Polycystic Ovarian Syndrome (PCOS/PCOD)



Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age. Women with PCOS may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels. The ovaries may develop numerous small collections of fluid (follicles) and fail to regularly release eggs.

Polycystic Ovarian Disease (PCOD), also known as Polycystic Ovary syndrome (PCOS) is a very common condition affecting 5% to 10% of women in the age group 12–45 years. It is a problem in which a woman's hormones are out of balance. It can cause problems with menstrual periods and make it difficult for her to conceive.

The exact cause of PCOS is unknown. Early diagnosis and treatment along with weight loss may reduce the risk of long-term complications such as type 2 diabetes and heart disease.

Is PCOD and PCOS same?

People often get confused about Polycystic ovarian syndrome (PCOS) and Polycystic ovarian disease (PCOD). Both these diseases are associated with ovaries. PCOS is an endocrine system disorder while PCOD is a condition developed by the hormonal imbalance.



PCOD VS PCOS

HOW ARE THEY DIFFERENT?

PCOD

- Known as Polycystic Ovary Disease.
- Less number of Cysts on ovaries.
- It can be reversed.
- Does not affect fertility.
- Most common and minor condition.

PCOS

- Known as Polycystic Ovary Syndrome.
- More than 10 Cysts on ovaries.
- Difficult to reverse this condition.
- It can lead to fertility issues

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What causes Polycystic Ovarian Disease (PCOD)?

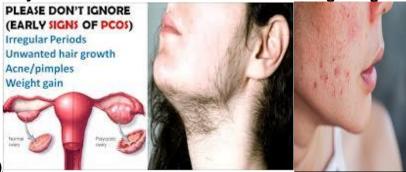
- Normally, the ovaries make female sex menhormones and a tiny amount of male sex hormones (androgens). These help regulate the normal development of eggs in the ovaries during each <u>menstrual cycle</u>.
- Polycystic ovary syndrome is related to an imbalance in these sex hormones. In PCOS, they start making slightly more androgens. This

causes patients to stop ovulating, get pimples and grow extra facial and body hair.

- Follicles are sacs within the ovaries that contain eggs. Normally, one or more eggs are released during each menstrual cycle. This is called ovulation.
- In polycystic ovary syndrome, the eggs in these follicles do not mature and are not released from the ovaries. Instead, they can form very small cysts in the ovary, hence the name polycystic ovaries.
- PCOS seems to run in families, so the chance of having it is higher if other women in the family have PCOS, irregular periods, or <u>diabetes</u>

Common symptoms of PCOD/PCOS include:

- Acne
- Weight gain and trouble losing weight
- Extra hair on the face and body. Often women get thicker, darker facial hair and more hair on the chest, belly, and back.
- Thinning hair on the scalp
- Irregular periods. Often women with PCOS have fewer than nine periods a year. Some women have no periods others have very heavy bleeding
- Fertility problems. Many women who have PCOS have trouble getting



pregnant (infertility)

Depression

Investigations like blood sugar estimation, thyroid hormone tests, ultrasound of the abdomen and pelvis are done. Sometimes serum androgens, luteinising hormone and other hormone estimations may be ordered

Medications used to treat the abnormal hormones and menstrual cycles of polycystic ovary syndrome include:

- Birth control pills or progesterone pills help to make menstrual cycles more regular
- Metformin, a medication that increases the body's sensitivity to insulin, can improve the symptoms of PCOS and sometimes will cause the menstrual cycles to normalize. For some women, it can also help with weight loss.
- LH-releasing hormone (LHRH) analogs
- Treatment with clomiphene citrate causes the egg to mature and be released. Sometimes women need this or other fertility drugs to get pregnant.

Medications or other treatments for abnormal hair growth include:

- Birth control pills. It may take several months to begin noticing a difference.
- Anti-androgen medications, such as spironolactone and flutamide may be tried if birth control pills do not work.
- Effornithine cream may slow the growth of unwanted facial hair in women.
- Hair removal using laser and nonlaser light sources damages individual hair follicles so they do not grow back. This can be expensive and multiple treatments are needed. Laser removal can be combined with other medicines and hormones.

 Pelvic laparoscopy to remove a section of the ovary or drill holes in the ovaries is sometimes done to treat the absence of ovulation (anovulation) and infertility. The effects are temporary.

