



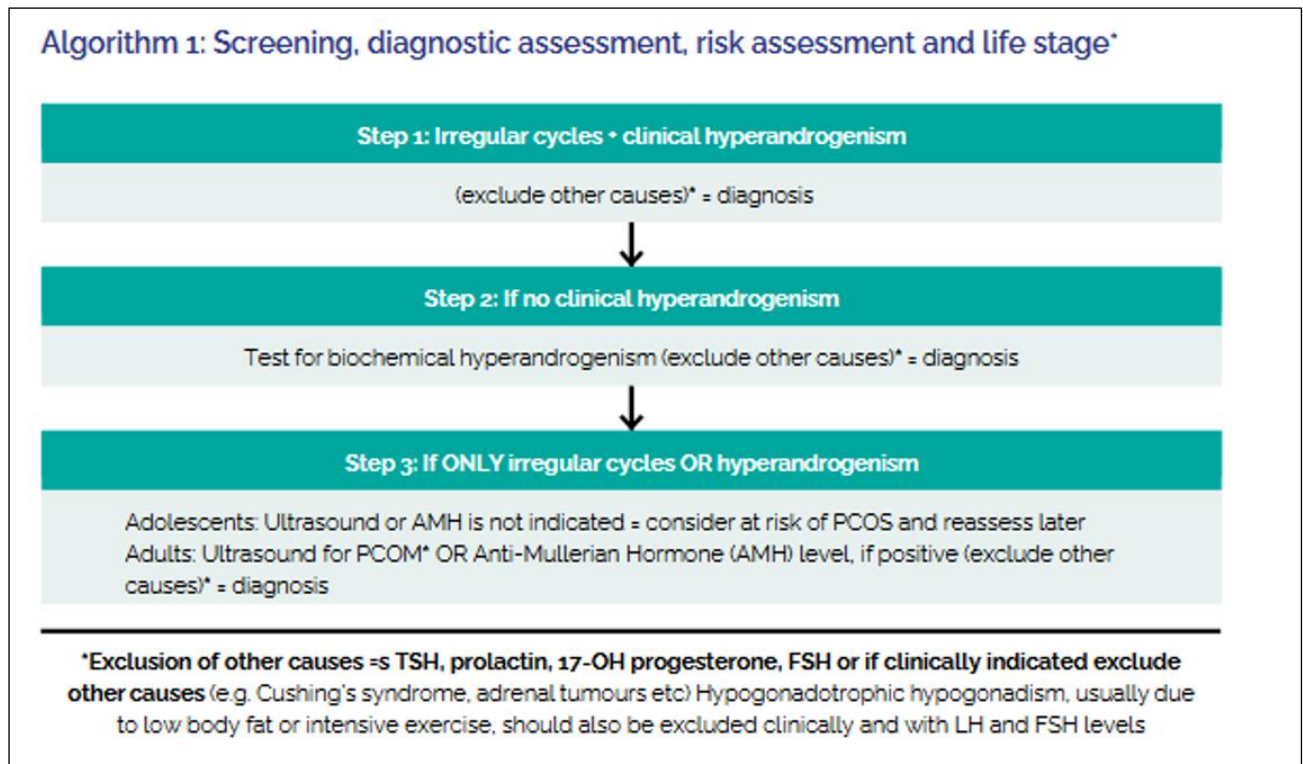
Supporting Information

Supplementary figures

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Teede HJ, Mousa A, Tay CT, et al. Summary of the 2023 international evidence-based guideline for the assessment and management of polycystic ovary syndrome: an Australian perspective. *Med J Aust* 2024; doi: 10.5694/mja2.52432.

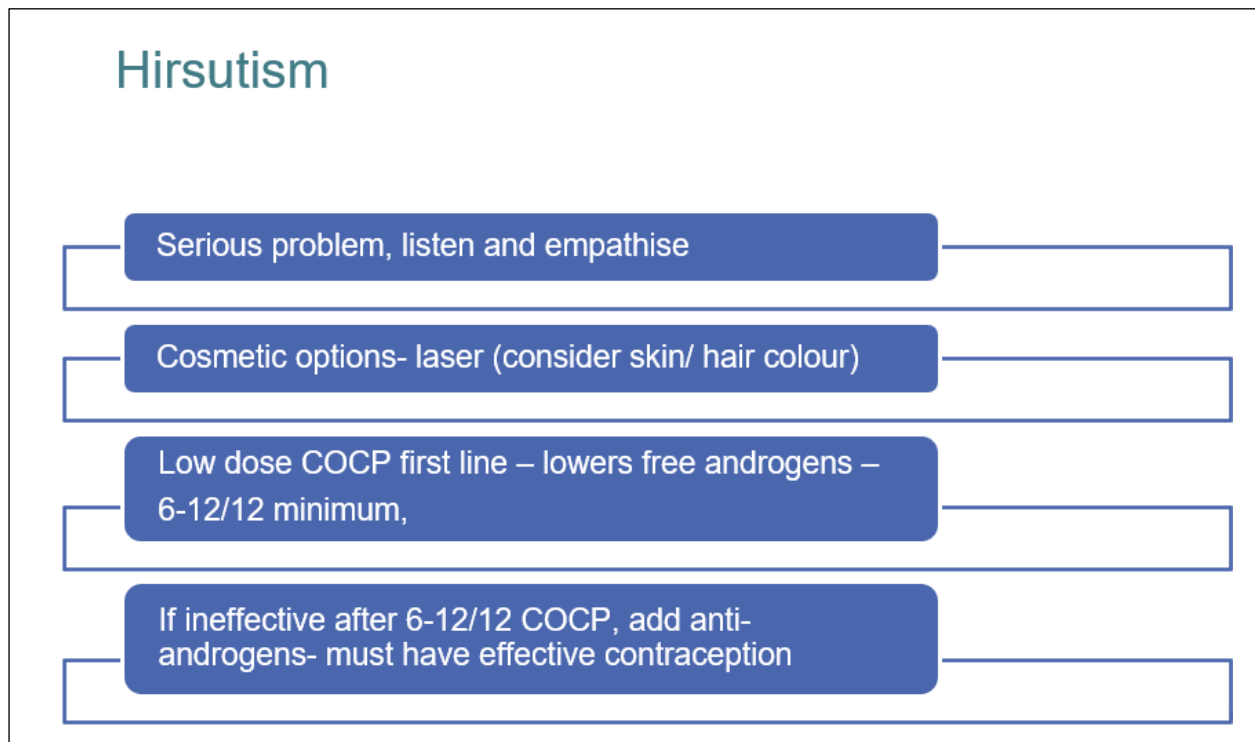
Figure 1: Diagnosis algorithm for polycystic ovary syndrome (PCOS) from the internationally endorsed evidence-based guideline criteria, built on the original consensus-based Rotterdam criteria (reproduced with permission with copyright to Monash University)



FSH = follicle-stimulating hormone; LH = luteinising hormone; PCOM = polycystic ovarian morphology; TSH = thyroid-stimulating hormone.

Figure 2: Management algorithm for patients presenting with (A) hirsutism, (B) irregular cycles or (C) cardiometabolic features (reproduced with permission with copyright to Monash University)

(A):



COCP = combined oral contraceptive pill.

(B):

Irregular cycles

- Always consider PCOS diagnosis
- Normal 1 yr post menarche, <21 - >45 days up to 3 yrs post menarche
- After this <21- >35 day cycles- 8 per year
- Risk for endometrial cancer
- COCP 1st line: low dose natural estrogen
- Or metformin or progesterone every 3/12

COCP = combined oral contraceptive pill; PCOS = polycystic ovary syndrome.

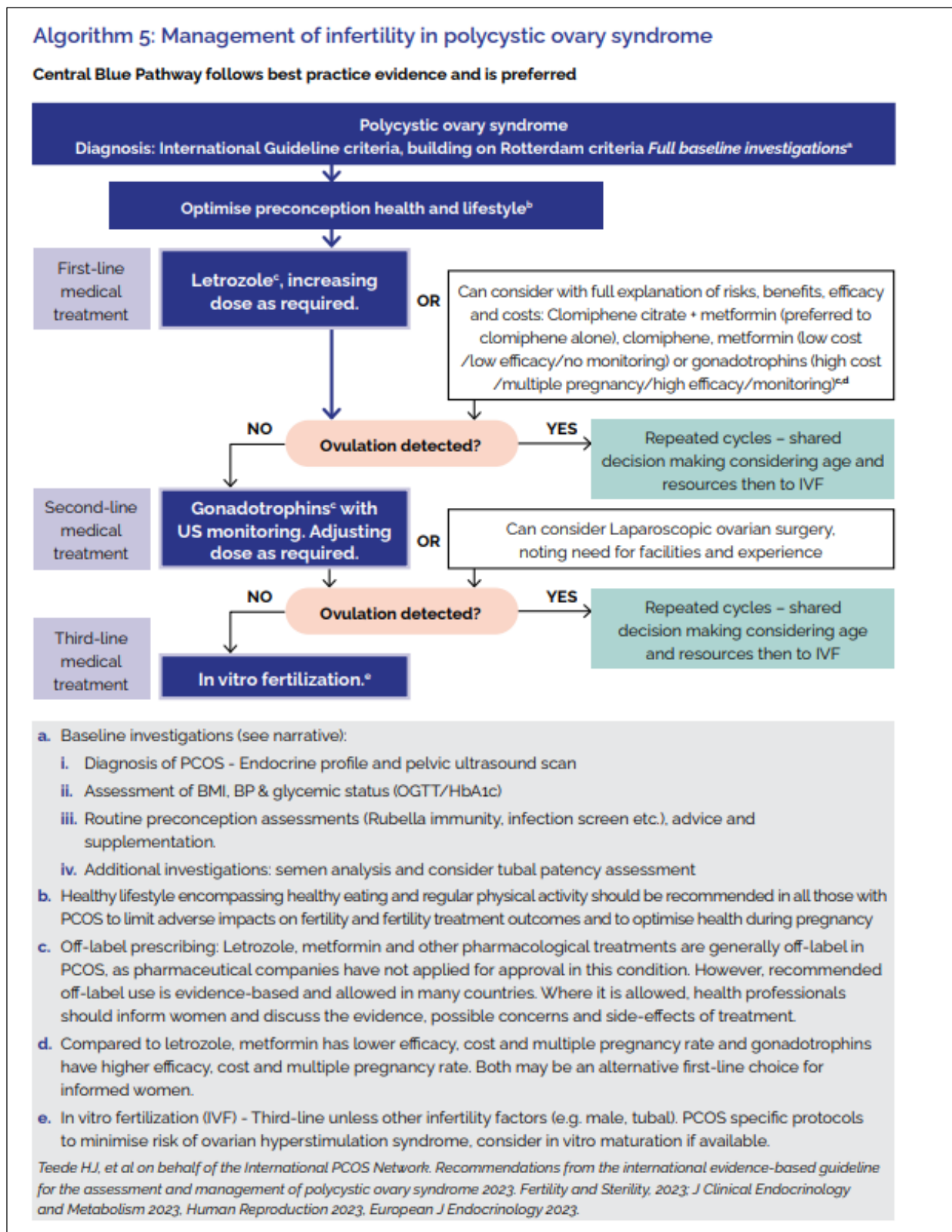
(C):

Weight and cardiometabolic factors

- Seek respectful permission to weigh and rationale for risk assessment and prevention, avoid weight stigma- annually
- Inform of diabetes/ CVD risk and opportunity for prevention
- OGTT screening 3 yearly, fasting glucose/ HbA1c less accurate, more frequent if other diabetes risks factors
- BP measurement annual
Baseline lipids, retest based on other CVD risk factors
- Lifestyle for weight gain prevention
- Metformin- prevent weight gain, induce ovulation, regulate cycles, reduce diabetes
- Consider medical/ surgical therapy as per population guidelines for BMI>30kg/m²

BP = blood pressure; BMI = body mass index; CVD = cardiovascular disease; HbA_{1c} = glycated haemoglobin; OGTT = oral glucose tolerance test.

Figure 3: Algorithm for the management of infertility in polycystic ovary syndrome (PCOS) (reproduced with permission with copyright to Monash University)



BP = blood pressure; BMI = body mass index; HbA_{1c} = glycated haemoglobin; OGTT = oral glucose tolerance test.

Figure 4: Translation tool example including the top ten tips in polycystic ovary syndrome (PCOS) from the new guidelines (reproduced with permission with copyright to Monash University)

10 new things to know about PCOS

- 1** PCOS is a long term condition with wide-ranging features beyond reproductive health.
- 2** There are knowledge gaps amongst health professionals needing to be addressed by the Guideline resources.
- 3** Doctors may use AMH levels instead of ultrasound to diagnose PCOS in adults.
- 4** PCOS carries a strong risk of premature diabetes and heart disease, which needs recognition, screening and prevention.
- 5** PCOS has a high prevalence of mental health impacts, including depression and anxiety. Stigma related to weight, facial & body hair & severe acne can contribute. Treatment alleviates these.
- 6** Manage PCOS with healthy lifestyle habits such as being as active as possible and eating healthy food most of the time.
- 7** Laser & light therapy for reducing unwanted hair caused by PCOS are good options.
- 8** PCOS is considered a high-risk condition in pregnancy which needs recognition, screening & prevention.
- 9** Higher weight can affect fertility & pregnancy.
- 10** There are effective treatments for both the medical & fertility impacts of PCOS.

*Based on changes in the 2023 International Evidence-based Guideline for the assessment & management of polycystic ovary syndrome.

The AskPCOS App provides comprehensive, high quality PCOS information and support tools that are based on the latest evidence. www.askpcos.org

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