

May 2018 Post: PCOS, what your patient wants to know but may be afraid to ask! (by Margaret Abraham, MD)

A new diagnosis of PCOS can be overwhelming. The following discussion pointers are aimed at facilitating these important conversations about PCOS between a teenager and her provider.

➤ **You mentioned, hormone imbalance. Am I a girl?**

Yes, both boys and girls have boy and girl hormone. The ratio of boy hormone may be slightly higher in PCOS but you still have more girl hormone than a boy and are a girl.

➤ **Will my periods become regular one day without medication?**

It is possible, particularly with lifestyle changes.

Provider tip: Discussion of maintenance of healthy lifestyle should be 'sensitive' due to the propensity to develop disordered eating.

➤ **Will I stop needing to shave/remove hair so often?**

Yes, after the underlying hormone imbalance androgen excess is targeted, the time between hair removal sessions should increase.

Provider tip: Set realistic expectations. About six months of hormone therapy is required before the rate of hair growth decreases significantly. Electrolysis or laser can remove any hair remaining after hormone therapy.

➤ **Will I be able to have children one day?**

Yes, BMI is a strong predictor of successful pregnancy and childbirth and most women with PCOS get pregnant. In some cases referral to a fertility specialist is needed.

➤ **Will I get diabetes?**

The likelihood is lower if you change your lifestyle and improve you BMI.

Provider tip: Abnormal glucose metabolism is highly prevalent (18%) in adolescents with PCOS and can occur across the spectrum of BMI. Impaired glucose tolerance occurs with equal frequency in obese and non-obese adolescents with PCOS (Flannery CA et al. *Pediatr Diabetes*. 2013).

Lifestyle changes and weight loss in obese girls leads to improvements in insulin levels, testosterone levels, menstrual irregularity and intima media thickness (Lass N, et al. *JCEM* November 2011).

➤ **What else am I at risk of?**

Obstructive Sleep Apnea
Fatty Liver Disease

Provider tip: Both of these should be screened for, particularly in the patient with obesity. Reduction in weight and adoption of a healthy lifestyle improves the above. Discussion of maintenance of a healthy lifestyle should be 'sensitive' due to the propensity to develop disordered eating.

➤ **What else am I at risk of?**

Depression (33%), anxiety (13-16%), somatization, eating disorders (7%)

Summary Points:

1. Adolescents are a high risk group for PCOS and early intervention may improve outcomes.
2. Adolescents have many concerns regarding the diagnosis and significant psychiatric pathology may co-exist. Take time to answer questions!
3. Once the diagnosis is confirmed, screening for metabolic risk (BP, 2 hour OGTT, lipid screen) is essential in BOTH lean and obese adolescents with PCOS.
4. Boston Children's Center for Young Women's Health is a wonderful resource.
<https://youngwomenshealth.org/pcos-all-guides/>