

GYNAECOLOGY & OBSTETRICS UPDATE

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Polycystic Ovarian Syndrome (PCOS) 2004 Update

PCOS is the one of the commonest endocrinological disorder in Gynaecology that is seen in the primary care. Due to the associated long-term health risks (Diabetes risk increases by 3-7 times, cardiovascular diseases) it is essential to diagnose the condition. Management of PCOS including lifestyle changes (diet and exercise) should be strongly encouraged to reduce these risks (*Update issue 19*)

What are the minimal criteria for the diagnosis of PCOS? (Rotterdam, 2003)

A new consensus on diagnostic criteria and long-term health risks of PCOS has been published this month (*Human Reproduction, 19, 41-47, 2004*).

The **NEW** diagnostic criteria include **2 out of the following 3**:

1. Oligo- and/or anovulation.
2. Clinical and/or biochemical signs of hyperandrogenism: *Update issue 19*
3. Polycystic ovaries and exclusion of other aetiologies (congenital adrenal hyperplasia, androgen-secreting tumours, Cushing's syndrome).

What are the investigations for PCOS?

- * Blood Pressure
- * Abdominal obesity (waist circumference)
- * Fasting and 2 hour glucose level (oral glucose tolerance test)
- * Fasting lipid profile: Triglycerides, LDL
- * Total and free testosterone, Sex hormone binding globulin, Dehydroepiandrosterone sulphate, Androstenedione
- * Serum Prolactin level: to rule out hyperprolactinaemia in cases of amenorrhoea
- * Thyroid Function Tests
- * Morning 17-hydroxyprogesterone to exclude congenital adrenal hyperplasia.
- * Estradiol and FSH
- * Trans-vaginal Scan

What is the role of Insulin-sensitizing agents (Metformin) in management of PCOS? (see Update issue 19 for full management of PCOS)

The insulin-sensitizing agents e.g. Metformin are increasingly prescribed. ***This clinical practice is ahead of the scientific evidence.*** No data are available regarding the safety of Metformin in long term use in young women and only limited data on its safety in early pregnancy. There is a limited evidence of benefit on the long term metabolic risks. There is no evidence that Metformin causes weight loss. Metformin is an effective treatment for anovulation however equal or better ovulation rates have been described by using lifestyle interventions to achieve weight loss. Metformin should **ONLY** be used in restricted indications as an adjuvant to general lifestyle improvements. (*Cochrane Library 2003, Issue 3*).

