

**Glasgow Centre for Reproductive Medicine
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POLYCYSTIC OVARY SYNDROME
Patient information sheet

Polycystic ovary syndrome (PCOS) is a common disorder and is associated with:

- a) irregular and infrequent periods and failure to ovulate (produce an egg). This may lead to subfertility.
- b) excessive hair growth (hirsutism).
- c) being overweight.

You may have some, but not necessarily all, of these problems and often other female members of your extended family have similar problems.

The diagnosis of PCOS is confirmed by measuring some hormones in your blood, specifically the reproductive hormones. The doctor will be able to tell you more about these tests.

Management of PCOS

What you do about PCOS depends on your needs.

If you are overweight, sustained weight loss is the best way to reduce all the symptoms. When exercise is increased along with reduced calorie intake, the benefit can be remarkable. Many of the benefits can be obtained by relatively small degrees of weight loss – as long as they are sustained.

Excessive hair growth

- 1) Weight loss
- 2) Remove unwanted hair by shaving, electrolysis or creams.
- 3) The combined oral contraceptive pill.
- 4) Metformin 500mg 3 times a day
- 5) Dianette (also good for acne).
- 6) Vaniqa cream applied twice daily for at least 8 weeks. You might need to use for at least 4 months to see a maximum effect.

Because of the way hair grows, it takes at least nine months to see any effect from treatments.

To minimise the tummy upset with Metformin, take 500mg with your evening meal for 2 weeks, then 500mg with lunch and dinner for 2 weeks and then 500mg with breakfast, lunch and dinner thereafter.

Irregular periods

- 1) Weight loss (*if overweight*)
- 2) The combined oral contraceptive pill
- 3) Twelve days of a tablet such as Norethisterone 5mg three times a day in each month

Unfortunately (2) and (3) may cause weight gain so it is important to try and exercise as much as possible. They are inappropriate if you are trying for a baby.

Infertility

- 1) If overweight, then weight reduction is important.
- 2) Clomiphene is a simple drug treatment.
It is given from day 2- day 6 of your cycle (day 1 is the first day of your period) for 5 days, with a starting dose of 50mg/day.

Your GP should check a progesterone level on day 21, day 28 and day 35. If you do not ovulate the dose can be increased to 100mg/day or 150 mg/d.

The pregnancy rate (per cycle) with clomiphene is 10-15% but the multiple pregnancy rate is 8-10%.

Clomiphene should only be used for 6-12 months.

- 3) Metformin 500mg tds.
This can make you ovulate more frequently though not as frequently as with clomiphene. It should be taken as above (see **Excessive hair growth**) and the multiple pregnancy rate is only 1%. Unlike clomiphene, there is no time restriction on how long it can be used.
Metformin can increase the response to Clomiphene (see above).
- 4) Laparoscopic ovarian drilling.
This is a surgical approach in which a small amount of ovarian tissue is cauterized.
- 5) Ovulation induction with daily gonadotrophin injections.
This is a specialised treatment and you will need to be seen by an infertility specialist to have this performed.
- 6) IVF. This is the most successful treatment but also the most expensive.