

Navigating PCOS Diagnosis & Treatment

All about PCOS, including how to advocate yourself at the doctor's office

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Introduction

Polycystic Ovarian Syndrome (PCOS) is one of the most common hormonal disorders affecting 5 to 6 million women in the United States. Unfortunately, PCOS is often underdiagnosed, with an estimated 70% of people with this condition not knowing they have it. For those who receive a diagnosis, it often comes after years of seeking medical care from different providers.

This guide is designed to help individuals who suspect they may have PCOS navigate conversations with their healthcare provider(s). Our goal is to offer tools and knowledge to help you better advocate for your needs, which may or may not result in a formal PCOS diagnosis.

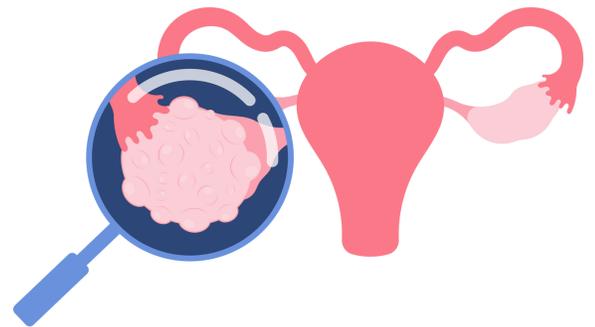
How is PCOS Diagnosed?

A person can be diagnosed with PCOS when at least two of three conditions are present:

- Irregular or absent periods
- Ovaries with multiple cysts
- High levels of the androgen hormone

Your doctor may begin by performing the following:

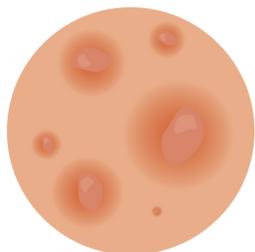
- Physical and pelvic exam
- Ultrasounds to assess ovarian abnormalities
- Blood test to check your hormone levels
- Since people with PCOS often have trouble processing insulin, the doctor may order blood tests to assess your glucose and insulin tolerance.



What are the Symptoms?

PCOS does not manifest in the same way for everyone. However, there are still some common symptoms that manifest, often due to high levels of androgen.

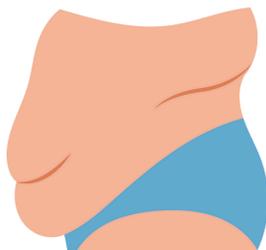
Some of these include:



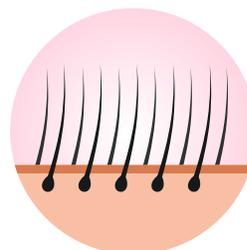
Acne



Irregular periods w/
abnormally heavy
flow



High levels of
abdominal fat



Hirsutism



Insulin
resistance

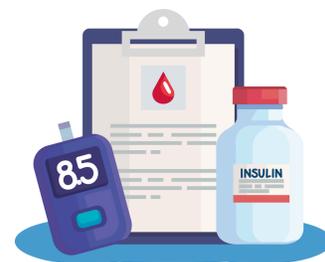
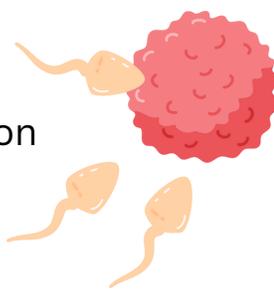
Additionally, many individuals diagnosed with PCOS report experiencing mental health challenges, including mood swings and depression.

What are Some of the Long Term Effects?

The symptoms of PCOS may worsen if left untreated.

PCOS can cause:

- Infertility, due to irregular ovulation
- Type 2 diabetes resulting from unmanaged insulin resistance
- Mental health challenges, such as depression and anxiety related to the diagnosis.



Additionally, many individuals with PCOS are at risk for certain mineral deficiencies.

What are Common Treatments?

While there is no singular PCOS treatment medication, your doctor may prescribe one of these common treatments.

- **Birth control** is usually the first line of treatment used for PCOS. Particularly for those who aren't interested in childbirth, birth control can balance hormones and treat excessive hair growth and acne.
- **Metformin** is a medicine often prescribed to treat insulin resistance and induce ovulation.
- **Ovulation induction agents** like Letrozole and Clomiphene (Clomid) are prescribed to induce ovulation.



Supplements

Though people with PCOS are also likely to have certain nutrient and mineral deficiencies, your doctor might not test you for these deficiencies. Talk to your doctor about whether it is appropriate to incorporate supplements into your treatment plan.

- **Vitamin D:** People with PCOS often have vitamin D deficiencies
 - Can improve glycemic status
 - May contribute to menstrual and fertility irregularities
- **Inositol**
 - Can improve ovulation and the menstrual cycle
 - Can reduce insulin resistance, improve ovarian function, and reduce androgen levels
- **Calcium** is often prescribed with vitamin D because it improves absorption of vitamin D
 - May aid with menstrual regularity, reduced serum insulin, and hirsutism



Preparing for the Appointment

Preparing for your appointment can help you and your doctor communicate more effectively.

Track:

- When you experience common PCOS symptoms, their duration, and how your body feels
- Keep track of how you have been managing your symptoms (if at all)

Ask:

- For second opinions about invasive/unwanted treatments

Remember:

- To note whether you have family members with PCOS
- It may take more than one visit to discover the underlying problem

Questions to Ask Your Doctor

Since PCOS is a chronic illness, it is important to create a treatment plan that is right for you. Use these questions as needed to help guide your conversation with your doctor. Every PCOS diagnosis is unique, so some of these questions may not be relevant.

Diagnosis:

- Can I be tested for insulin resistance?
- Can I be evaluated for nutrient and mineral deficiencies?

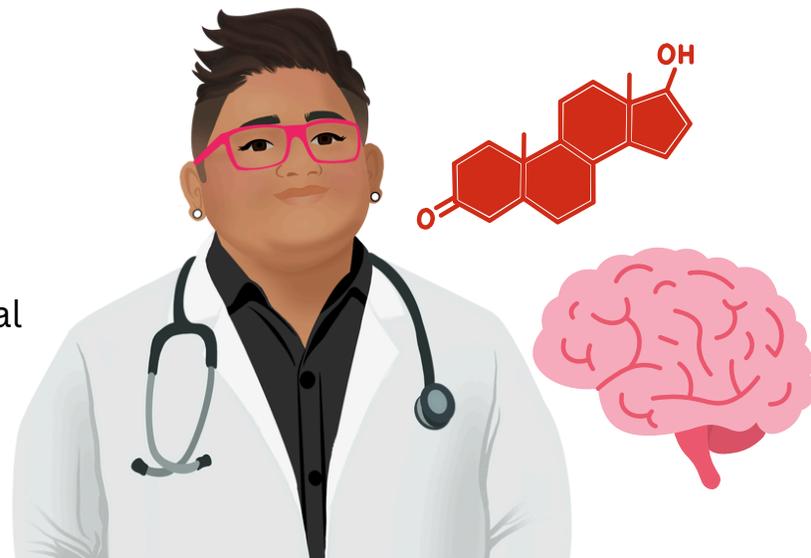
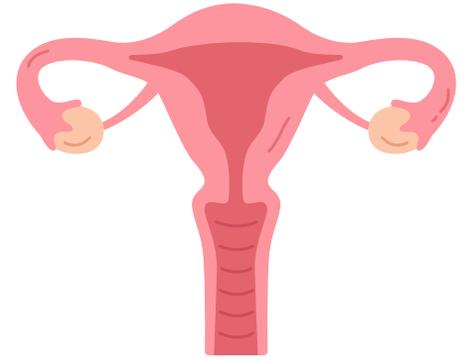
Treatment:

- What are my treatment options?
- What are the common side effects of this medicine?
- Will this medication interact with any of the medications I'm currently on?
- How will PCOS interact with [x chronic condition] that I have?
- How can I manage my risk of developing other chronic diseases?
- What is my likelihood of developing diabetes with insulin-resistant PCOS?
- What considerations should I have in mind while on this treatment if I want children?
- Are there any supplements that can help manage my symptoms?
- What lifestyle changes should I make, and what can I realistically expect from them?

Navigating Referrals

Your primary physician may not have all the information. They may lack training or experience treating PCOS. As a result, they may refer you to another medical professional for specialized treatment. You can also ask for a specialist referral if your primary medical provider is dismissive, your current treatment plan is inadequate, or if you want a second opinion on a proposed treatment.

- **Gynecologists** are trained to deal with reproductive health conditions in people with uteruses. They can help regulate your menstrual cycle and check for the presence of cysts on your ovaries. Seeing a gynecologist can be especially helpful if you're attempting to conceive.
- **Endocrinologists** specialize in hormones. They can treat hormone fluctuations and insulin resistance.
- A **psychiatrist** can help address mental illnesses, such as depression or anxiety, that commonly occur in people with PCOS.



Tip: If your medical provider is being dismissive about your symptoms or treatment requests, ask them to document their refusal in your chart as a record to have when seeking medical care in the future.

Resources

[HEART TO Heart: Polycystic Ovary Syndrome \(PCOS\)](#)
[Black Women and PCOS](#)