

# Understanding polycystic ovary syndrome

All you need to know



# About Jean Hailes

Founded in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes, Jean Hailes for Women's Health reflects the enduring legacy that Jean made to women's health. She had a far-sighted vision to improve the quality of women's lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia.

Today, Jean Hailes is one of Australia's leading and most trusted women's health organisations. Our work is built on four pillars: education and knowledge exchange; clinical care; research; and policy. We aim to translate the latest scientific and medical evidence to help inspire positive change in women and girls by improving their physical health and wellbeing.

Jean Hailes for Women's Health takes a broad and inclusive approach to the topic of women's health. This booklet generally uses the terms 'women' and 'girls'. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.

This resource and its recommendations are informed by the 'International evidence-based guideline (EBG) for the assessment and management of polycystic ovary syndrome', published in 2018.

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# Glossary

## What do these words mean?

You will see the below words and terms often throughout this booklet. We've provided meanings for each of them here, in case you need more help to understand them.

**Acne** – a common but treatable skin condition in which oil glands in the skin become blocked, causing spots, pimples and sometimes cysts. It usually affects the face, chest and back

**Aerobic activity** – any physical activity that produces energy by combining oxygen with blood glucose or body fat. It includes activities such as jogging, rowing, cycling or dancing – things that get you puffing and sweating

**Androgens** – also known as male-type hormones, these are hormones that give men their 'male' characteristics. Present in both males and females – though in much higher levels in males – the main androgens are testosterone and androstenedione

**Anxiety** – when fears or thoughts that are chronic (constant) and upsetting interfere with daily life

**Blood pressure** – blood pressure is the pressure of the blood in the arteries as it is pumped around the body by the heart

**Depression** – depression is more than low mood and sadness. It is a medical illness. A person with depression can feel extremely sad, dejected and unmotivated

**Diagnosis** – identifying an illness or other health problem by examining its symptoms

**Fertility** – your ability to produce a child

**Follicles** – partly formed eggs in sacs of fluid in the ovaries

**Genetics** – the physical traits that children inherit from parents, such as height, body shape, eye and hair colour, but also the risk of disease

**Glucose** – a carbohydrate, or sugar, that the body uses for energy

**Heart disease** – a condition that affects either the heart or major blood vessels (arteries) supplying the heart, brain and other parts of the body

**Hormones** – the body's chemical messengers that tell the body what to do and when, such as releasing an egg from an ovary, or starting a period

**Insulin** – a hormone made by the pancreas that allows your muscles and body to use glucose (from the carbohydrates you eat) for energy

**Insulin resistance** – occurs when the body does not respond properly to the hormone insulin. So the body has to produce more insulin to keep blood sugars in the normal range.

**Irregular cycles** – when a woman's menstrual cycle is longer than 35 days or shorter than 21 days

**Male-type hormones** – in relation to PCOS, these are testosterone and androstenedione

**Ovary/Ovaries** – the small round organs in a woman's reproductive system containing eggs. Women have two ovaries. In women of menstruating age, one ovary usually releases an egg every month

**Ovulation** – the release of an egg from an ovary; usually occurs once a month

**Period** – a girl or woman's monthly bleed, in which the lining of the womb (uterus) is shed. If there is a pregnancy, the period will not happen, as the uterus will keep its lining for the embryo

**Symptoms** – a physical or mental sign that shows the presence of a condition or disease. Examples of symptoms include a rash, a headache, or any change to a bodily function (such as your period) that is not normal for you

**Type 2 diabetes** – a condition that occurs when the body does not produce enough insulin for its needs, or when it becomes unable to use insulin properly. This causes sugar (glucose) levels in the blood to become either too high or too low

**Ultrasound** – a scan that creates an image of the inside of the body using soundwaves



# Introduction

## What is polycystic ovary syndrome (PCOS)?

PCOS is a hormonal condition, affecting up to one in 10 women of child-bearing age.

Hormones are chemical messengers that control the way the body works. For example, during puberty, hormone changes in a girl's body send out signals to start periods.

In a woman with PCOS, two hormones – insulin and androgens (male-type hormones) – are produced at slightly higher levels, which can result in:

- irregular periods (more or less often), or no periods
- emotional problems, including anxiety or depression, mood changes or low self-esteem
- more hair growing on the face, stomach and back
- loss of scalp hair
- acne or pimples
- delays getting pregnant
- easy weight gain, or trouble losing weight
- risk of developing type 2 diabetes
- risk factors for heart disease
- sleep apnoea.

Not all women with PCOS will have the same signs and symptoms. Symptoms can also change with age.

The names 'polycystic ovaries' or 'polycystic ovary syndrome' (PCOS) are misleading. They suggest that there are many 'cysts' on the ovary. In fact, the dark areas seen on ultrasound are not 'cysts', but follicles or underdeveloped eggs within the ovaries. Women with PCOS might not release a mature egg from the ovary (ovulate) every month, which results in irregular cycles.

The ovaries work differently because of the effect of the higher levels of insulin and androgens. If the hormone levels can be reduced or controlled, the ovaries can work normally.

There is no known link between the underdeveloped eggs in PCOS or true ovarian cysts that sometimes need surgery.

### ✓ Important to know

- There is no cure for PCOS.
- Treatment of PCOS can improve symptoms.
- PCOS can increase risk factors for heart disease and the risk of type 2 diabetes.

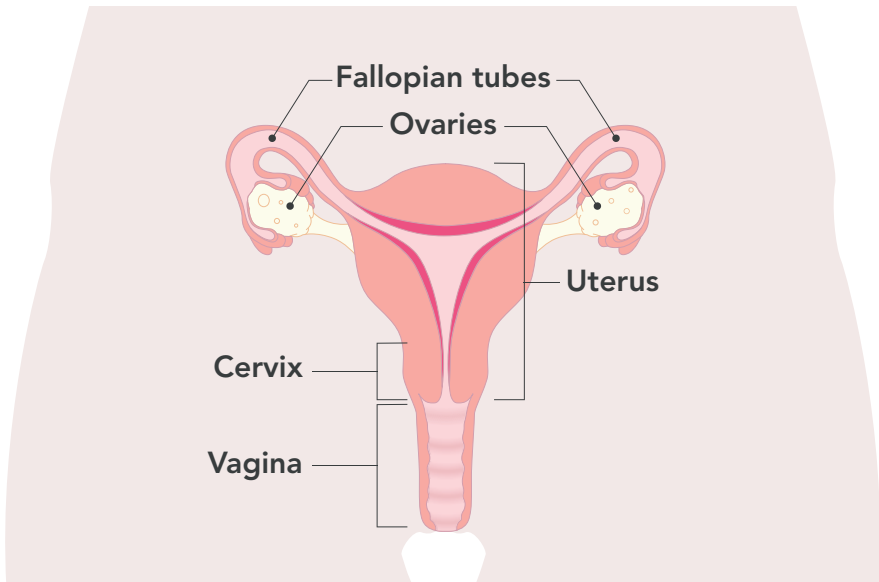




## What do the ovaries do?

The ovaries are small, oval-shaped organs located in the pelvis. Their main job is to produce hormones and eggs. Every month when an egg is mature, it is released from the ovary (ovulation) into the fallopian tube where it can be fertilised by sperm. If this occurs, the fertilised egg moves through the tube into the uterus, resulting in pregnancy. In women with PCOS, the eggs often don't fully develop and ovulate. This means they cannot be fertilised. This is the main cause of difficulty becoming pregnant.

*Diagram 1: the female reproductive system*

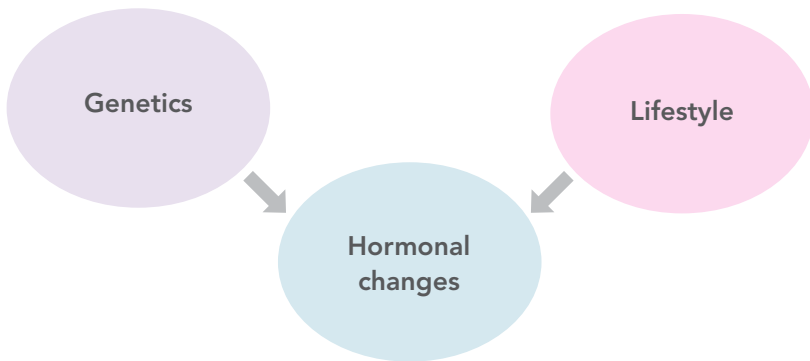


## What causes PCOS?

The causes of PCOS are not fully understood. However, family history and genetics, hormones and lifestyle factors – what you eat and how physically active you are – play a role.

Women who have a mother, aunt or sister with PCOS are 50% more likely to develop PCOS. The condition is also more common in women of Asian, Aboriginal and Torres Strait Islander and African backgrounds.

*Diagram 2: factors contributing to the development of PCOS*



## Hormones and PCOS

### Male-type hormones

Androgens and testosterone – also known as male-type hormones – are found in all women in small amounts. Women with PCOS produce slightly higher levels, but not as high as men. Higher levels of androgens in women cause symptoms such as extra body hair, scalp hair loss and acne.

### Insulin

Insulin is another hormone involved in PCOS. It allows the body and muscles to use sugar, or glucose, for energy, or to store it in the liver if it's not needed. If insulin is working properly, the level of glucose in the blood is always kept within a normal range.

Key facts to know about insulin if you have PCOS:

- Insulin works by letting glucose from the bloodstream into the body's cells so it can be used for energy
- Many women (75-95%) with PCOS have 'insulin resistance', which means the cells won't allow insulin to work properly, resulting in higher levels of insulin and glucose in the blood
- Insulin resistance is more common if you are overweight
- Regular exercise can help insulin to work better and reduce insulin resistance
- A higher level of insulin leads to the production of more male-type hormones in the ovaries, which causes a range of symptoms
- Higher insulin levels may eventually lead to pre-diabetes and type 2 diabetes.

*Diagram 3: the transition from insulin resistance to diabetes*



### ✓ Important to know

The best ways to keep insulin and male-type hormones levels lower and working normally are:

- being physically active on most days
- healthy eating
- preventing weight gain, or trying to lose some weight if needed.

These can also help improve PCOS symptoms.

# Diagnosis & management

## How is PCOS diagnosed?

To be diagnosed with PCOS, two of these three things must be present:

1. **Irregular periods** – more or less often than monthly, or no periods.
2. **Symptoms** – acne, scalp hair loss, or increased facial and / or body hair growth, or a blood test showing higher levels of androgen hormones.
3. **Ultrasound** – image of ovaries showing 20 or more follicles on either ovary.

**Note:** You do not need to have an ultrasound if you have **1** and **2**.

## Important points to know about diagnosis

- Your doctor will exclude other conditions before making a PCOS diagnosis.
- In adult women
  - if 1 and 2 are present, the diagnosis is made
  - if only 1 or 2 are present, then an ultrasound can be performed.
- In women younger than 20 years, ultrasounds are not recommended. This means that 1 and 2 need to be present for a diagnosis of PCOS to be made.
- PCOS can be difficult to diagnose in young women in the first few years after their periods begin. This is because periods are often irregular at first, and might not settle into a regular pattern for some years.

## Diagnosis and the contraceptive pill

It is important to know that the contraceptive pill changes hormone levels. So, for a PCOS diagnosis, you will need to stop taking the pill for at least three months before having tests (blood test and possibly an ultrasound). If you are sexually active, you will need to use another form of contraception for this time.

## Managing PCOS

PCOS cannot be cured, but good management can improve the symptoms and reduce the long-term effects on your health.

The aims of managing the condition include:

- receiving care that is personalised for your needs
- reducing symptoms
- improving psychological and emotional health
- preventing related long-term health conditions
- assisting with fertility and improving pregnancy outcomes, if required.

The keys to managing PCOS include having:

- a good understanding of PCOS
- a healthy approach to eating and physical activity
- appropriate medical therapies.

Some women might also want to consider complementary therapies to help manage some aspects of PCOS.

### The care 'team approach'

Working in partnership with your doctor and a team of other healthcare providers – such as a dietitian, dermatologist, psychologist or exercise physiologist – is important in managing PCOS.

Research shows that women with PCOS who receive care from a number of health professionals, rather than just one, can have better health outcomes.

Because PCOS can have many symptoms, a range of medical treatments might be necessary to manage the condition well. This is where a team approach – using the expertise of several different types of healthcare providers – can help.

## Healthy lifestyle

One of the best ways to manage PCOS and reduce symptoms is to live a healthy lifestyle. This includes eating a balanced and nutritious diet, maintaining a healthy weight, being as physically active as possible and minimising harmful habits such as smoking and drinking.

When making changes to your lifestyle, get some help to make changes that you can keep up long-term. Avoid short-term fad diets, or changes you can't maintain.

Importantly, set small goals that you can achieve – such as taking the stairs instead of the lift, trying a pedometer and working out ways to increase your steps each day, replacing juice and other sugary drinks with water – and build these up over time.

## Healthy eating

Before discussing healthy eating, it may help you to know that many women with PCOS can face emotional challenges that affect their eating habits. This is why it is important to think about your relationship with food and the triggers for your food choices and eating patterns. If needed, dietitians and other health professionals can help you work out approaches to healthier eating.

Eating healthy food in the right amounts for your body is one of the most important ways to manage your PCOS symptoms. There is no one way of eating that has been shown to be more successful in weight maintenance or weight loss in PCOS. If you want to lose weight, then reducing the overall amount of calories has been shown to be more successful than following any one particular diet.

## ✓ 10 healthy-eating habits

1. Cook your food in a healthy way, such as steaming or baking fish instead of frying it.
2. Keep meals balanced and in the right proportions; a meal should be mostly vegetables, some protein (such as a serve of lean meat the size of your palm, fish, eggs or low-fat dairy), legumes (such as chickpeas or cannellini beans) and wholegrains.
3. Eat fish 2-3 times per week.
4. Eat when you are hungry and only until you feel just full.
5. Try not to eat because you are tired, stressed or bored.
6. Drink water instead of soft drink, juice or alcohol (these are all high in calories).
7. Use healthy cooking oils such as olive, canola or macadamia.
8. Eat a small handful of unsalted raw nuts daily.
9. Choose high-fibre grains and cereals, such as oats, brown rice and wholegrain breads.
10. Include beans, lentils or chickpeas in your diet. They are high in fibre and can help you feel full for longer.



## Healthy foods, in the right amounts

Keep meals balanced and in the right proportions; a meal should be mostly vegetables, some protein, and some carbohydrates.

### Vegetables & fruits



### Proteins



### Carbohydrates





## Physical activity

Exercise or physical activity is very important for managing PCOS. Regular exercise has been shown to improve symptoms and reduce the risk of long-term health conditions.

The benefits of regular exercise for women with PCOS include:

- feeling better emotionally
- having more energy
- stable blood sugar
- regular periods, and more control of your fertility
- better control of your weight
- feeling fitter
- feeling better about yourself.

### What you can do to get started

- Join an exercise group that you feel comfortable with to help motivate you, or ask a friend to be an exercise buddy – that way, you'll be less likely to skip exercise.
- Find an activity you enjoy, so it is easier to make it part of your daily or weekly routine.
- Start gently and build up gradually to the level you are aiming for.
- If you don't feel confident about exercising – maybe you are self-conscious about excess weight, or worried about injuring yourself – speak to your doctor or an exercise physiologist to help you with these concerns and help build your confidence.

## ✓ Recommended guidelines for exercise

These recommendations are informed by the 'International evidence-based guideline (EBG) for the assessment and management of polycystic ovary syndrome', published in 2018.

### 1. For women with PCOS who want to prevent weight gain and maintain health:

- adults 18-63 years – do at least 150 minutes per week of moderate-intensity physical activity (you're puffed, but can still easily talk), or 90 minutes per week of vigorous activity (you're puffed enough that talking is difficult), or a combination of both. Include muscle-strengthening activities
- adolescents (younger than 18) – do at least 60 minutes per day of moderate to vigorous activity, including muscle-strengthening activities at least three times a week
- activity can be performed in 10-minute episodes, or around 1000 steps, with the aim to do at least 30 minutes on most days.

### 2. For women aiming to lose a moderate amount of weight, prevent weight regain or achieve greater health benefits:

- a minimum of 250 minutes per week of moderate-intensity activity, or 150 minutes per week of vigorous activity, or a combination of both
- muscle-strengthening activity on two non-consecutive days of the week
- overall, aim for around 30 minutes per day. Of this, 90 minutes per week should be aerobic activity (running, biking, fast walking, etc) at a moderate to high intensity for the best clinical outcomes. Any form of exercise is fine.

## ✓ Important to know

- Remember, physical activity includes walking, activity at work, household chores, sports and planned exercise. Choose an activity you like and, if possible, do it with friends or others to boost your motivation. Mixing up your activity will also help with motivation.
- Regular exercise greatly helps women with PCOS in many ways, such as helping to improve mood and prevent weight gain, type 2 diabetes and heart disease. So, make it a regular part of your day.



## Healthy weight

It can be difficult to manage your weight when you have PCOS. While PCOS can occur in both slender and overweight women, women with PCOS are at greater risk of being overweight or obese.

If you are overweight, losing 5-10% of your body weight can help improve all PCOS symptoms, including irregular periods, excess hair growth and acne. Weight loss can also help your emotional wellbeing, and prevent other health conditions from developing, such as type 2 diabetes and heart disease.

Some women with PCOS say that when they are a healthy weight, they don't have symptoms such as irregular periods or excess hair growth. These symptoms reappear only if they gain too much weight.

### What you can do

- One of the most important factors in managing PCOS is to prevent weight gain. It is often easier to avoid putting on extra weight than trying to lose weight once it is gained.
- Weighing yourself regularly can be useful in preventing weight gain, but make sure you know what to do if your weight does go up a little.
- It is important to maintain a healthy weight throughout life. When you are ready to lose some excess weight, gradual weight loss is the best approach.
- If you need support with losing weight, ask your doctor to refer you to someone who can help, such as a dietitian or perhaps an exercise physiologist. Find an approach that works best for you, with the focus being a plan that you can continue long-term.

### ✓ Important to know

A healthy lifestyle of nutritious food and physical activity can help you to manage your PCOS symptoms.

## Emotional health

Emotional problems such as anxiety and depression are common in women with PCOS. Experiencing the symptoms of PCOS, including excess hair growth, hair loss, acne, weight changes and fertility problems, can have a negative effect on your mood, self-confidence and body image.

### What you can do

- One of the most effective approaches for treating symptoms of PCOS is a healthy lifestyle – eating a nutritious diet, being as physically active as possible and maintaining a healthy weight. However, poor emotional health can sometimes make it difficult to look after yourself.
- Your emotional health may be improved with education about PCOS, support and appropriate treatment. Support from a range of health professionals such as doctors, psychologists, counsellors, exercise physiologists and the social support of family, friends and other women with PCOS, is very important.

It is important to keep an eye on your emotional health and seek help if needed. One way to do this is by asking the following questions:

How regularly am I:

- feeling down, depressed, or hopeless?
- having little interest or pleasure in doing things I usually enjoy?
- feeling nervous, anxious or on edge?
- unable to stop or control worrying?

If you answered 'often' to any of these questions, talk to your doctor. Your doctor can provide you with support and, if required, refer you to a counsellor or psychologist.

## ✓ Important to know

- Having good support around you – a trusted doctor and other healthcare providers – as well as family, friends and perhaps a group of other women with PCOS, can better help you manage PCOS and your health.
- There is help available to improve your emotional health and your overall wellbeing.



## Relationships

### Talking about PCOS

Sometimes it can feel easier not to talk about your condition with those close to you. Perhaps you do not want to burden them with your health problems, or perhaps you feel they won't understand. However, if your family, friends or partner understands more about what you are going through, especially in the long-term, it can make a positive difference to you and your relationships and might help people to better support you.

### Sexual relationships

Having healthy and satisfying sexual relationships can be important to overall health and happiness. However, some of the symptoms of PCOS may create challenges for some women to have healthy sexual relationships.

PCOS symptoms can impact body image and affect relationships and your sex life. Not feeling good about your body can create difficulties during intimate moments with another person. Other factors that can affect sexual relationships include low mood, difficult past experiences, low self-esteem, low sexual desire and medications. A number of studies have shown that women with PCOS sometimes have less satisfying sexual experiences.

It is important to know that these problems can be overcome and that women with PCOS can and do have very satisfying sexual relationships. Getting help to identify and manage sexual problems is a good approach. Talk with your doctor and if needed, sexual psychologists and counsellors; they are experienced in helping women deal with issues and problems relating to sex and intimacy.

It is also important to try and talk openly with your partner to help them understand your worries. Sharing how you're feeling can be an important step in improving your sexual relationship. Directing your partner to PCOS information will help them better understand your needs.

## Periods

For many women with PCOS, high levels of androgens and insulin can disrupt the monthly cycle of ovulation and periods. Periods can be irregular or can stop altogether. For some women, it can be difficult to get pregnant.

### Irregular periods

It is common for women with PCOS to have periods that do not come every month, or that come more often than monthly. In some girls, PCOS is the cause of periods failing to start.

Having regular periods helps keep the uterus healthy. If you have fewer than four periods a year, speak to your doctor. Your doctor may suggest you take hormone medication to make a period happen.

### What you can do

The best ways to help your periods more regular are :

- lifestyle changes – eating a nutritious and balanced diet, getting physically active and losing a few kilos if overweight
- taking the oral contraceptive pill (if not wanting to get pregnant)
- taking metformin, a medication that treats insulin resistance and diabetes.

**Every woman with PCOS has a different experience. Speak to your doctor about finding the right treatment for you.**



## Hair and skin problems

Higher levels of male-type hormones mean it is common for women with PCOS to have increased body hair – often on the face, stomach and back – and acne. Some women also have thinning hair on the top of their head.

Increased body hair, particularly on areas that can be seen by others, can be one of the hardest symptoms for women with PCOS to deal with. If it is a problem for you, there are things you can do to manage it.

### What you can do

- **Healthy lifestyle.** Excess hair growth, scalp hair loss and acne can be improved by a healthy lifestyle. A healthy diet and plenty of physical activity can help reduce insulin resistance, which can lead to improvements in skin and hair symptoms.
- **Hair removal.** Ways of removing hair such as threading, electrolysis, hair removal creams, laser therapy and waxing can help in managing excess hair growth.
- **Laser therapy.** This is often the most effective long-term solution, but it is important to know that results will vary depending on individual traits, such as hair colour and skin type. Laser therapy must be done by an experienced operator.

## Medical therapy

If these options don't work for you, talk to your doctor about medications that reduce the levels of male-type hormones in the body. For example, the oral contraceptive pill can reduce body hair growth. If after six months this has not worked, the addition of an anti-androgen medication may help. However, you must be on a form of contraception when taking an anti-androgen medication.

## Fertility

Some research shows that almost a third of women with PCOS do not have problems getting pregnant, but about two thirds do. One of the main reasons women with PCOS have trouble getting pregnant is because they do not always ovulate regularly. If ovulation does not happen, you cannot get pregnant.

However, it is important to know that women with PCOS give birth to the same number of children as women without PCOS, but it can take longer to get pregnant.

As fertility decreases after the age of 35, it is a good idea to consider this if you plan to have children. This gives you time to work with health professionals if you need help to become pregnant.

### What you can do

There are things you can do to increase your chances of becoming pregnant.

- A healthy lifestyle is the most effective treatment to increase your chances of a successful pregnancy. If you are overweight, losing 5-10% of your body weight can make your periods more regular and help your body to produce an egg that can be fertilised.
- Being physically active will also help your health. The healthier you are, the better your chances are of getting pregnant and having a healthy pregnancy and a healthy baby.
- While trying to get pregnant, it is important for all women to eat a healthy, balanced diet, rich in fruit and vegetables, and also to take a folate supplement.
- If you are not pregnant after trying for 12 months (or six months if you are aged over 35 years), see your doctor. They can discuss medical therapies that can help, or refer you to a fertility specialist.

**It is important to use contraception if you do not want to get pregnant.**

# PCOS-related health conditions

## Heart disease and type 2 diabetes

Women with PCOS are more likely to develop type 2 diabetes and have greater risk factors for heart disease. Women with PCOS also have a higher risk of developing diabetes in pregnancy (gestational diabetes). This risk increases if you are overweight when pregnant.

It can be distressing to learn that there are related health risks on top of coping with the symptoms of PCOS. The good news is that many of the treatments you will use for PCOS will also help to prevent some related conditions.

### What you can do

There are two important ways to lower your risk of developing these conditions:

- **Have a healthy lifestyle.** The most successful way to prevent these conditions is to be as active as possible, eat a healthy diet and keep your weight stable, or aim for a 5-10% weight loss if you are overweight.
- **Know your numbers.** Your doctor will need to order tests to check your glucose and cholesterol levels. Keep your own records of these, along with your weight, blood pressure and waist measurements. This way, if your numbers are increasing, you will be aware and can start to make healthier changes.
- **Ask your doctor.** Get help from your GP to make healthy lifestyle changes that will benefit your overall health now and into the future.

## Pregnancy care

During pregnancy, women with PCOS are more likely to have high blood pressure (hypertension), diabetes in pregnancy (gestational diabetes) and early (preterm) birth.

Once you become pregnant, it is important to tell the health professionals providing your care in pregnancy that you have PCOS. This way, they can provide some extra care and monitoring to look after the health of you and your baby.

## Gestational diabetes

Women with PCOS have a higher-than-usual risk of developing gestational diabetes because of insulin resistance. This risk increases if you are overweight when pregnant.

You will need to have a special blood glucose test (glucose tolerance test, or GTT) before or early in the pregnancy. This test will be done again at 24-28 weeks of pregnancy.

Women usually recover from gestational diabetes after their baby is born, when their blood glucose levels return to normal. However, they remain at a higher risk of developing type 2 diabetes after pregnancy, so monitoring and prevention are very important.

### What you can do

To reduce your risk:

- when planning for pregnancy, it is important to try and be as healthy as you can, aiming for a healthy weight
- it important to maintain a healthy weight (and rate of weight gain) once you are pregnant. Remain as physically active as possible and eat a healthy and nutritious diet.

## Sleep problems

Women with PCOS might experience sleep problems. These include snoring, uneven breathing while sleeping, and sometimes stopping breathing for short periods, or sleep apnoea. Being overweight can make these problems worse.

Women with sleep problems say they often wake up feeling tired, with a sore throat, and generally feeling low in energy throughout the day. If this happens to you, tell your doctor. Treatments are available to help you with this.

# PCOS key messages

## ✓ What you need to know

- PCOS is a common condition caused by changes in two main hormones – insulin and male-type hormones. Common symptoms include emotional challenges, increased facial and / or body hair, acne, weight gain, problems getting pregnant and irregular periods.
- PCOS does not go away and, in the long-term, increases your risk factors for type 2 diabetes and heart disease.
- Learning as much as you can about PCOS is important and will help you to better manage the condition.
- Treatment and lifestyle can greatly reduce the symptoms of PCOS and improve your overall health.
- PCOS affects all women differently, and symptoms can change over time. It is important to find treatment options that are right for you and your individual experience.
- Working with good support from a range of health professionals, as well as from family or friends, can greatly improve your health outcomes.
- You can work with your health professionals to improve your lifestyle, to be as healthy as you can be, and to reduce your PCOS symptoms.

# Support and resources

At [jeanhailes.org.au/health-a-z/pcos](https://jeanhailes.org.au/health-a-z/pcos) you will find further, more detailed information on polycystic ovary syndrome, symptoms, diagnosis, management, fertility, emotions, relationships, sex and more. There are videos and other resources too.

## Yarning about PCOS

[https://jh.today/Yarning\\_PCOS](https://jh.today/Yarning_PCOS)

## Monash Centre for Health and Research Implementation

This website provides a range of resources for women with PCOS, including videos and podcasts: [https://jh.today/Monash\\_PCOS](https://jh.today/Monash_PCOS)

## AskPCOS Smartphone App

AskPCOS is an app from Monash University based on the best available evidence. Download from the App store or Google Play.

## Polycystic Ovary Syndrome Association of Australia Inc (POSAA)

[facebook.com/PCOSAustralia](https://facebook.com/PCOSAustralia)

## Better Health Channel

You can also visit the Better Health Channel's PCOS webpages at

[https://jh.today/BHC\\_PCOS](https://jh.today/BHC_PCOS)

[https://jh.today/BHC\\_PCOS\\_myths](https://jh.today/BHC_PCOS_myths)

# Jean Hailes for Women's Health

Jean Hailes for Women's Health provides high-quality, trusted information, to assist you to make decisions about your health. We use the latest research to develop our website and resources on a range of topics, including:

- bladder and bowel
- bone health
- breast health
- cardiovascular health
- endometriosis
- fertility and pregnancy
- health checks
- healthy living
- Indigenous health
- menopause
- mental and emotional health
- natural therapies and supplements
- polycystic ovary syndrome (PCOS)
- periods
- sex and sexual health
- vulva, vagina, ovaries and uterus.

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