Migretia,





Polycystic Ovarian Syndrome is an Endocrine Disorder that affects 12-25% of the Female Population and occurs amongst 1 in 5 females of reproductive ages.

The level of occurrence means that in a population of 5 women 1 out of 5 could have PCOS.

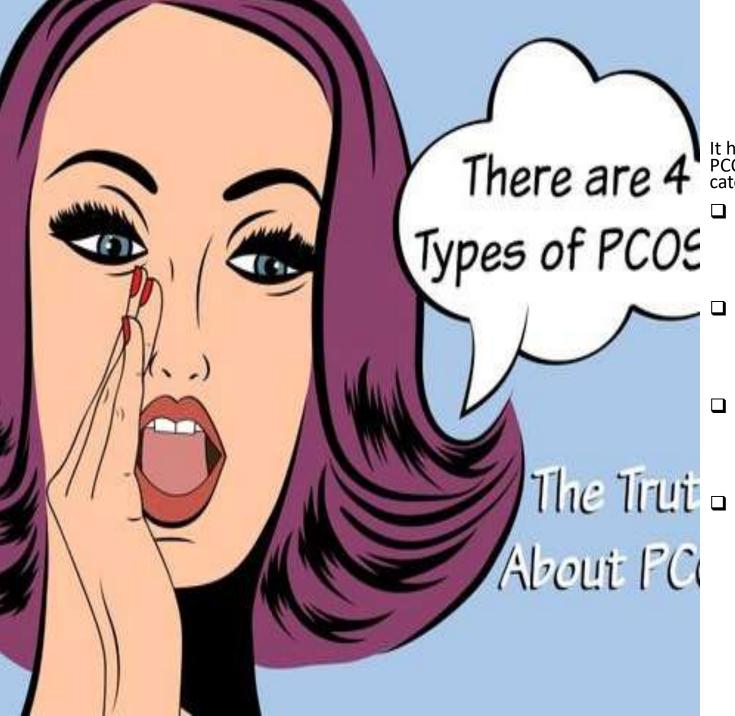
It is characterized by the following:

- > Irregular Menstruation/ Lack of Ovulation (Anovulation)
- Hormonal Imbalance (a higher ratio of male hormones to female hormones)
- ➤ Polycystic Ovaries (Characterized by the presence of cyst in the ovaries; Cyst looks like sacs filled with air)
- Hirsutism (Presence of excess hairs on the Face, Chest, Arms and Legs caused by the presence of excess male hormones)
- Excess Weight Gain/ Obesity
- ➤ High Blood Glucose
- ➤ Hair loss on the head and eye brows

If Polycystic Ovarian Syndrome is not well managed it could lead to:

- Cardiovascular Disease (Heart Disease)
- > Stroke
- Diabetes Type 2
- > Infertility

According to the National Polycystic Ovarian Syndrome Awareness a female is said to have PCOS if she presents 2-3 of the above symptoms and the later symptoms usually occurs in later years.



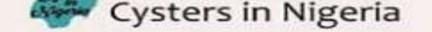
It has been observed that not all women with PCOS the same symptoms. Therefore research has categorized its type into four different categories.

- Insulin Resistant PCOS: This is the most common type of PCOS also known as "Classic PCOS". This is caused by excess sugar, Smoking, Trans fat and Environmental Toxins and can be detected through Blood Sugar Test.
- Pill-Induced PCOS or Post- Pill PCOS: Most women gets back their normal ovulation and menstrual flow as soon as they are off the pill but for some women, it doesn't return normally.
- ☐ Inflammatory PCOS: Inflammation known as swelling, or chronic-immune activation results from stress and environmental toxins most especially. Inflammation is a PCOS problem because it impedes ovulation.
- ☐ **Hidden PCOS:** This is a rare case of PCOS that presents no symptoms as to why ovulation is not present.



- ✓ History of the Frequency of Menstrual Flow
- ✓ Physical Presentation such as Hirsutism
- ✓ Intravaginal Scan

It is advised that diagnosis for PCOS should be conducted once a female hits puberty.



PEP-Nigeria Study Group is currently recruiting individuals for the study of Polycystic Ovary Syndrome (PCOS)
in pre-menopausal women.

PCOS is a condition associated with

SUBFERTILITY

IRREGULAR MENSTRUAL CYCLES

EXCESSIVE GROWTH OF BODY HAIRS

EARLY ONSET DIABETES MELLITUS

OBESITY

ELIGIBILITY CRITERIA

·Be a female aged 18 to 45 years, with any one of the following below:

Have Irregular/unpredictable menstruation, and/or

- Menstrual cycle length or duration> 4 days variation between cycles, or
- Frequent menstrual cycles <26 days cycle (polymenorrhea), or
- Menstrual cycle length ≥ 35 days (oligo-amenorrhoea)

Have evidence of excess male hormone (androgen), and/or

- Unwanted hair growth (hirsutism), or
- Acne (pimples), or
- Loss of scalp hairs (alopecia)

Qualified participants will receive



Study-related medical examination

at NO COST



Results of all study-related laboratory

test at NO COST



FREE Counselling and referral services

Have an incidental finding of polycystic ovarian morphology on pelvic ultrasound scan

