What is it?

Polycystic Ovarian Syndrome (PCOS) is a group of symptoms related to hormonal irregularities and insulin resistance.

It is a common condition typically characterized by increased androgen levels in individuals who would not be expected to have those levels. As this is a syndrome, not every symptom will be present in each case. The symptoms will vary from person to person and may include irregular, heavy, or absent periods, acne, increased hair on the body and face, hair loss, patches of darker "velvet" textured skin, weight gain, and fertility issues. PCOS is also associated with metabolic issues like glucose intolerance and diabetes, high LDL and low HDL cholesterol, high triglycerides, depression, and obstructive sleep apnea.

Note: This is often a very gendered diagnosis. It is generally spoken about as an excess of "male" hormones in "women." This can create barriers to care for anyone with ovaries that does not identify as a woman.

What causes it?

While there is still a lot that we don't know about the causes of this condition, PCOS is a complex genetic trait with >70% heritability. Environmental factors that interact with genes also likely play a part, including in some cases in utero exposure to higher than average levels of androgens. Insulin resistance is an important underlying mechanism in the development of PCOS symptoms. People with ovaries on testosterone are more likely to have PCOS.

How is it diagnosed?

PCOS is typically diagnosed with the Rotterdam criteria, requiring at least two of these three findings: hyperandrogenism (either symptoms like hirsutism or elevated levels of androgens), lack of ovulation, and/or polycystic ovaries.

The evaluation usually includes blood testing for various hormones, insulin, glucose, and cholesterol levels, as well as inflammatory markers, and sometimes can include a pelvic ultrasound if indicated.

Fatphobia and Body Weight in Diagnosis and Treatment

Healthcare providers (HCPs) often incorrectly state that higher weights or weight gain are the cause of PCOS. In reality, weight gain is caused by PCOS.

Further, while we know that intentional weight loss almost never succeeds long-term (you can read more about why we don't recommend weight loss here: https://haeshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/), PCOS can make even short-term weight loss difficult. Despite all the evidence to the contrary, frustratingly many HCPs are still recommending weight loss as a "treatment" for PCOS. This is not evidence-based, ethical healthcare and it can make it incredibly difficult to get weight-neutral support, not just from HCPs but also in online and in-person support groups.

So you have PCOS. How is it treated?

Much of the literature around treatment is focused on fertility, but that does not have to be the focus of your treatment. It's also important to note that, because PCOS is a syndrome, not everyone will have all of the associated conditions. Thus, you and your HCP can pick and choose weight-neutral solutions for any issues that you may be having.

Here are the most common treatments:
Medications
  • Hormonal birth control--often used to help regulate and lighten periods, as well as reduce excess hair growth
  • Spironolactone--an androgen-blocking medication that can decrease hair growth on the body and help with hair loss on the scalp
  • Metformin--often used to treat associated insulin resistance and support ovarian function
  • Hormones--these may be recommended to assist with fertility, if desired

Supplements
  • Inositol--a supplement that can help to improve insulin sensitivity, decrease androgen levels, and increase ovulation
  • Fish Oil and Vitamin D have shown promise to help alleviate symptoms

Nutritional Interventions
Increasing protein with meals and snacks can in some cases be helpful for the alleviation of symptoms.

We recommend discussing this with a HAES-based dietitian. You can find a list of HAES providers on our Resources page: https://haeshealthsheets.com/resources/