

Polycystic Ovary Syndrome (PCOS)

Gynaecology

You have been referred by your doctor because you may have PCOS or because this has already been diagnosed. In this folder you can read what PCOS is, which tests we do and which treatments are possible.

What is PCOS?

PCOS stands for polycystic ovary syndrome. With PCOS, there are often many small fluid-filled follicles in the ovaries. These are follicles that do not grow well. Normally, one follicle grows each cycle until ovulation. With PCOS, this often does not happen. The ovulation happens less often or not at all. Because of this, your period may stop or come less often. If there is no ovulation, it can be harder to get pregnant. PCOS occurs in about five to ten percent of all women. Being overweight often plays a role. Women who are sensitive to PCOS often get more symptoms when they gain weight.

How does PCOS develop?

The exact cause is not known. Several hormones are often out of balance in PCOS. Because of this, follicles grow less well and ovulation happens less often or not at all. This can lead to periods that stay away for a long time or become irregular.

More explanation about hormones in PCOS

Hormones work differently in PCOS. This can happen:

- FSH (follicle-stimulating hormone) normally helps follicles grow. In PCOS, this level is often normal but not strong enough to let the follicles mature.
- LH (luteinizing hormone) is often too high in PCOS. The balance between LH and FSH becomes disturbed. This can prevent ovulation.
- Androgens, such as testosterone, are often too high. This can cause acne or extra body hair. High androgens can also stop ovulation.
- Insulin: Many women with PCOS are less sensitive to insulin. The body then makes extra insulin. This can increase androgen levels and disturb the cycle even more.

Not everyone with PCOS has the same symptoms. PCOS is a spectrum. Complaints and test results can be different for each person.

How common is PCOS?

PCOS occurs in about five to ten percent of all women. It sometimes runs in families. Being overweight often plays a role.

What are the signs of PCOS?

PCOS is usually diagnosed when two of the three signs are present:

- Fewer than eight periods per year (oligomenorrhea) or no periods at all (amenorrhea).
- A high testosterone level and or symptoms that fit with high testosterone, such as acne or extra hair growth.
- More than twenty follicles in one or both ovaries.

How is PCOS diagnosed?

We do two tests to diagnose PCOS:

Blood test

We check the levels of FSH, LH, estrogen, sometimes prolactin and testosterone. This is done on the third, fourth or fifth day of the period.

Internal ultrasound

In the first half of a normal cycle, we usually see five to eight follicles in each ovary. In PCOS, we often see more than twenty follicles in one or both ovaries.

Which treatments are possible?

PCOS cannot be cured, but the symptoms can be treated well. The right treatment depends on your situation and your wishes. There are four main treatment options.

Irregular or absent periods without a wish to become pregnant

If your period stays away for a long time, it is important to bring on a bleeding from time to time. This lowers the chance of problems with the lining of the uterus. This can be done with the contraceptive pill or with other medication. Your doctor will discuss which option suits you best.

Acne or excess hair growth

If you have acne or extra hair growth, the pill can help because it lowers the level of male hormones. This often improves the symptoms slowly.

No wish to become pregnant but reliable contraception needed

Many women with PCOS can become pregnant. If you do not want to become pregnant, you need reliable contraception. Your doctor or general practitioner will discuss which method fits your health and preferences.

Wish to become pregnant and help with ovulation

If ovulation happens rarely or not at all, medication can help the follicles grow. In women who are overweight, this treatment often works less well. In about half of the women, ovulation can return on its own when they lose weight.

What can you do yourself?

A healthy lifestyle has a big effect on PCOS. Women with PCOS may have a higher risk of type 2 diabetes, heart and vascular disease, high blood pressure and cancer of the uterine lining.

Many women notice that symptoms get better when they lose weight. Sometimes ovulation returns on its own. Healthy food, regular exercise and a healthy weight can help and can lower long-term health risks.

If you want support with lifestyle changes, discuss this with your doctor or general practitioner. They can refer you to a dietician or a combined lifestyle program.

The impact of PCOS

PCOS can have a big impact on your life. You may feel unsure about getting pregnant. Losing weight can be difficult. Tests and treatments take time and energy. Sometimes hormones are needed and

sometimes treatment does not work right away. This can be emotionally difficult. Talk about it with your partner, family, friends, your doctor or general practitioner. You do not have to handle this alone.

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.