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/]