

Diagnosis and management of polycystic ovary syndrome (PCOS)

PCOS is a common condition affecting 6-7% of the female population. The key clinical features are hyperandrogenism (hirsutism, acne, male-pattern hair loss) and menstrual irregularity with associated anovulatory infertility. PCOS can be diagnosed when 2 out of the 3 following diagnostic criteria are fulfilled

1. oligo-or anovulation , oligo- or amenorrhoea
2. clinical and/or biochemical signs of hyperandrogenism (Free Androgen Index >7)
3. polycystic ovaries on transvaginal scan

suggested GP actions

BMI

TFTs, FAI, prolactin, testosterone

LH:FSH ratio is no longer a diagnostic criterion however LH/FSH should be checked to exclude other causes of oligomenorrhoea

Advice regarding lifestyle changes through diet and exercise and referral to local weight management services

Metformin should not be used as a firstline treatment as current evidence shows no benefit over diet and exercise. Metformin should only be prescribed in the context of a specialist endocrine clinic.

Indications for referral

Failed medical management of menstrual disorder

Women with infertility issues should be referred to local infertility service

Patient information resources

www.verity.pcos.org.uk

www.nhs/conditions