

Non-Reproductive Risks in Polycystic Ovarian Syndrome

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Polycystic Ovarian Syndrome (PCOS) is common in women with infertility who also have a history of irregular menstrual cycles. Most infertile women with irregular cycles will be found to have PCOS, and most women with irregular periods will need some form of treatment in order to conceive. PCOS is characterized by a variety of different signs and symptoms. These include polycystic-appearing ovaries on ultrasound, irregular (or absent) menstrual periods, excessive hair growth (hirsutism), weight gain, acne, and laboratory findings such as elevated testosterone levels or signs of insulin resistance. In addition to frequently being a cause of infertility, there are various significant non-reproductive risks associated with PCOS for which patients and physicians alike must also be aware of.

In a recent editorial by Dr. Jeffrey Chang, a leading reproductive medicine specialist, two independent studies by Drs. Wang and Dokras, were cited that addressed non-reproductive concerns for women with PCOS. In Dr. Wang's study, women with PCOS had a twofold higher risk of developing **diabetes mellitus**. Interestingly, the risk persisted even after adjusting for body weight (body mass index). Additionally, normal-weight women with PCOS had a threefold higher risk of diabetes than normal-weight women without PCOS. This greater diabetes risk was present independent of male hormone (androgen) excess, which is a frequent symptom in women with PCOS. Dr. Chang believes that continued emphasis on lifestyle and behavior modification is critical in these patients. Another finding was that women with PCOS are also at increased risk for lipid disorders over time. However, when the data was adjusted with respect to the patients' baseline lipid levels based on their age, the risk of lipid disorders was no longer significant, and hypertension (high blood pressure) was not found to be associated with PCOS.

In Dr. Dokras' article, a large analysis of the literature was performed to estimate the risk of **depression** in women with PCOS. The results showed a fourfold increase, even after adjusting for a family history of depression, a history of infertility, and BMI, all of which may contribute to the incidence of depression. It is not unusual that depression may be found in women with PCOS when accompanied by obesity, however, the depression scores remained high in this study even after adjusting for BMI. Therefore, the authors encourage physicians to attempt to carefully screen women with PCOS for signs of mood disorders.

In conclusion, women with PCOS are at risk for medical concerns besides infertility and irregular cycles. This highlights the fact that caregivers must always view patients as a whole, and not only focus on an isolated condition that they may present to the physician with. As with all facets of medicine, it is imperative to provide comprehensive care to women with PCOS, since the lifelong medical risks associated with this disorder may persist long after their reproductive years.

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