

# ALL ABOUT PCOS

## Some facts about PCOS that might surprise you:

- You can still ovulate and have PCOS
- 30 percent of women who have PCOS do not have any cysts on their ovaries
- PCOS is the most common hormonal disorder among women of reproductive age
- PCOS is the most common cause of female infertility
- It's estimated that up to 90 percent of women with hirsutism have PCOS
- You can be skinny and still have PCOS, in fact It's estimated that one-third to one-half of women with PCOS are at normal weight or underweight
- PCOS patients are 30 times more likely to suffer from breathing difficulties that occur during sleep, such as sleep apnea

## WHAT ARE THE SYMPTOMS OF PCOS?

- Acne
- Hair loss or hair thinning on the head
- Infertility or ovulation issues
- Hirsutism (facial hair)
- Decreased sex drive
- Acanthosis nigricans (darkening of the skin) and skin tags
- Irregular or heavy periods
- Sleep apnea
- Insulin resistance
- Anxiety and/or depression
- Polycystic ovaries
- Obesity and/or weight gain



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## WHAT CAUSES PCOS?

We're not entirely sure what causes PCOS yet. Inflammation, insulin resistance, adrenal issues, the birth control pill and a leaky gut have all been associated with PCOS.

More than 50% of women with PCOS will have diabetes or pre-diabetes before the age of 40

## HOW INSULIN PLAYS A ROLE

Insulin stimulates the production of testosterone (there are insulin receptors on the ovaries) and it also reduces sex hormone binding globulin (SHBG). The role of SHBG is to essentially “bind up” sex hormones such as testosterone and estrogen. So when SHBG is reduced in the body we have a much harder time eliminating excess amounts of testosterone and estrogen. This leads to an excess of these hormones, which can cause all sorts of issues and symptoms. Additionally, testosterone also decreases SHBG further – as does obesity, and many women suffering with PCOS are overweight.

Heart disease risk is 4 – 7 times greater in women with PCOS than women of the same age without PCOS

## ARE GENETICS TO BLAME?

Genetics can increase your risk of developing PCOS but genetics are *not* your destiny. We now know, through the science of epigenetics, that “genetics load the gun but environment, diet and lifestyle pull the trigger”. What does this mean? It means we can change the expression of our genes via what we eat and the lifestyle we lead. This is exciting news because it puts control back in our hands to a large degree (if we're willing to do the work, that is).

Women with PCOS are 20 – 50% more likely to have miscarriages



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## WE NEED TO TAKE PCOS SERIOUSLY

This is because PCOS is associated with a host of negative health consequences as previously listed but also because it's associated with endometrial cancer. Women with PCOS produce excess estrogen and not enough progesterone. Progesterone is the hormone that encourages the lining of the uterus ((endometrium)) to shed each month as a period. Without progesterone heavy or irregular bleeding can occur and eventually can lead to endometrial hyperplasia: when the lining grows excessively and cancer gets a foothold.

## HOW IS PCOS DIAGNOSED

There is no single test to diagnose PCOS and there is still conflicting views as to what actually constitutes a PCOS diagnosis. It can get confusing because PCOS is what's called a "spectrum" disorder, meaning two women with PCOS could look quite different and present with different signs and symptoms. However, the most widely accepted way to diagnose PCOS currently includes a woman meeting two out of the following three criteria:

1. Lack of *or* delayed ovulation (ovulatory dysfunction)
2. Clinical *or* biological signs of androgen excess (meaning symptoms only such as hirsutism, acne or hair loss *or* lab work can be used to determine if this criteria is met)
3. Polycystic ovaries

A common misconception is that you need to have cysts on your ovaries to have PCOS. Old school thinking told us that an ultrasound was the way to diagnose PCOS but we now know this is not the case. In fact, in January 2013 a panel of experts from the National Institutes of Health stated the term PCOS was confusing and called for it to be renamed because "PCOS is not an ovarian condition".

Additionally, just because you don't have hormonal abnormalities on blood tests doesn't mean you don't have PCOS. If your testosterone, LH and FSH are in the "normal" range you could still have PCOS.



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## WHAT CAN YOU DO IF YOU HAVE PCOS

There are some key strategies you can employ if you have PCOS. Some of these include the following:

- Stress reduction is very important to help balance your hormones
- Reduce inflammation in the body by eating an anti-inflammatory diet including functional foods such as turmeric and ginger
- Nourish your adrenals – again, to support hormonal balance
- It's imperative to balance your blood sugar and insulin levels – [join my free webinar](#) to find out more about how you can do this
- Eliminate sugar, flour, gluten and dairy from your diet
- Reduce your alcohol consumption to no more than 2 – 3 drinks per week
- Work on the health of your gut: there is often an autoimmune connection with PCOS
- Berberine can be helpful at reducing inflammation in the body and repairing a leaky gut as well as aiding in blood sugar regulation
- 4 grams of myo-inositol daily can be very beneficial to those suffering from PCOS, but work your way up, starting at 1 gram per day to avoid nasty gastrointestinal side effects
- Get your vitamin D levels tested and supplement accordingly

**This is just the tip of the iceberg. There are so many things you can do by way of diet and lifestyle strategies if you're suffering from PCOS. Please [get in touch](#) with me to find out how I can help you and be sure to sign up to my upcoming [FREE webinar](#) all about blood sugar and insulin control.**

*I've done the research so you don't have to!*



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