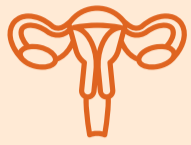




POLYCYSTIC OVARY SYNDROME



WHAT IS IT?

Polycystic ovary syndrome (PCOS) is a hormone disorder common among women of reproductive age. PCOS has a reported incidence anywhere between 6–20% in women of reproductive age in the general population but is higher among female athletes. Up to 70% of women with PCOS remain undiagnosed.



WHAT ARE THE SIGNS AND SYMPTOMS?

Signs and symptoms of PCOS can develop around the time of the first menstrual period or later in life, and sometimes after significant weight gain. Signs and symptoms of PCOS can be quite variable.

A diagnosis of PCOS is made with at least two of the following criteria:

Irregular periods	Infrequent or prolonged menstrual cycles or sometimes absent periods. Periods can be very heavy.
Elevated androgens	Elevated levels of male hormones (such as testosterone) may result in excess facial and body hair, and occasionally severe acne and male-pattern hair loss.
Polycystic ovaries on ultrasound	The ovaries may be enlarged and contain small collections of fluid (follicles) surrounding the eggs. As a result, the ovaries may fail to regularly release eggs and can result in reduced fertility.

PCOS is also associated with increased body weight and high cholesterol. Women may have 'insulin resistance', meaning their body does not respond to insulin normally; this puts them at risk of developing diabetes. Diagnosis is important because PCOS can often become more apparent, with more significant consequences after stopping sport, or when exercise is reduced.



HOW IS PCOS DIAGNOSED?

There is no definitive test to diagnose PCOS. A doctor will review an athlete's menstrual cycle regularity. A physical examination will include checking for signs of excess hair growth and acne. A doctor may then recommend:

- > Blood tests to assess hormone levels.
- > An ultrasound to check the appearance of the ovaries and the lining of the uterus.



WHAT IS THE TREATMENT?

Treatment of PCOS is aimed at reducing symptoms to improve wellbeing and is targeted towards the specific irregularities identified at diagnosis. Treatments may include:

- > Lifestyle modification: Dietary changes and regular exercise to manage weight/risk of diabetes.
- > Medications: Irregular periods, acne, unwanted hair growth or insulin resistance may be managed by hormonal contraceptives or other medications. Women experiencing infertility may require medication to help them ovulate to fall pregnant.
- > Other: Psychological support or nutritional advice to address mood (including depression and anxiety) or body weight changes.



WHAT SHOULD YOU DO?

- > Athletes should regularly track their periods and should see a doctor if their period is irregular, or if you have signs of excess androgen such as unwanted hair growth, acne and male-pattern baldness.
- > Former athletes should seek expert diagnosis if they are experiencing infertility beyond their sporting career and should take all recent menstrual cycle tracking information to share with their doctor.

For more information visit ais.gov.au/fphi