

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## AUSTRALIAN-LED PCOS GUIDELINE AN INTERNATIONAL FIRST

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AN Australian-led international and multidisciplinary collaboration of health professionals and consumers has produced the first international evidence-based guideline for the diagnosis and management of polycystic ovary syndrome (PCOS) with an unprecedented international translation program, summarised today in a supplement published by the *Medical Journal of Australia*.

Led by Professor Helena Teede, Director of the National Health and Medical Research Council Centre for Research Excellence in PCOS, Monash and Adelaide Universities, the collaborators took 2 years to write the guideline, which includes an integrated translation program incorporating resources for health professionals and consumers.

PCOS affects 8–13% of reproductive age women, with around 21% of Indigenous women affected.

“Obtaining a timely PCOS diagnosis is challenging for women, with many experiencing significant delays with multiple different doctors involved,” as Teede and colleagues have recently published from women around the world..

“Inadequate information provision and lack of satisfaction with care has been reported, especially in areas such as psychological features, lifestyle and prevention. Doctors often focus on individual features of PCOS such as infertility, rather than taking a broader approach to care.

“There is also potential for overdiagnosis, including when isolated polycystic ovarian morphology on ultrasound is incorrectly equated with PCOS. This team’s research has clearly shown that access to timely, accurate diagnosis and information provision needs significant improvement.”

The guideline’s main recommendations cover diagnosis, screening and risk assessment depending on life stage; emotional wellbeing; healthy lifestyle; pharmacological treatment for non-fertility indications; and assessment and treatment of infertility. Importantly here the authors summarise the guidelines and provide a large range of accessible resources for guideline translation and clinical benefit.

The guideline and translation resources recommend the following changes in management:

### 1. Diagnosis:

- when the combination of hyperandrogenism and ovulatory dysfunction is present, ultrasound examination of the ovaries is not necessary for diagnosis of PCOS in adult women;
- requires the combination of hyperandrogenism and ovulatory dysfunction in young women within 8 years of menarche, with ultrasound examination of the ovaries not recommended, owing to the overlap with normal ovarian physiology; and
- adolescents with some clinical features of PCOS, but without a clear diagnosis, should be regarded as “at risk” and receive follow-up assessment.

### 2. Screening for metabolic complications has been refined and incorporates both PCOS status and additional metabolic risk factors.

### 3. Treatment of infertility: letrozole is now first line treatment for infertility as it improves live birth rates while reducing multiple pregnancies compared with clomiphene citrate.

“The PCOS guideline and translation resources aim to accelerate the delivery of consistent, evidence-based care across Australia,” Teede and colleagues concluded. “GPs are well supported in the implementation of the recommendations from the PCOS guideline by the provision of the range of freely available practice tools, tailored to the Australian context. GPs can also augment the PCOS-related health literacy of consumers by directing them to the range of consumer resources.”

**Please remember to credit *The MJA*.**

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