

PCOS

PCOS (Polycystic Ovarian Syndrome) is the most common and most misdiagnosed endocrine disorder in our country. PCOS should be renamed because the main issue is not in the ovaries as many believe. PCOS is an inherited disease of insulin resistance. Insulin resistance is a condition which the body produces insulin but does not use it effectively. As a result, more insulin is needed to adequately reduce glucose (blood sugar) levels. Women can have insulin resistance without having PCOS. For a woman to be diagnosed with PCOS they have to have insulin resistance and a genetic component. Most women with PCOS can recognize female relatives on their mother's or father's side sharing similar side effects as they do.

In women who do not have PCOS, insulin resistance can cause Type II Diabetes. Women with PCOS can absolutely get Type II Diabetes as well; this is why PCOS must be treated. Some signs of PCOS are obesity, elevated cholesterol, glucose intolerance, infertility, severe PMS, heavy painful periods, irregular, or absent periods, ovarian cysts, enlarged ovaries, anovulation (do not ovulate), development of masculine features, etc. Literature is also recognizing women with endometriosis usually have PCOS as well. Insulin resistance results in elevated levels LH (luteinizing hormone) which causes an increase in testosterone, DHEA, and aldosterone. Hair follicles get hypersensitive to testosterone even if the levels are normal. As a result, a lot of women with PCOS suffer with acne and facial hair. All women with PCOS are also hypothyroid (low thyroid) which can cause anxiety, depression, weight gain, thinning hair, fatigue, constipation, etc. Women with PCOS also have low progesterone levels which can cause infertility, insomnia, irritability, breast and uterine cancer. Women with PCOS can gain weight VERY easily. A weekend of simple carbs can easily cause weight gain of 5-15 lb. As a result, eating disorders, over-exercising and starvation diets are very common. Easy weight gain also adds to depression and anxiety causing stress; which makes symptoms of PCOS worse.

PCOS can be difficult to diagnose because no two patients are alike and most patients do not have all the symptoms. Symptoms can start after menarche (first period), after childbirth, or it can happen at unpredictable times. Only 50% of women with PCOS are overweight! This makes diagnosis more difficult at times. Only 50% of PCOS patients get ovarian cysts, facial hair, and acne. If a patient does not fit the typical mold and appearance of PCOS, they are usually overlooked by health care providers. A lot of women also assume the horrible way they feel is what is normal for them so they don't talk about it to their doctor. If lab testing can be done before synthetic forms of birth control are prescribed, certain pituitary hormones can confirm diagnosis of PCOS. If a patient is already on birth control, menopausal, or perimenopausal, a detailed health history along with other labs can be used for diagnosis.

When patients are diagnosed for PCOS they are usually treated with some kind of oral contraceptive pill (OCP) or are told to eat less and exercise more. OCP block the androgens (male hormones) that can improve acne and protects the uterus, but the insulin resistance is still there! The issue is insulin, not testosterone. If the insulin is taken care of, the testosterone sensitivity goes away. Other treatment options are directed at ovulation and conception. When patients are treated for their PCOS symptoms, they usually get a prescription for anti-depressants, anxiety meds, ADD meds, birth control pills, or diet pills. These medications are only a Band-Aid and the real issue is not being addressed and treated. Patients either feel slightly better or do not feel any improvement at all. The miscarriage rate for PCOS is very high in the first trimester. Progesterone levels are too low after conception and this is often missed by medical professionals. Proper medical intervention after conception is necessary to help prevent a miscarriage. During a successful pregnancy, most women with PCOS feel the best they have ever felt. Progesterone levels are elevated; which eliminates a lot of PCOS symptoms. After giving birth, progesterone levels go back to where they were prior to the pregnancy and the awful PCOS symptoms return. Postpartum depression is extremely common with PCOS patients. Why isn't treatment continued? Because fertility doctors discontinue treatment after conception and most healthcare professionals do not know how to treat PCOS correctly.

Treatment must include eliminating the insulin resistance (root cause) with proper prescription medication, bioidentical hormone replacement therapy, correct nutrition with low carbs and exercise and adjustments in lifestyle. It usually takes up to 6 months for hormones to get correctly balanced. It is very important to be patient while being treated for PCOS. Most patients want to lose weight right away, but it does take time. Proper treatment will produce regular monthly menstrual cycles, remarkable improvement or riddance of PMS symptoms and brain fog, elimination of acne and facial hair, weight loss, healthy energy levels, and return to psychological health. Insomnia, depression, and anxiety are usually improved resulting in many being able to discontinue antidepressants, ADD meds, and anti-anxiety meds (with assistance of medical professional). Most patients start feeling better after 1-2 weeks of treatment. Fertility can be restored in many cases.

Why are many health care professionals not aware of how to diagnose and treat PCOS? Many health care providers did not learn about PCOS in school. If they did learn, they were taught PCOS can cause infertility, cystic ovaries, and to treat with OCP. Patients with infertility are usually given Clomid or referred to a fertility specialist. Health care professionals may be new to or completely inexperienced with the safety and effectiveness of using bio-identical hormones to enhance longevity. Many are also unfamiliar with and lack the time to learn this complicated but extremely beneficial approach to treating PCOS. As a result, proper diagnosis and treatment can be unavailable or rare.

Why is treating PCOS mandatory? Its incredibly important for longevity. Women with PCOS have a 6-fold increased chance of breast cancer, cardiovascular disease, high blood pressure and endometrial cancer. All these risks can be prevented with proper treatment of PCOS.

A PERSONAL NOTE

I started getting PCOS symptoms when I was 12 years old. I was put on OCP when I was 15 due to severe PMS and painful, heavy cycles. When I turned 30, my hair started falling out and I gained 25 lb in one month. I knew something was wrong. I started over-exercising and barely eating anything to prevent weight gain. I went to several physicians and 7 endocrinologists...no one could tell me anything. Because I was not overweight, I was continually overlooked. I was finally diagnosed with PCOS in 2013 and was started on proper treatment right away. I was so happy to know there was a REASON why I have never felt well!

I have worked in women's health for 12 years. The last 6 years, my largest struggle was treating and diagnosing PCOS patients. I felt like I was only treating symptoms and patients never felt better. I knew there was something the medical community was missing. It's a blessing to finally be able to diagnose and treat women with PCOS and see their lives change and health improve. . I'm extremely passionate about helping women with PCOS. I know how devastating the side effects are and how they negatively impact women's lives. If you have PCOS, I want you to know you are not alone! There is hope and you CAN feel better!