

Polycystic Ovarian Syndrome Pathway

This pathway has been developed from published guidance, in collaboration with local gynaecologists
This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

Diagnosis of PCOS if 2/3 of the following criteria
Oligo or amenorrhoea
Hyperandrogenism clinically or biochemically
Polycystic ovaries on scan

NHS

Camden

Clinical Commissioning Group

History / examination:

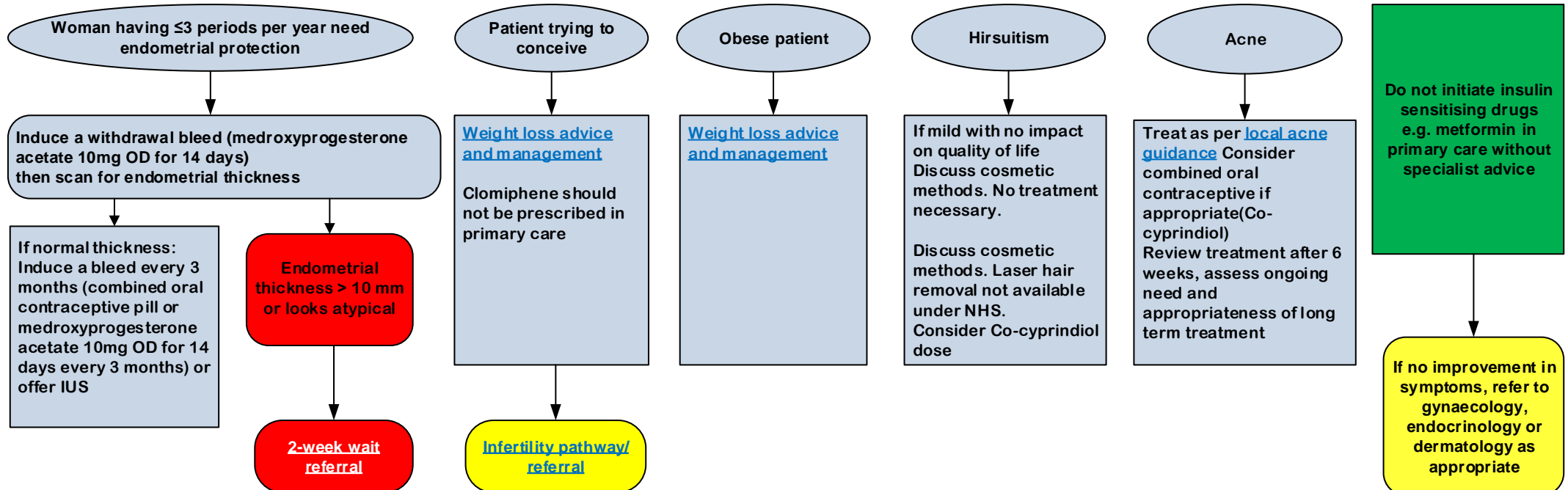
- Does the patient have any of the following symptoms/signs of polycystic ovarian syndrome?
- Oligomenorrhoea/amenorrhoea – infrequent or lack of periods
- Hyperandrogenism – hirsutism, acne vulgaris after adolescence or male pattern alopecia
- Obesity (especially central)
- acanthosis nigricans
- Difficulty conceiving
- Insulin resistance/Impaired glucose tolerance

Investigations:

- Incidental finding ultrasound appearance of polycystic ovaries:
- 12 or more follicles 2–9 mm diameter in one or both ovaries and/or increased ovarian volume > 10ml.

Management if confirmed polycystic ovaries:

- Screen for pre diabetes/ diabetes and annual screening if high risk i.e. strong family history, BMI > 30 and history of gestational diabetes
- monitor CV risk factors (BP, BMI and waist circumference and lipids)
- Where indicated ask about emotional wellbeing and manage as appropriate



Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016

Clinical Contact for this pathway for queries: Dr Elizabeth Bradley

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Comments & enquiries relating to medication: CCCG Medicines Management Team

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Refer to current BNF or SPC for full medicines information

Review due – March 2020