Polycystic Ovary Syndrome (PCOS) Management and Treatment : Cardiometabolic Factors



Cardiometabolic Screening

PCOS is associated with higher rates of cardiometabolic disease.

Annual screening is recommended for:

- Blood Pressure
- HgbA1C
- Lipid Panel
- Tobacco Use Status

Evaluate for co-morbid Obstructive Sleep Apnea (OSA) with annual OSA symptoms questionnaire (ex. STOP-BANG)

Lifestyle Considerations for All Patients		
Healthy Diet	Physical Activity	Weight Loss:
 Mediterranean-style, anti-inflammatory diet Tailor guidance to individual's personal and cultural food preferences Recommend Medical Nutrition Therapy, if available 	•	5-10% of body weight for patients who are overweight or obese

Use SMART (Specific, Measurable, Achievable, Realistic and Timely) goal setting and self-monitoring.

Pharmacotherapy		
Metformin	GLP-1 Receptor Agonists	
 Start at 500mg daily and increase at 500mg increments to a target of 1500mg daily as tolerated by side effects Take with meals to reduce side effects Counsel on common side effects: abdominal pain, nausea, and diarrhea Side effects, including gastrointestinal effects, are dose related and often self-limiting Safe in pregnancy and when trying to conceive 	 Benefit for weight loss and ovulatory function with PCOS No one formulation is preferred. Long-acting formulations are more effective and better tolerated. Start at low dose and titrate as tolerated to effect Counsel on common side effects: nausea, vomiting, diarrhea, headache Do not use when trying to conceive - recommend 2-month wash out period 	