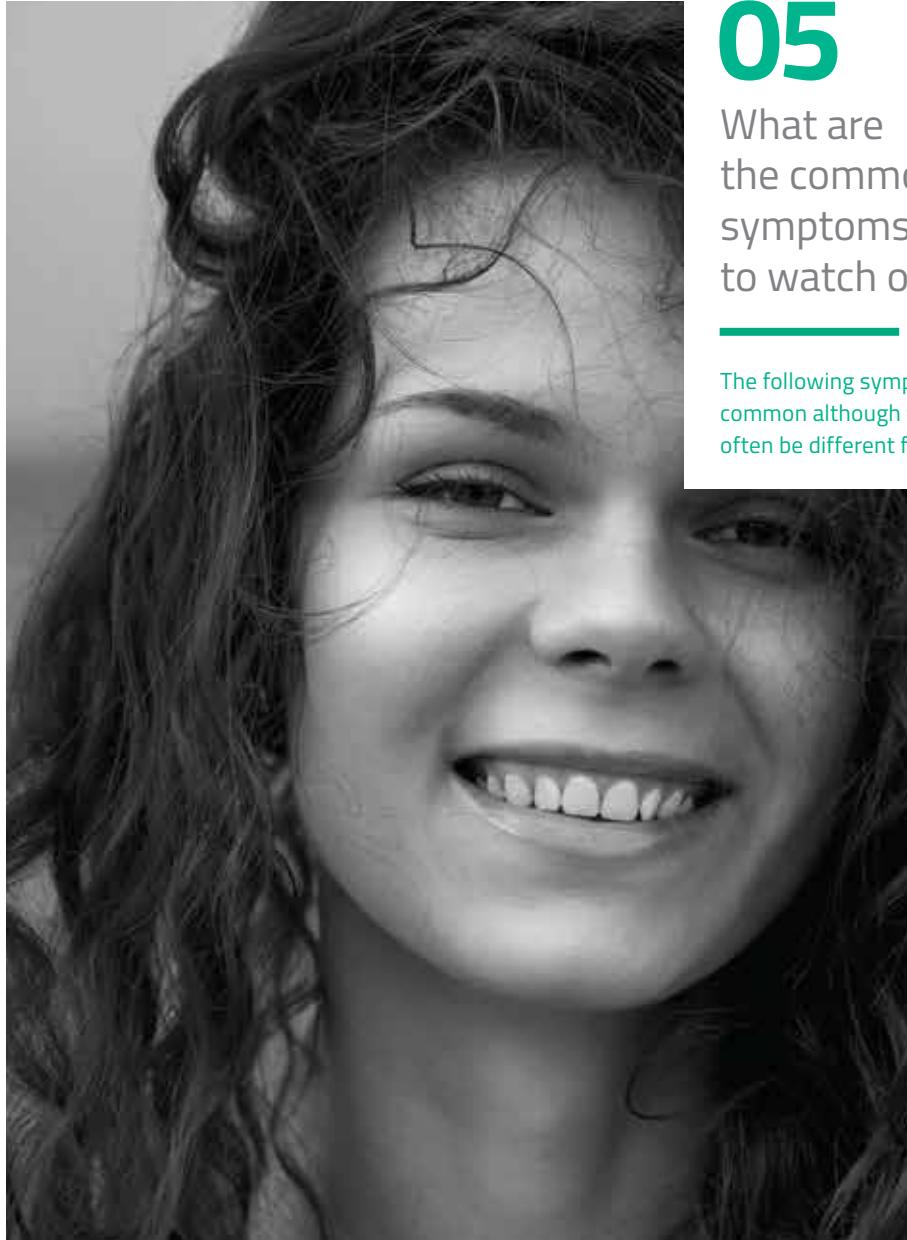
Having Polycystic Ovaries alone is not enough to make the diagnosis of PCOS. Where required, your doctor will exclude other, rare conditions that may be present as PCOS.

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What causes PCOS in women?

While there are no defined reasons for what causes PCOS, it is generally believed that lifestyle factors and genetics contribute to the development of PCOS. Simply put, it could be hereditary.

The majority of women who have PCOS also have insulin resistance, which occurs when the body struggles to regulate the blood glucose levels. High levels of insulin can also increase the production of the male hormones including testosterone from the ovary. This, in turn, results in symptoms such as excessive hair and acne. Insulin resistance can be caused by either genetic factors or lifestyle factors (such as being overweight) or it can be due to a combination of both. While there is no known cure for PCOS, you can work together with your doctor to treat the various symptoms and manage your lifestyle in order to lead a healthy life.



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What are the common symptoms to watch out for?

The following symptoms are common although the signs could often be different for each woman:

Difficulty in conceiving (because of lack of ovulation)

This is one of the most anxiety causing symptoms of PCOS and amongst the most frustrating ones. The high levels of androgens can cause ovulation to become irregular or even to stop. However, not all women with PCOS will have fertility problems, and some will have children naturally without any medical treatment.

Ultrasound appearance of ovarian cysts (Polycystic Ovaries)

With each menstrual cycle, follicles develop and form eggs. With PCOS, these follicles stop growing at about half way to maturity and ovulation does not proceed. The follicles become cysts, which are usually less than 1 cm and are arranged around the ovary, just below the surface. In an ultrasound, if there are more than 12 follicles visible in one ovary the diagnosis of polycystic ovaries is confirmed. These cysts lead to a hormonal imbalance because of an increased amount of testosterone. This can result in acne, an increase in facial and body hair and irregular periods.

Periods that are absent (amenorrhoea) or infrequent (oligomenorrhoea)

PCOS results in the hormone activity becoming irregular because ovulation is not happening in the expected way. The body gets mixed signals and the menstrual cycle is disrupted. Periods can vary widely from woman to woman, ranging from irregular, infrequent (oligomenorrhoea), heavy and even absent (amenorrhoea). Some women with few or absent periods may build up a very thick lining in the uterus, and this may, in rare circumstances, cause uterine cancer. It is important to see your doctor if you do not have regular periods.

Excessive hair growth or scalp hair loss

Yet another sign of PCOS is a high level of androgens (male hormones) that might cause you to become hairy (hirsute) with unwanted hair growing on your face, thighs, back, tummy and nipples. Too much testosterone can also result in male pattern balding.

Acne

Acne, another common symptom of PCOS, is caused by elevated levels of androgens and can appear on the face, back and elsewhere on the body.

Insulin Resistance

Up to 80% of women with PCOS have insulin resistance, which means that the body cannot easily carry out the normal actions of insulin. Insulin regulates our blood sugar levels by moving the glucose (sugar) from the foods we eat, into the bloodstream.

When there are high levels of insulin present in the bloodstream, the body produces more androgens. These are the same male hormones that can lead to other PCOS symptoms such as weight gain, hairiness, irregular periods, acne and difficulty in ovulating.

Weight gain and an increase in fat

Women who are overweight are more inclined to develop PCOS symptoms than women of a healthier weight range. Up to 10% of women in a healthy weight range have PCOS. This increases to a 30% of overweight women who have PCOS.

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What are the long term effects of **PCOS**?

Women experiencing symptoms may be at risk of developing the following:

Diabetes

Since most women with the condition are insulin resistant, this means that many have an increased risk of developing pre-diabetes or type 2 diabetes.

Complications in pregnancy

Women with PCOS who become pregnant are more likely to develop diabetes during pregnancy. The rate of miscarriage is also higher in women with PCOS.

Cardio-vascular disease

There is a potential for an enhanced risk of heart disease and high blood pressure, which further increases in overweight women. However, no increase in risk of dying from heart disease has been shown in women with PCOS.

Metabolic syndrome

This cluster of illnesses associated with PCOS includes impaired glucose intolerance, which is closely related to type 2 diabetes, obesity and high blood cholesterol.

Endometrial cancer

This cancer is three times more common in women with PCOS. When women experience few or no periods, the endometrium or lining of the uterus can thicken and develop cancerous cells. If you are diagnosed with PCOS, please talk to your doctor about how to minimise any long-term effects.

Sleep Apnoea

Women with PolyCystic Ovaries have obstructive Sleep Apnoea (briefly stopping breathing during sleep) and excessive daytime sleepiness.



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How do you know if you have **PCOS**?

While there is no specific test for PCOS, your doctor will consider your symptoms and usually complete a physical examination, blood tests and a transvaginal ultrasound. If you are trying to become pregnant, you may be referred to a gynaecologist or a fertility clinic.

Physical examination

Your doctor will ask you numerous questions about your menstrual cycle, symptoms, weight and examine you for physical signs of PCOS such as acne, excess hair growth and darkened skin.

Blood tests

Your blood may be tested for high cholesterol, blood sugar levels to gauge insulin resistance and for changes in LH (luteinising hormone) or FSH (Follicle Stimulating Hormone).

Transvaginal ultrasound

Your doctor may conduct an ultrasound of your abdomen – done externally while you have a full bladder, to determine the presence of ovarian cysts or enlarged ovaries and also to examine the reproductive organs for any irregularities.

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What is the treatment for PCOS?

Treatment of PCOS can either focus on treating the symptoms or treating the cause of the symptoms.

Symptoms	Treatment
Obesity, weight gain	Weight loss options include: <ul style="list-style-type: none">▪ Dietary changes▪ Exercise▪ Medications▪ Surgery
Hirsutism (hairiness)	<ul style="list-style-type: none">▪ Medications, oral contraceptive pill, anti-androgens▪ Cosmetic treatments, i.e, waxing, bleaching, laser, electrolysis▪ Weight loss
Acne	<ul style="list-style-type: none">▪ Topical creams▪ Medications, i.e, oral contraceptive pill, insulin lowering agents, anti-androgens
Insulin resistance diabetes	<ul style="list-style-type: none">▪ Weightloss▪ Dietary changes▪ Exercise▪ Medications
Infertility	<ul style="list-style-type: none">▪ Weightloss▪ Medications, insulin lowering agents, such as metformin; Ovulation inducing agents like clomiphene and gonadotropins
Irregular periods	<ul style="list-style-type: none">▪ Oral contraceptive pills

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Some important tips to remember

Though Polycystic Ovarian Syndrome is not curable, women with PCOS can lead normal lives

The primary treatment for Polycystic ovaries is with you – Starting with lifestyle changes including diet and exercise. Medication is secondary

Losing at least 5 to 10% of your body weight can bring your hormone levels back to normal

Women with Polycystic ovaries can get pregnant with minimal help from the doctor

If you have any symptoms of Polycystic ovaries seek medical help