

Not just a cosmetic problem...
PCOS Symptoms



understanding through unity

Women with polycystic ovary syndrome (PCOS) have a number of seemingly unrelated symptoms, many of which manifest themselves as cosmetic annoyances which vary from nominal to extreme.

Regardless of the severity of your cosmetic problems, the underlying cause is the same for nearly all of us: a significant hormonal imbalance which often appears to have its root in problems with insulin metabolism. That hormonal imbalance can manifest itself in many different ways, affecting each woman's body differently. Remember, PCOS is a syndrome and each person has a different set of symptoms.

Menstrual Irregularities

The most common symptom of PCOS is infrequent or even absent menstrual cycles. Infrequent cycles, medically referred to as oligomenorrhea, is defined as having 8 or fewer periods per year. Other women with PCOS have amenorrhea, or no cycle at all. Women with amenorrhea rarely have a regular cycle without the aid of medication. Longstanding amenorrhea can put some women at risk for changes in the uterine lining that may lead to endometrial cancer. A simple office procedure can rule out this potentially life-threatening problem.

Medical professionals agree that, in general, women with PCOS have 5 or fewer ovulatory cycles per year. Many doctors use that number when trying to determine diagnosis. The key here is the use of the term "ovulatory cycles". Some women with PCOS may appear to cycle regularly but do not actually release an egg each month.

If you have all of the physical

symptoms of PCOS but appear to be cycling regularly, PCOS cannot be ruled out until you have determined whether or not your cycles are ovulatory.

While some women have few or no cycles at all, other women experience the opposite: polymenorrhea or excessive bleeding. This is a condition in which bleeding occurs too often. A period will start and then stop a few days later only to reappear in a week or two. Heavy, abnormal bleeding can be caused by PCOS but it can be caused by other problems as well. See your doctor to rule out problems such as uterine fibroids, polyps, or tumors.

Polymenorrhea in PCOS is caused by the same underlying problem as oligomenorrhea and amenorrhea. The ovaries aren't working properly and an egg is not released each month. The failure to release an egg sends mixed signals to the body. Depending on the individual and even depending on a person's age and hormone profile at the time, the body may respond with either no periods, very few periods, or excessive dysfunctional bleeding. It is entirely possible for a woman who has no periods at one point in her life to develop excessive bleeding at another time in her life.

Are you confused yet? If so, it is understandable. It seems hard to believe that the same syndrome could cause one woman to bleed constantly while another never has a period. These types of



response and modifying the hormone imbalance. Exercise can also play a key role in helping the body use insulin more effectively and should not be overlooked.

Dietary modifications and regular exercise are a successful first step for many women as they try and take control of their PCOS.

Skin Abnormalities

Skin abnormalities can take a variety of forms. Skin tags, or acrochordons, are teardrop-sized pieces of skin that can be as large as raisins and are typically found in the armpits or neck area. They are usually painless and do not grow or change, except for occasional irritation from clothing or other source of friction. They can be removed by a physician using a topical anesthetic.

Another unusual skin problem is acanthosis nigricans (AN). Acanthosis Nigricans is a disorder that causes darkening and thickening of the skin. Most AN markings are found on the neck, groin, underarms or in skin folds. AN occurs as a direct result of excess insulin circulating in the blood stream and is a definitive sign of an insulin abnormality. If you have AN, seek medical attention. Reducing the levels of circulating insulin can lighten or eliminate patches of AN. Retin-A, 15% urea, alpha hydroxy acid and salicylic acid are all prescriptions that are used to provide some improvement for this condition.

Depression and Anxiety

Understanding depression as it

relates to PCOS can be somewhat challenging. There is currently no research indicating that depression and/or anxiety are symptoms of PCOS, but many women with PCOS have experienced one or both problems.

It can be difficult to separate situational depression from depression caused by an underlying hormonal imbalance. Situational depression and anxiety can be caused by the effects PCOS has on the appearance or by difficulty conceiving. Depression can manifest itself in physical symptoms, such as headaches, stomach problems, insomnia, change in appetite, or sudden change in menstruation, feelings of emptiness, sadness, hopelessness, guilt, remorse, loss of concentration, memory loss, libido problems and withdrawal from social interactions. Rapid pulse, panic attacks and anxiety disorders are also sometimes found in women with PCOS.

Treatment is possible but the options vary from therapy to herbs to antidepressant medications. Not surprisingly, some women find that once they address the insulin problem, either through diet and exercise, natural therapies or insulin sensitizing medications, they see an improvement in depression and anxiety. If you have any of these symptoms, please consult your health care provider.



responsible for hirsutism. In many cases, the hair growth slows down and the hairs become thinner and less noticeable. It can take between six months and a year to notice a difference, and most medicines should be continued for several years. The FDA has recently approved a new medication, Vaniqa, which is reported to reduce excess hair growth.

Thinning Hair

Scalp hair loss, also known as androgenic alopecia, is another physical manifestation of the excess androgens associated with PCOS and, for the women who suffer from this problem, it is an unwelcome daily reminder of life with this syndrome. As with hirsutism, reducing androgen levels is the key to combating this problem. Minoxidil, otherwise known as Rogaine, has been found to be moderately effective as has spironolactone. Hair weaves, extensions, and even surgical transplants may be other solutions for women with serious cases of hair loss.

Sudden onset of either hirsutism or hair loss could be a sign of an underlying androgen-secreting tumor in the ovaries or adrenals. Women with such symptoms should seek immediate medical attention.

Acne

In adolescence and beyond, acne can be another particularly annoying problem for women with PCOS. Found mostly on the face, chest and back, it can be treated with some success by over-the-counter medications. Several prescription medications have proven helpful including the anti-androgen medications mentioned above. Anti-androgens work because acne is caused by the same

hormone imbalance that causes hirsutism. Other women have tried Accutane with varying degrees of success.

Weight Gain

Many, but not all women with PCOS struggle with their weight. PCOS weight gain is typically exemplified by the "apple-shape" as opposed to the "pear-shape". A high hip to waist ratio is commonly seen in PCOS and is associated with impaired glucose and insulin metabolism. Weight loss can be a helpful tool to decrease PCOS symptoms but many women find it difficult to achieve. Anecdotal evidence seems to indicate that women with PCOS do not have as much success with the standard low-fat diet as women who aren't affected. Women with PCOS typically find more success by both reducing total carbohydrate consumption and by choosing to eat different types of carbohydrates. Replacing refined carbohydrates with whole grains, fruits and vegetables not only helps reduce insulin response, it also increases the daily intake of essential micronutrients such as anti-oxidants.

Choosing the right carbohydrates and assuring adequate protein intake at each meal can go a long way toward helping control the hypoglycemic/low blood sugar episodes that many women experience as well as potentially regulating insulin

irregular cycles

infertility

hirsutism

acne

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depression

anxiety

skin problems

contradictory and seemingly unrelated symptoms are part of the reason why PCOS has been so difficult to pin down. Women who do not have regular cycles are often given oral contraceptives (birth control pills) to induce regular periods or a progesterone supplement to induce a cycle a few times a year.

Infertility

PCOS may account for as many as half of all cases of infertility. Because women with PCOS generally do not ovulate regularly, it affects their ability to conceive. However, many women with PCOS are able to get pregnant, especially with the help of a fertility specialist, and to carry successful pregnancies to term. There are a number of possible treatments, ranging from simple and fairly inexpensive medications which induce ovulation to costly high-tech treatments such as in vitro fertilization. Some of the most exciting new options being used to regulate cycles and enhance fertility are medications known as "insulin sensitizers". Insulin sensitizing medications address the underlying endocrine problem present in many women with PCOS and can restore natural ovulatory function. The PCOSA offers a number of resources and support options for women who are trying to conceive.

Hirsutism

Hirsutism, or excess hair, is one of the more difficult aspects of

living with PCOS. Hair that was previously light in color and texture can be stimulated by free androgens in the system which are present because of the hormone imbalance. For most women, this manifests itself as a darkening and coarsening of hair in the mustache and beard areas, as well as the breasts. Many women with PCOS also experience a masculinization of hair on their arms and legs and an extension of pubic hairs on the abdomen and thighs. Those who deal with this particular aspect of PCOS frequently find it to be a major source of aggravation and embarrassment.

There are several physical methods of hair removal, including bleaching, waxing, tweezing, shaving, depilatory creams, electrolysis and laser therapy. Most hair removal professionals advise women to shave or bleach rather than to pluck or use depilatories in order to avoid problems with ingrown hairs and skin irritation. If you are interested in long-term or permanent forms of hair removal such as electrolysis or laser therapy, the PCOSA and local PCOSupport Chapters can point you to professionals in your area who are familiar with PCOS and have a greater understanding of your underlying medical condition.

On the pharmaceutical front, new hair growth can be prevented and existing hair may be lessened by taking an anti-androgen medication.

Anti-androgens such as spironolactone and finasteride counteract the male hormone



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