

PCOS Strategies

Since PCOS can have many variable and subtle symptoms, some doctors may overlook the diagnosis in young women not trying for pregnancy, especially if they are simply interested in regulating periods with medications, such as Provera or birth control pills. In addition, there is no single test to definitively diagnose PCOS.

Symptoms may include:

- Oligo-amenorrhea (irregular or absent periods)
- Oligo-anovulation (infrequent or no ovulation)
- Infertility
- Hirsutism (excessive hair growth) of face, chest or abdomen; Acne
- Weight gain

Many experts agree that in order to diagnose PCOS, you must first rule out other endocrine conditions, such as thyroid and adrenal disease and the woman must have 2 out of 3 of the following diagnostic criteria:

- History of irregular or absent menstrual cycles and/or no ovulation since puberty
- Hirsutism and/or high blood levels of male hormones (Androgens)
- Ultrasound evidence of polycystic ovaries

Women with PCOS have irregular menstrual cycles and infertility because they usually don't ovulate. Researchers have determined that most women with PCOS have an endocrine imbalance known as "**insulin resistance**" in which the body doesn't handle insulin normally. Insulin is the hormone produced in the pancreas that lowers blood glucose levels. After eating a meal, blood glucose levels rise. The pancreas responds by releasing more insulin into the bloodstream. The insulin helps the liver, muscle and fat store some of the energy as glucose and fat, thus keeping blood glucose levels in a normal range.

Women with insulin resistance may have normal blood glucose levels, but because the cells of their bodies are resistant to insulin, the body compensates by producing even higher levels of insulin to keep their blood glucose levels normal. The resulting higher insulin levels lead to more fat storage (obesity) and also disrupt proper ovarian hormone production (increased male hormone), thus preventing ovulation. Insulin resistance ultimately can produce all the symptoms of PCOS...anovulation, infertility, obesity, and hirsutism.

When women with PCOS are able to correct the insulin resistance with proper diet, exercise, and/or insulin-sensitizing drugs, such as metformin (Glucophage), normal ovarian function (ovulation and normal female hormone production) often returns. Use of metformin, regular exercise and/or weight loss of 5-10% of body weight can each independently lead to spontaneous pregnancies as well as dramatically improve pregnancy rates with all fertility treatments. To learn more about 'fertility enhancement' for women with PCOS, utilizing lifestyle changes, such as weight loss and exercise, visit www.pcostrategies.org or www.SoulCysters.com or go to my website.

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