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## **What is PCOS?**

Polycystic Ovarian Syndrome (PCOS) is an endocrine condition present in around 1 in 10 people with ovaries in the UK (1). PCOS is a hormonal condition with metabolic consequences and is typically diagnosed in a person's late teens. PCOS is a "syndrome", so rather than set criteria of symptoms, there is a collection of possible symptoms that can vary between people.



A quick note on gender here: I want to acknowledge that while PCOS only occurs in people with ovaries, not all people with ovaries are women.

If you're here because you've been diagnosed with PCOS, you've likely read a lot online about losing weight and cutting out carbs, gluten, and dairy. But I'm here to help you with holistic management of PCOS, and tell you all the reasons the common lines of PCOS management are not beneficial in the long term.

## **What causes PCOS?**

There is no specific origin, but a number of factors can play a role. Genetics, environmental, and lifestyle factors (such as stress levels) are thought to play a role. Self-compassion plays a big role here, and the internet likes to point fingers as to why people have PCOS, but know it's not a fault of yours and focus on management rather than figuring out what to blame.

## **What are some of the symptoms of PCOS?**

- Irregular periods or lack of periods
- Irregular ovulation or no ovulation at all
- Reduced fertility or difficulty getting pregnant
- Dark or thick facial or body hair (hirsutism)
- Oily skin or acne
- Hair loss or thinning hair (alopecia)
- Difficulty losing weight
- Depression, anxiety, and mood changes

If you are experiencing any of the above symptoms and you think you might have PCOS, the first step is going to your GP.

## **How is PCOS diagnosed?**

The gold standard way is with the [Rotterdam Criteria](#) where 2 of 3 of the following must be present:

- Cyst-like structures on the ovaries (via an ultrasound).
- Absence or irregular menstrual cycle, or lack of ovulation (via tracking your period or with blood tests).
- Signs of excess androgens (e.g. testosterone), such as facial hair, acne, hair thinning/hair loss (via physical signs or by a blood test).

PCOS is underdiagnosed and undertreated, usually because symptoms are mild or due to a lack of education in healthcare professionals for proper management. GPs usually diagnose people with PCOS and send them away with a "prescription" to lose weight or to never gain weight. People are often told to come back if/when they have problems with fertility. Unfortunately, this is the case for so many people living with PCOS, and so it's easy to see why so many turn to advice they read on the internet which is probably not coming from the best sources.

#### What are the associated consequences of unmanaged PCOS? (3)

- Difficulty becoming pregnant.
- May lead to an increased risk of certain cancers.
- Insulin Resistance can develop into type 2 diabetes. PCOS and Insulin Resistance are linked due to the role testosterone plays in blood glucose levels (and vice versa).
- Cardiovascular (heart) disease.

The above are all far too in-depth to provide you with an overview in this article, so please speak to your GP if you're concerned.

#### "I've been told to lose weight"

I wanted to touch on this before moving on to the management of PCOS. Since the first line prescription for PCOS comes with a caveat about long-term chronic health conditions, and how being in a larger body means PCOS is more difficult to manage. So let's take a quick delve into weight science, which I hope will help ease your mind that weight loss is the only option.

If you search for PCOS on Google, you will be told that weight loss is one of the only ways to manage the symptoms and longer-term conditions associated with it. When you were diagnosed with PCOS by your GP, you were likely told to "lose some weight and come back if you have trouble becoming pregnant" - not very helpful!

The evidence shows that intentional weight loss is not as cut and dry as we are led to believe... It's estimated that at least 77% of all weight loss is regained within 5 years (4-5), and dieting is a predictor for long-term food and body problems including poor body image, reduced health behaviours, and bingeing (6).

Another caveat of PCOS is that weight loss is even harder due to the hormonal factors that underpin appetite, metabolism, and how your body responds to weight loss attempts (7). People with PCOS are also more susceptible to stress due to the higher levels of cortisol, which all link back to the development of health conditions associated with unmanaged PCOS.

Dieting, plus the stress of living with PCOS, and can lead cause mental health distress and symptoms of disordered eating and eating disorders. Such as bingeing, intense food cravings, being preoccupied with food, and feeling addicted or out of control around food (8). So, instead of trying to help PCOS with dieting, let's take a look at 5 top tips on how to manage PCOS (that don't include trying to change your body).

### **How to manage PCOS**

As an Associate Nutritionist, I'm not here to give you medical advice, and I know going against the grain of your GPs diagnosis and treatment procedure is uncomfortable. But you are in charge of your own treatment. So, please know you can advocate for yourself. That being said, there are medications commonly prescribed by GPs, which should be discussed and taken alongside the suggestions that follow.

#### Rest, sleep, and stress managemen

Before you start changing your lifestyle and adding in new foods, the very first step is to lay the foundations so you can manage stress well. I know this seems kind of boring, but I promise it's essential to managing PCOS.

- Be careful with caffeine, try to stop drinking caffeinated tea and coffee after midday.
- Have time away from screens before bed, and bonus points for not sleeping next to your phone.
- Take up mindfulness, such as with a meditation app.
- Pick up journaling

## 1.You don't need to diet

Take another read at the section on why diets aren't the answer, and how weight loss isn't as simple or as sustainable as it's made out to be. I also invite you to do the following:

- Write down every diet you've ever tried, how long you did it, if you lost any weight, and how much weight you regained. This way you can start to see how previous dieting attempts have gone down.
- Write down a list of your expectations of what happens when you diet, versus what actually happens. Reflect and ask yourself if dieting is really something you want to do.
- Take a look [here](#) to read about the consequences of dieting and now read through the final 3 tips for PCOS management, with all these reasons in mind.

## 2.Work on your relationship to food and your body

Are you eating enough and regularly?

If you're struggling with eating past comfortable fullness at night, this is likely due to insufficient total food intake. Try eating 3 meals per day, plus 2-3 snacks. If this makes you uncomfortable, consider working 121 work to help your relationship with food.

Do you have a good awareness of what hunger actually feels like (and do you honour hunger)?

Can you detect when you're slightly hungry, or can you only tell you're hungry when you're in the snack drawer ravenously trying to find food?

Are you eating for emotional reasons, and how do you react when you do?

A lot of people with PCOS would call themselves "emotional eaters", and I want you to know right now: Emotional eating is not a bad thing. Food is absolutely a part of self-care. The goal of managing emotional eating is not to stop using food to cope with emotions, the point is to add more coping strategies in.

If any of the above has sparked your interest as something you could do with working, please do reach out for a consultation with me.

### 3.Nutrition

Everything that follows is based on the current evidence of PCOS nutrition. But, it's important to work on the 3 things above first, especially if you've ever had a not-so-great relationship to food.

Otherwise, you might risk getting into a big mess with food. This nutrition section is on purpose small because there are so many claims online that it deserves its own article.

#### - Don't cut off carbohydrates

Instead, pair carbohydrates with protein and fats. Which is what meals are like anyways. There's a lot of information about cutting carbs out if you have PCOS, but there's no reason to do this. Remember, you eat foods, not single nutrients. This might look like eating boiled egg with toast or adding berries and seeds to a bowl of porridge.



#### - Fats are your friend

There are two types of fats that are really important in PCOS management: monounsaturated and polyunsaturated. Mono is found in seeds, nuts, vegetable oils like rapeseed and olive oil, and avocado. Poly is found in oily fish, and for vegans in chia seed/flax seeds. Add these to your diet daily.

#### - Don't cut out dairy, gluten, or sugar

Dairy, gluten, and sugar are often demonised in PCOS circles, but this stems from the (incorrect) thought that these foods contribute to weight gain. There's absolutely no need to cut out food groups, and this can impact your relationship to food negatively in the long run.

### 4.Movement

The best is the one you do and enjoy. Aim to move your body how it feels good too. PCOS is associated with future health conditions that might be reduced by physical activity, such as cardiovascular disease. Moving your body can include walking the dog, swimming in the local pool, dancing to Youtube videos, or gardening.

Shannon specialises in emotional eating, disordered eating, body image, and weight-inclusive management of health conditions such as PCOS. She is passionate about person-centred care and working with people to find their version of health, without the side serve of diet culture. Visit [Shannon's profile](#) to request her expertise.

### References

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