Glucose Tolerance Tests Urged for All With PCOS

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Because of their increased risk of developing impaired glucose tolerance and type 2 diabetes, all women with polycystic ovary syndrome should be screened with a 2-hour oral glucose tolerance test, and that test should be repeated every 2 years, according to a statement from the Androgen Excess Society.

The position statement was developed by an expert multidisciplinary panel from the Medical College of Virginia, Virginia Commonwealth University, Richmond, which conducted a systematic review of the published, peer-reviewed medical literature on the prevalence and risk factors for impaired glucose tolerance in women with polycystic ovary syndrome. (J. Clin. Endocrinol. Metab. 2007;92:4546-4556.)

The recommendation for a full oral glucose tolerance test (OGTT) for all patients with polycystic ovary syndrome (PCOS) goes beyond screening recommendations issued by other professional organizations. "Most recommend it only in obese women with PCOS or those with a family history of type 2 diabetes or insulin resistance," Dr. L. Rhoda H. Cobin, chair of the panel, said in an interview. Dr. Cobin, a past president of the American Diabetes Association, said that the panel specifically recommended screening all women with PCOS due to the "strong association with insulin resistance and type 2 diabetes."

The position statement makes a valuable contribution to the health care of women with PCOS by recognizing their increased risk of developing impaired glucose tolerance and type 2 diabetes. "It also noted that a number of studies show that a finding of impaired fasting glucose is not a useful substitute for an OGTT, because about a third of individuals with type 2 diabetes have normal fasting glucose," Dr. Cobin said in an interview.

Furthermore, impaired glucose tolerance, is a strong predictor of cardiovascular disease and premature mortality.

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ident of both the American College of Endocrinology and the American Association of Clinical Endocrinologists (AACE), chaired the panel that developed the AACE’s 2005 PCOS position statement (Endocr Pract. 2005;11:126-34).

However, an oral glucose tolerance test may not be feasible in all clinical settings, which is why the AACE statement did not make it mandatory but, based on the same evidence, settled for the directive to look for type 2 diabetes, impaired fasting glucose, or impaired glucose tolerance in all PCOS women, using whatever method possible.” Dr. Cobin said “I agree that not only obese women should be tested, but that lean PCOS women may have insulin resistance and diabetes, while obesity exacerbates the situation.

The position statement from the Andro-Gen Excess Society (AES) notes that several AAS board members disagreed with the recommendation to screen all women with PCOS with an OGTT. The minority report says evidence on the risk of impaired glu-
cose tolerance in lean PCOS women is “limited and still emerging.” Those board members recommended an OGTT only in PCOS patients whose body mass index was ≥30 kg/m² or more or who had at least one additional risk factor for diabetes including advanced age, family history of diabetes, or a personal history of gestational diabetes. The AES statement makes several rec-

commendations on the prevention, screen-
ing, and treatment of impaired glucose tol-
erance in patients with PCOS. It suggested the OGTT be repeated every two years or even earlier if the patient has additional risk factors. Patients with impaired glu-
cose tolerance should be screened annual-
ly for the development of diabetes.

Intensive lifestyle modification and weight loss should be the mainstay of treat-


tent for all patients with PCOS and im-
paired glucose tolerance. Insulin-sensitizing agents such as metformin and the thiazo-

lidinediones should also be considered.

The panel also recommended that ado-

lescents with PCOS should, like their adult counterparts, be screened with an OGTT every 2 years and should be treated with an intensive lifestyle modification, including diet and moderate exercise. Insulin-sensitizing agents should be considered, but should not be mandated until there have been well-designed, randomized con-
trolled trials demonstrating their efficacy.

Dr. Cobin said she saw few arguments

against the OGTT recommendations. “The only negatives are inconvenience and a small [degree] cost [but] the cost factor is far

outweighed by the cost of undiagnosed in-
nulin resistance and diabetes.”