

Gynaecology Department

Polycystic Ovarian Syndrome in Adolescence

About this patient information leaflet

This information is for you if you want to know more about polycystic ovarian syndrome (PCOS)

What is PCOS?

Polycystic Ovarian syndrome is a condition that can affect your periods, fertility, hormones and aspects of your appearance and/or your long term health.

What are polycystic ovaries?

Polycystic ovaries are slightly larger than normal ovaries and have an increase in the number of follicles (fluid filled spaces within the ovary that releases the eggs).

Having polycystic ovaries does not mean you have PCOS. It is possible to have ovaries that are polycystic without having the symptoms of PCOS. It is also possible to have PCOS without having cysts in the ovaries.

What are the symptoms of PCOS?

The symptoms of PCOS can include:

- None at all.
- Irregular periods or no periods at all.
- Difficulty becoming pregnant.
- Increase in facial or body hair.
- Loss of hair or thinning of hair on the scalp.
- Oily skin and acne.
- Being overweight, experiencing a rapid increase in weight or having difficulty losing weight.
- Depression or poor self-esteem.

Symptoms can vary from woman to woman and from mild to severe.

What causes polycystic ovarian syndrome?

The exact cause is not totally clear. Several factors play a part, and these include:

- Insulin - the hormone that controls the blood sugar levels. Women with polycystic ovarian syndrome have insulin resistance and raised level of insulin in the blood stream.
- Luteinising hormone (LH). LH is a hormone which increases the testosterone production in the ovaries. Women with PCOS may have a high level of LH.
- Testosterone. Increased testosterone level in the blood can cause excess hair growth and polycystic ovaries.
- Hereditary factors. PCOS often runs in families.
- Weight. Being overweight or obese can make insulin resistance and polycystic ovaries worse.

What is the treatment for PCOS?

There is no cure for PCOS. Symptoms can be treated individually. Lifestyle changes with losing weight if you are overweight or obese is advised. Losing weight helps to reduce the high insulin level which also has a knock-on effect of reducing the testosterone.

How is PCOS diagnosed?

PCOS is often a difficult condition to diagnose and may take a while to get a diagnosis.

The following may help with the diagnosis:

- Blood test for LH and testosterone.
- Ultrasound scan of the ovaries.

What is special about PCOS in adolescence?

There is no agreement on how to diagnose PCOS in adolescence. In fact, several features of PCOS (for example – acne, skin changes and increase in ovarian size) may be normal for adolescence.

The diagnostic features for PCOS in adults maybe transitory findings during the transition from childhood to adulthood. It has therefore been suggested that a diagnosis of PCOS should not be made until 8 years after the first period.

What are the long-term problems of polycystic ovarian syndrome?

The long-term problems could be:

- Type II diabetes.
- Gestational diabetes (diabetes in pregnancy)
- High cholesterol.
- High blood pressure.
- Cancer of lining of the womb (endometrium)
- Sleep apnea, snoring and daytime drowsiness.
- Being overweight, particularly around the tummy.
- Increased risk of stroke.
- Increased risk of heart disease.
- Depression.

Further reading and useful links:

<http://www.verity-pcos.org.uk/>

<http://www.RCOG.org.uk>

<http://www.patient.info>

Contact details

Cley ward – 01603 287242 (24 hours)