



PCOS 101

FAQs, Resources & Next Steps

Written by Jamie Dobos
Registered Nurse at Illume Fertility

Learn more at illumefertility.com/PCOS

What is PCOS?

Polycystic Ovary Syndrome (PCOS) is a complex metabolic and endocrine condition that causes hormonal imbalances in women and girls of reproductive age. Hormonal imbalances prevent ovulation and the release of an egg to meet the sperm, often resulting in fertility issues. PCOS can also impact trans and non-binary patients who may not identify as female.

What causes PCOS?

The exact cause of PCOS is currently unknown, and it is thought to be multifactorial, meaning several factors may contribute to its development. Some studies show that there is a genetic component, and it tends to run in families. Those with PCOS are more likely to have a mother, sister, or aunt who was also diagnosed with PCOS in the past.

How is PCOS diagnosed?

The Rotterdam Criteria is the most widely accepted criteria used to diagnose PCOS. Patients must possess two of the following three features: irregular or absent ovulation, symptoms, or lab work that indicate high androgen levels - hormones such as testosterone or dehydroepiandrosterone sulfate (DHEAS), and polycystic-appearing ovaries. Occasionally, patients receive a PCOS diagnosis because they have had an ovarian cyst or elevated AMH level, but these are not part of the criteria. Early confirmation of PCOS is key in adopting a healthier lifestyle that can prevent many unwanted symptoms of PCOS.

Is there a cure for PCOS?

Unfortunately, there is no cure for PCOS, but symptoms caused by PCOS can be managed accordingly. Lifestyle changes may help to restore ovulation and achieve pregnancy, including introducing dietary changes and exercise goals. It is best to work with an experienced PCOS team to develop a multidisciplinary treatment plan that caters specifically to you and your goals.

What are signs and symptoms of PCOS?

Some common symptoms of PCOS are as follows:

- Lack of regular ovulation, which can lead to fertility challenges
- Absent or irregular menstrual periods
- Hirsutism – increased hair growth on the face, stomach, back, etc.
- High numbers of follicles in the ovaries
- Weight gain, difficulty losing weight, or weight being carried in the midsection
- Excessive hair loss or hair thinning
- Anxiety or depression
- Acne

What is insulin resistance?

Insulin is a hormone produced by the pancreas that helps regulate blood glucose levels in the body. After eating, blood glucose levels rise, and insulin brings glucose from the blood into the cells to give them energy. Insulin resistance occurs when your body makes enough insulin, but the insulin is not being used effectively. When this occurs, blood glucose levels can be higher than normal, and the body works harder and produces more insulin in response.

If the pancreas cannot keep up with the extra insulin produced, type 2 diabetes may develop. Patients with PCOS are at an increased risk of developing insulin resistance, so it is important to check this with blood work. The best test to assess your glucose and insulin metabolism is a 2-hour oral glucose tolerance test.

What treatments are available for PCOS?

If a woman does not plan to become pregnant, birth control pills (OCPs) can be used to regulate periods, reduce androgens in the blood, and clear acne. If a woman wants to achieve pregnancy, oral/injectable medicine can be used to achieve ovulation. If insulin resistance plays a role in PCOS, the medication Metformin might be utilized. Metformin can help to improve the body's sensitivity to insulin, resulting in improved blood glucose levels.

How can birth control pills be used to treat PCOS?

Birth control pills (OCPs) may be prescribed to regulate a patient's menstrual cycle and improve PCOS symptoms such as acne and excessive hair growth. However, OCPs will not affect or improve insulin resistance.

Can I still get pregnant if I have PCOS?

Absolutely, but some patients may require help from a reproductive endocrinologist to achieve pregnancy. Most people who have fertility challenges due to PCOS do not ovulate on their own. Thankfully, there are simple treatments that can help induce ovulation, most notably oral medications, to stimulate follicle growth. In vitro fertilization (IVF) is also an option for many people with PCOS, depending on their personal circumstances. It's best to discuss your specific case with a reproductive endocrinologist to see if fertility treatment may be right for you.

What do I need to do to stay healthy with PCOS?

PCOS can cause a variety of health issues, so it is important not to ignore your general health. Unfortunately, there has been some correlation between PCOS and weight gain, gestational diabetes, and type 2 diabetes. People with PCOS are also at higher risk for hypertension, high cholesterol, fatty liver, and sleep apnea. It is important to see your doctor regularly, have a good diet and exercise regimen, and keep up to date with health screenings.

PCOS FAQs



Why should I see a nutritionist?

Diet can impact insulin resistance in PCOS, and it is important that patients diagnosed with PCOS know how this occurs. Nutritionists are trained to help aid and teach patients about realistic and sustainable ways to eat and understand the impact of food on insulin levels with a diagnosis of PCOS.

Nutritionists are also able to break down blood work results and help teach patients how to tailor their diet and exercise regimen to improve insulin levels, aid in weight loss, and adapt to a healthier lifestyle.

Why is it recommended that I have annual blood work?

Blood levels can fluctuate with different treatment protocols. It is recommended that you follow up with routine blood work, whether that be every 6 months or annually. Every patient's PCOS diagnosis is a little different, so treatment protocols are tailored accordingly on a patient-by-patient basis.

If you are started on a medication or treatment regimen, it is important to check blood work to ensure your specific treatment protocol is still working for you and no changes need to be made to medications. Occasionally, a dose may be too high or too low, and blood work will tell us if adjustments need to be made.

Think you might have PCOS?

Here's what to do next:

1

Download Your Guide to Life with PCOS

This is the ultimate guide to understanding and managing PCOS. No crazy diets, no conflicting advice. Just helpful guidance from PCOS experts on topics like nutrition, exercise, and fertility.

2

Explore Free PCOS Resources

Articles, treatment guides, videos, and more support for your PCOS journey.

3

Read PCOS Success Stories

Real PCOS patients share their fertility and family-building experiences.

Contact us today to chat with a PCOS expert.

(877) 608-5121 | illumefertility.com/PCOS