Initial Presentation in Primary Care

- Delayed or less frequent periods/menarche/cycle length/duration of complaint(s)/cycle length/heaviness of bleeding/LMP

+/-

- Excessive/abnormal hair growth and acne

+/-

- Subfertility (due to anovulation) – other causes of subfertility have been ruled out

RULE OUT

- Pregnancy
- Hypothyroidism
- Hyperprolactinoma
- CAH
- Ovarian tumour

Relevant examination for history related to anovulation and hyperandrogenism

Please check

- ✓ BMI
- ✓ BP
- ✓ Acanthosis nigricans
- ✓ Hirsutism and acne

Investigations

FSH, LH, E2, androstenidione, DHEAS, TFT, PRL, 17-OH progesterone,
Free androgen index (day 2 or 5 of spontaneous period
Oral glucose tolerance test
USS – for PCOS (not adolescents) and exclude ovarian mass (testosterone producing tumour

Diagnostic criteria for PCOS

Two out of three :-

1) Anovulation/ oligomenorrhea
2) Clinical and/or biochemical evidence of hyperandrogenism – hirsutism/acne/raised testosterone/ androstenedione/DHEAS and FAI
3) Polycystic ovaries - >10cc and more than 12 follicles of 2-9mm

and

- **CAH/Hperprolactinemia/hypothyroidism/ovarian tumour have been excluded**

Management of Polycystic Ovarian Syndrome

Management in Primary Care For Irregular Periods

General Measures:-

- If BMI (>25), to encourage 5-10% weight loss and referral to dietician for advice. This in itself can start to regularise period and also increase chance of spontaneous conception
- Screening an management of mental health condition is essential
- Counselling for long term consequence of PCOS like Metabolic syndrome, Type 2 diabetes, Cardiovascular complications, sleep apnoea, Endometrial hperplasia and cancer

Wants contraception:

Any CHC/Mirena/Implant/Depot as per UKMEC and patient choice

Does NOT want contraception:

Ensure at least 4 periods per year – withdrawal bleed with 5 days NET 5mg tds or Provera 10mg BD after 12 weeks of amenorrhea after ruling out pregnancy

Management of Polycystic Ovarian Syndrome

Referral to Secondary Care:

Management of irregular bleeding in confirmed PCOS with persistence of anovulation

- Cyclical CHC – 1st choice

If CHC contraindicated or not tolerated – Provera 10mg BD cyclically (3weeks on/1 week off)

- Metformin

Management of Polycystic Ovarian Syndrome

Refer to secondary care:

Hyperandrogenic features

a) Hirsuitism and acne and male pattern baldness

i) CHC
ii) Metformin
iii) Spironolactone

b) Only acne and no hyperandrogenism – **refer to dermatologist**

c) Unresponsive hirsutism ? Genetic

i) Eflornithin cream
ii) Electrolysis
iii) Laser therapy
iv) Reassurance and support

Refer to secondary care

If subfertility (trying for pregnancy for 2 years) - Refer to **Saint Mary's Reproductive Medicine** unit

May need treatment with ovulation induction agents/surgery

Refer to **Endocrinology** if new diagnosis of CAH – increased 17-OH

Or

Hyperprolactinemia

Ovarian Mass – 2WW referral

Patient Information
NHS website

Referral Proforma
2WW where appropriate

National Guidance
ESRE 2018
NICE 2018
RCOG

Pathway Guide – PCOS in adults and Adolescent—Montila Ghosh(Speciality Doctor) and Dr Gail Busby