NHS
Scarborough and Ryedale
Clinical Commissioning Group

General Commissioning Policy

Treatment	**Polycystic Ovarian Syndrome (PCOS)**
For the treatment of	**Polycystic Ovarian Syndrome**
Background	NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers. This commissioning policy is needed in order to clarify the criteria for referral for polycystic ovarian syndrome.
Definition	PCOS is a common endocrine disorder, with a prevalence of 6-7% of population. It is characterised by ovulatory failure and hyperandrogenism, causing oligomenorrhoea, hirsutism, acne and subfertility. (USS features of polycystic ovaries can be found in up to 20% of women, but the syndrome is only diagnosed with clinical features) Longer term sequelae include: Type 2 DM, cardio-metabolic syndrome, obesity and sleep apnoea. **Exclude Red Flag Symptoms** • Endometrial Hyperplasia and carcinoma risk is elevated in this cohort, particularly when associated with <4 periods a year (in the absence of hormonal therapy). Sudden changes in bleeding pattern over age 40 should be regarded as higher risk, consider early referral. • Androgen-Secreting Tumours – a female with a total testosterone level >5nmol/L should be referred for further investigations **Investigations** • History – establish clinical features such as acne, hirsutism, irregular periods, subfertility • Examination – BMI, hirsutism, presence of acne • Investigations - baseline USS - bloods: TFTs, Prolactin, FSH/LH (D1-5), Free Androgen Index • A raised free testosterone is more clinically significant than

	the traditional FSH/LH ratio for diagnostic purposes
Management	• Subfertility – please refer to the subfertility guideline which supports early referral for patients with oligomenorrhoea, with a BMI under 35, for consideration of clomiphene therapy or ovarian drilling • Oligomenorrhoea: general advice for any woman with PCOS is to ensure 4 withdrawal bleeds a year to prevent endometrial hyperplasia. This may be using any hormonal form of contraception • The Mirena offers excellent endometrial protection and contraception • If contraception is not required, then quarterly courses of progesterone e.g. Norethisterone 5mg tds for 10d to induce menses is recommended • The RCOG patient info sheet is a fantastic resource to guide patients **Symptoms of hyperandrogenism** • Weight loss – particularly if BMI > 25 can improve sx • COCP – all will help reduce androgen levels, but Dianette, which contains cyproterone acetate, may yield quicker improvement, then consider conversation to a standard COCP after a year. • Unlicensed therapies include: spironolactone and anti-androgens, but specialist use only. • Longterm Risks: All patients should be given lifestyle advice on PCOS, about importance of healthy eating and exercise, but they should also be counselled about the 10-20% risk of T2DM and need for annual screening after age 40, with HbA1c levels.

Information to include in referral letter	**Diagnosis**
	Two out of three of the following criteria should be met.
	• USS findings of polycystic ovaries (12+ peripheral 'string of pearls' cysts
	• Oligo or Anovulation
	• Biochemical or clinical features of hyperandrogenism
	
	Essential information for referral
	• History should state if advice sought on diagnostic uncertainty, symptom management or subfertility input
	• Hormone profile
	• USS result
	• Current contraception and parity
	• Smear history
	• Treatments options (please indicate which tried, effective or contraindications exist)
	  • Mirena
	  • COCP
	• Relevant past medical / surgical history

	• Current regular medication • BMI – (under 35 for surgery) and smoking status
Patient Leaflet	RCOG PILS
Date reviewed	January 2017
Next Review Date	2019
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

RCOG Long term consequences of PCOS