Debunking the Polycystic Ovary Syndrome Myths

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SAN FRANCISCO — Many myths surrounding polycystic ovary syndrome, according to two speakers at the Perspectives in Women’s Health conference sponsored by OB.GYN. NEWS.

On hand to clear up some misconceptions were Dr. Anita L. Nelson, professor of obstetrics and gynecology at the University of California, Los Angeles, and medical director of women’s health care programs at Harbor-UCLA Medical Center, and Dr. Paul S. Jellinger, professor of medicine on the voluntary faculty at the University of Miami and immediate past president of the American College of Endocrinology.

Among the myths about polycystic ovary syndrome (PCOS) are:

PURPLE OVARIES. There is no such thing as a “purple ovary.” Purple ovaries are seen in patients with diabetes.

■ PCOS is a rare disorder. In fact, PCOS is the most common metabolic disorder of young women, affecting 5%-10% of premenopausal women. Women with oligomenorrhea have a 90% likelihood of having PCOS. The condition is present in about a third of women with secondary amenorrhea and three-fourths of women with anovulatory patterns, according to Dr. Nelson.

■ Polycystic ovaries on ultrasound are diagnostic of PCOS. On ultrasound, the gross surface area of the ovary in a PCOS patient is doubled; the volume is increased nearly threefold, and each ovary contains 20-100 cystic follicles. The appearance of the PCOS ovary has been compared with a “black string of pearls,” reflecting follicles at the surface. But polycystic-appearing ovaries may occur because of chronic anovulation, regardless of the reason. They are seen in 100% of female-to-male transsexuals, 75% of anovulatory women, 14% of oral contraceptive users, 16%-23% of women with normal ovulation, and even children approaching puberty.

■ Gonadotropin abnormalities are useful in diagnosing PCOS. Dr. Nelson said only 70%-75% of PCOS patients exhibit abnormalities in their gonadotropin hormones because it goes up and down, she said.

■ Insulin resistance is mostly a problem in overweight and obese women with PCOS. Although insulin resistance is a “very prominent feature” of PCOS, it is a selectivity of obese PCOS women. “It is a unique form of insulin resistance because it occurs just as vigorously in nonoverweight individuals as in overweight individuals. It is weight independent to a large extent … and not always corrected with weight loss.”

■ All PCOS patients with insulin resistance will develop diabetes. In fact, 80% of PCOS patients with insulin resistance have normal beta cells that are able to compensate for their selective insulin resistance. Although these patients are at a twofold increased risk of atherosclerosis and lipid and vascular abnormalities (versus a threefold elevated risk for PCOS patients who develop diabetes), they do not produce the signal of elevated blood sugar seen in patients with diabetes.

■ Impaired glucose tolerance or type 2 diabetes risk are problems of older women with PCOS. Studies show that 10%-15% of obese women with PCOS will develop impaired glucose tolerance or type 2 diabetes by age 30. And since nonoverweight PCOS patients may have “rampant” insulin resistance, the American College of Endocrinology recommends screening every patient with PCOS at age 30 with a glucose challenge test, Dr. Jellinger said.

■ The primary impact of PCOS on a woman’s life has to do with fertility and physical appearance. Women with PCOS can have lifelong impairments of health and longevity because of their greatly increased risk of developing one or more of the following conditions: insulin resistance syndrome, including diabetes, hypertension, dyslipidemia, and atherosclerosis. It is not just an issue of infertility. It is not just an issue of acne and hirsutism. It’s an issue of serious health consequences for life,” Dr. Jellinger said.