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9600 Blackwell Road, 5th Floor
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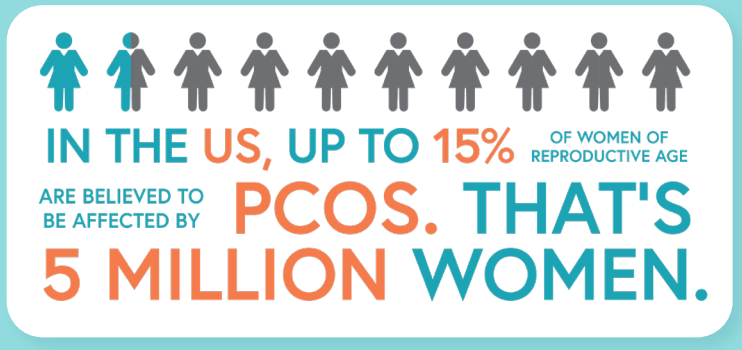
MEDICAL UPDATE | September 2022

Referring a patient with suspected or diagnosed PCOS

Physicians can refer patients who are actively trying to conceive at any point whether PCOS is suspected or diagnosed. If first-line treatments such as clomiphene citrate or letrozole have not been successful after three cycles, a referral is highly recommended. This allows patients to progress to treatment options usually only available with a fertility specialist such as intrauterine insemination (IUI) or in vitro fertilization (IVF). An early referral will give women more treatment options and a greater chance of success.



Learn more about diagnosing and treating PCOS for patients who are trying to conceive. →

PCOS is the most common ovulatory disorder affecting fertility

Occurring in 10-15% of women of reproductive age, those with PCOS often experience high pregnancy rates with basic fertility treatments.

Diagnosing PCOS

Polycystic ovary syndrome (PCOS) has a diverse clinical phenotype with symptoms ranging from absent to severe. While no single test is diagnostic, the exclusion of other causes should be thoroughly pursued before confirming this diagnosis. Shady Grove Fertility (SGF) uses the Rotterdam Criteria, international guidelines established by the European Society of Human Reproduction and Embryology (ESHRE) and the American Society for Reproductive Medicine (ASRM).

The diagnosis requires two of the following four symptoms to be present in the absence of other causes:

1. **Signs of androgen excess**
   These can manifest as acne on face, chest, or upper back; excessive hair growth in a male pattern; thinning hair or hair loss (alopecia); darkening of skin (acanthosis nigricans), especially in creases.
2. **Ovulatory dysfunction**
   Such as oligo/amenorrhea, which occurs in about 85 percent of patients with PCOS.
3. **Polycystic ovaries on pelvic ultrasound**
   Antral follicle count (AFC) > 12, or ovarian volume > 10cm3
4. **Exclusion of other abnormalities**
   Including adrenal hyperplasia, androgen secreting tumors, thyroid disease, hyperprolactinemia, and hypo- or hypergonadotropic hypogonadism.

Treating PCOS

PCOS impacts multiple organ systems so it is important to address both reproductive and non-reproductive concerns. For many patients with PCOS, lifestyle modifications, such as achieving and maintaining a healthy weight, can be enough to resume ovulation and conceive. Nutritional guidelines like regulating blood sugar and insulin levels, decreasing inflammatory foods, and correcting any nutrient deficiencies are beneficial for patients with PCOS.

Following lifestyle modifications, for patients trying to conceive, ovarian stimulation using clomiphene citrate or letrozole is the next step. While there is a place for metformin in the treatment of women with PCOS who are found to have impaired glucose tolerance, pre-diabetes, or diabetes, it is no longer recommended for the sole purpose to regulate a patient's menstrual cycle or induce ovulation. Glucagon-like peptide-1 (GLP-1) compounds for weight loss and insulin resistant patients are also now available. Several studies have demonstrated utility amongst the PCOS population with significant reduction in body weight when compared to placebo.[1]

> It's important to **recognize signs of PCOS** in patients, **so they can receive timely fertility care.** With the appropriate fertility treatment, PCOS patients with infertility are expected to have high pregnancy rates.

— Janet Bruno-Gaston, M.D., MSCI
Reproductive Endocrinologist, SGF Houston

The male partner (if applicable) should have a normal semen analysis prior to proceeding. For the female patient, an anatomic evaluation with hysterosalpingogram (HSG) or saline infusion sonogram (SIS) should be considered.

SGF commonly advises using transvaginal ultrasound monitoring with ovarian stimulation. While some women with PCOS will conceive with ovarian stimulation alone, others may require intrauterine insemination (IUI) or even more advanced care such as in vitro fertilization (IVF).

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1 Elkind-Hirsch KE, Chappell N, Shaler D, Storment J, Bellanger D. Liraglutide 3 mg on weight, body composition, and hormonal and metabolic parameters in women with obesity and polycystic ovary syndrome: a randomized placebo-controlled-phase 3 study. Fertil Steril. 2022 Aug;118(2):371-381. doi: 10.1016/j.fertnstert.2022.04.027. Epub 2022 Jun 13. PMID: 35710599)