



WOMEN'S HEALTH GUIDE

Why You Were Told to Lose Weight and Nothing Else

The guide that finally explains what PCOS actually is and the questions that get real answers.

Tests to Request

Hand this page to your provider or take a photo of it to discuss at your next appointment. These are the tests that can clarify whether PCOS is present and how it is affecting your body.



Fasting insulin and glucose

To check for insulin resistance, a key driver of PCOS symptoms and long-term health risks.



HOMA-IR calculation

A simple calculation from fasting insulin and glucose that gives a clearer picture of insulin resistance than glucose alone.



2-hour oral glucose tolerance test (OGTT)

To screen for impaired glucose tolerance or type 2 diabetes, which is more common in PCOS.



Total and free testosterone

Elevated levels are a hallmark of PCOS and can explain acne, hair loss, and excess hair growth.



Sex hormone-binding globulin (SHBG)

Low SHBG often indicates high insulin levels, which can raise free testosterone and worsen PCOS symptoms.



Dehydroepiandrosterone sulfate (DHEA-S)

A marker of adrenal androgen production, which can be elevated in some PCOS cases.



17-hydroxyprogesterone

To rule out non-classic congenital adrenal hyperplasia, a condition that can mimic PCOS.



Thyroid-stimulating hormone (TSH) and free T4

To rule out thyroid disorders, which can cause irregular cycles and weight changes similar to PCOS.



Prolactin

Elevated prolactin can cause irregular periods and breast discharge, and needs to be ruled out.



Pelvic ultrasound (transvaginal preferred)

To look for polycystic ovaries and rule out other structural causes of irregular bleeding.



Lipid panel (total cholesterol, LDL, HDL, triglycerides)

To assess cardiovascular risk, which is elevated in PCOS, especially with insulin resistance.



Hemoglobin A1c

To estimate average blood sugar over the past 2 to 3 months and screen for prediabetes or diabetes.

You can ask for any of these by name. If a provider declines, you can ask for the reason to be noted, or request a referral to someone who will look further.

You have likely been told to lose weight, go on birth control, or come back when you want to get pregnant. But PCOS is a whole-body metabolic and hormonal condition, not a weight problem or a fertility issue alone. This guide gives you the real picture, the honest options, and the exact words to get the care you deserve.

What PCOS Actually Is, in Plain Language



Polycystic ovary syndrome is a condition of the endocrine system, the network of glands and hormones that regulates everything from metabolism to mood to reproduction. The name focuses on the ovaries, but the root of PCOS often lives elsewhere in the body. Many women with PCOS have a hormonal pattern where the body produces higher than typical levels of androgens, sometimes called male hormones, and the ovaries may develop many small follicles that appear as cysts on an ultrasound. The cysts are not dangerous. They are eggs that started to mature but did not finish the process, a sign that ovulation is not happening regularly.

The diagnostic criteria used by most clinicians are called the Rotterdam criteria. You need at least two of three things: irregular or absent ovulation, signs of high androgens (either on a blood test or in symptoms like acne or excess hair), and polycystic ovaries on ultrasound. But many women meet all three and still feel dismissed when their labs look normal on paper. This is because standard lab ranges are wide and often reflect a population that is not well, not what is optimal for your body. A result in the normal range does not mean your body is functioning well.

The syndrome affects an estimated one in ten women, making it one of the most common endocrine conditions in the world. Yet it is frequently underdiagnosed or misdiagnosed because its symptoms overlap with other conditions. The average woman waits two to three years and sees multiple providers before getting a diagnosis. That delay is not your fault. It is a gap in the system that this guide will help you close.

Understanding that PCOS is a syndrome rather than a single disease is important. A syndrome is a collection of symptoms and signs that tend to occur together but do not have one clear cause. This means your experience of PCOS may look different from another woman's. Some women have significant

metabolic changes, some have mostly skin and hair symptoms, and some have irregular cycles as their primary struggle. The treatment and management should match your specific pattern, not a one-size-fits-all prescription.

KEY TAKEAWAYS

- ✓ PCOS is diagnosed by having at least two of three Rotterdam criteria.
- ✓ The cysts on ultrasound are not dangerous follicles, not tumors.
- ✓ Standard lab ranges can miss the picture. Ask for your exact numbers.
- ✓ PCOS is a syndrome, so your symptoms may be different from another woman's.



Ask for the full criteria

When you see a provider, ask them to run through the Rotterdam criteria with you and explain which two of the three you meet. This keeps the conversation anchored in diagnostic standards, not weight stigma.

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Why Insulin Matters More Than the Ovaries



One of the most important things to understand about PCOS is that it is not just a reproductive condition. It is a metabolic condition that affects how your body handles insulin. Insulin is a hormone that helps your cells take in glucose from your blood to use for energy. In many women with PCOS, the cells become less responsive to insulin, a state called insulin resistance. The pancreas then has to produce more insulin to get the job done.

High insulin levels in the blood do more than affect blood sugar. Insulin signals the ovaries to produce more androgens. This is the direct link between metabolism and the hormonal symptoms of PCOS. When insulin is high, the ovaries make more testosterone. That testosterone can stop ovulation, worsen acne, trigger hair thinning on the scalp, and cause hair growth on the face, chest, or back. The cycle feeds itself: high insulin drives high androgens, and high androgens make insulin resistance worse.

The standard fasting glucose test that many providers run is not sensitive enough to catch early insulin resistance. Your blood sugar can look perfectly normal while your insulin is already climbing to compensate. A fasting insulin test, or an oral glucose tolerance test with insulin measurements, gives a much earlier and clearer picture. Many women with PCOS have normal glucose but elevated insulin, and that elevation is driving their symptoms.

This metabolic piece is also why the advice to just lose weight is both incomplete and harmful. Weight gain can be a symptom of insulin resistance, not the cause. When your body is resistant to insulin, it stores fat more easily, especially around the abdomen, and it has a harder time releasing that fat for energy. Telling a woman to lose weight without addressing the underlying insulin resistance is like telling someone with a broken leg to just walk it off. The metabolic pattern needs to be addressed directly.

KEY TAKEAWAYS

- ✓ Insulin resistance drives high androgens and is common in PCOS.
- ✓ A standard glucose test can miss early insulin resistance. Ask for fasting insulin.
- ✓ Weight gain can be a symptom of insulin resistance, not the root cause.
- ✓ Addressing insulin is often the most effective place to start managing PCOS.



Request these tests

Ask your provider for fasting insulin and a 2-hour oral glucose tolerance test with insulin. These give a real picture of how your body handles glucose and insulin, not just a snapshot of your blood sugar.

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The Full Symptom Picture No One Told You About



The symptoms of PCOS extend far beyond irregular periods and infertility, though those are the ones most providers check for. The hormonal and metabolic changes affect nearly every system in the body. On the skin, high androgens can cause persistent acne along the jawline, chin, and back, as well as darker, thicker skin in the neck folds, armpits, or groin, a condition called acanthosis nigricans that is a visible marker of insulin resistance.

Hair changes are among the most distressing symptoms for many women. Androgens can cause hair on the scalp to thin, especially at the crown, while stimulating coarse hair growth on the face, chest, upper back, and abdomen. This pattern is called hirsutism and affects up to 70 percent of women with PCOS. It is not a cosmetic issue. It is a biological signal that androgens are elevated and the metabolic system is under strain.

Many women also experience fatigue, brain fog, and mood changes that are not simply stress or lack of sleep. Insulin resistance affects how the brain uses glucose for energy, and the hormonal fluctuations can disrupt neurotransmitters like serotonin. Depression and anxiety are significantly more common in women with PCOS than in the general population, and this is not just about the emotional weight of the condition. There are biological mechanisms at work.

Sleep problems are another underrecognized symptom. Women with PCOS have higher rates of sleep apnea, even at a moderate weight, because insulin resistance and high androgens can affect the respiratory centers in the brain. Poor sleep worsens insulin resistance, creating another self-reinforcing cycle. Digestive issues, including bloating and irregular bowel movements, are also common, possibly due to the gut microbiome changes that accompany metabolic dysfunction.

KEY TAKEAWAYS

- ✓ Acne along the jawline and chin, and skin darkening in folds, are common signs.
- ✓ Hair thinning on the scalp and growth on the face are driven by androgens, not a separate condition.
- ✓ Mood changes, fatigue, and brain fog are biological, not just psychological.
- ✓ Sleep apnea is more common with PCOS and can worsen insulin resistance.



Track the whole picture

Use a symptom tracker to note your cycle length, skin changes, hair changes, energy, mood, and sleep quality each day. Patterns that feel random often have a hormonal rhythm you can identify.

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What Gets Mistaken for PCOS



Several conditions share symptoms with PCOS and are often confused with it. The most common is thyroid disease, particularly hypothyroidism, where the thyroid gland does not produce enough hormone. Low thyroid function can cause irregular periods, weight gain, fatigue, and hair thinning. A simple blood test for TSH, free T4, and thyroid antibodies can rule this out or identify it as a separate or co-occurring condition.

High prolactin, a condition called hyperprolactinemia, can also cause irregular cycles and breast discharge. Prolactin is a hormone that stimulates milk production, and when it is elevated for reasons other than breastfeeding, it can suppress ovulation. A blood test for prolactin is simple and should be done before assuming PCOS is the only explanation.

Another condition that mimics PCOS is congenital adrenal hyperplasia, a genetic disorder that affects the

adrenal glands and causes excess androgen production. This is less common but can be identified with a specific blood test called 17-hydroxyprogesterone. Nonclassical congenital adrenal hyperplasia can appear in adulthood and look exactly like PCOS. Knowing the difference matters because the treatment is different.

Adrenal conditions like Cushing's syndrome, where the body produces too much cortisol, can also cause weight gain, irregular periods, and high androgens. This is rare but worth considering if you have additional symptoms like easy bruising, purple stretch marks, or a rounded face. A thorough workup should rule out these mimics before settling on a PCOS diagnosis, and a good provider will do this without making you feel like a hypochondriac.

KEY TAKEAWAYS

- ✓ Thyroid disease is the most common condition mistaken for PCOS. Get a full thyroid panel.
- ✓ High prolactin can mimic PCOS. Ask for a prolactin blood test.
- ✓ Nonclassical congenital adrenal hyperplasia is rare but treatable differently.
- ✓ A thorough workup rules out mimics and ensures the right treatment.



Ask for the full differential

When you get a PCOS diagnosis, ask your provider: 'What other conditions did you rule out to reach this diagnosis?' This question ensures a complete workup was done.

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Every Treatment and Management Option, Laid Out



Treatment for PCOS depends on your primary goals: regulating cycles, managing symptoms, improving metabolic health, or preserving fertility. There is no one right path, and what works for one woman may not work for another. The first line of treatment for many women is combined hormonal contraception, the pill, patch, or ring. This regulates the cycle, lowers androgen production, and improves acne and hair symptoms. It does not treat the underlying insulin resistance, and it can mask the return of natural cycles if fertility is a future goal.

For women who cannot or do not want to take hormones, or who are trying to conceive, the medication metformin is often used. Metformin improves insulin sensitivity, which can lower insulin levels and in turn lower androgens. It helps some women ovulate more regularly, though it is not a guaranteed ovulation inducer. It can cause digestive side effects, but an extended-release version is often better tolerated. Metformin does not treat hair loss or hirsutism directly.

For hair growth and acne, specific medications can help. Spironolactone is a diuretic that also blocks androgen receptors in the skin, reducing acne and slowing hair growth. It requires monitoring of potassium levels and is not safe during pregnancy. For hair growth, topical or oral medications like eflornithine cream or finasteride may be options, though finasteride is also not safe during pregnancy. These are often prescribed alongside other treatments.

For women trying to conceive, ovulation induction with medications like letrozole or clomiphene citrate is standard. Letrozole is now considered first-line because it has fewer side effects and higher live birth rates than clomiphene for women with PCOS. Ovulation induction should be monitored by a provider to track follicle development and timing. For those who do not respond to oral medications, injectable gonadotropins or in vitro fertilization may be considered. Each step should be discussed with a reproductive endocrinologist.

KEY TAKEAWAYS

- ✓ The right treatment depends on your primary goal: cycle regulation, symptom control, or fertility.
- ✓ Hormonal contraception regulates cycles but does not treat insulin resistance.
- ✓ Metformin improves insulin sensitivity and can help with ovulation.
- ✓ Spironolactone helps with acne and hair growth but is not for pregnancy or conception.
- ✓ Letrozole is first-line for ovulation induction, not clomiphene.



Match treatment to your goal

Write down your top three PCOS concerns before the appointment. Then ask: 'Given these priorities, what is the best treatment option for me right now?'

What You Can Do Day to Day



Lifestyle strategies for PCOS are not about weight loss as a goal in itself. They are about improving insulin sensitivity and reducing inflammation, which in turn can lower androgens and improve symptoms across the board. The most effective dietary approach for many women is one that stabilizes blood sugar. This means choosing foods that do not cause rapid spikes and crashes in glucose. Protein, healthy fats, and fiber at every meal help slow the absorption of carbohydrates.

There is no single PCOS diet that works for everyone, but patterns consistently show benefit from reducing refined carbohydrates and added sugars, and increasing vegetables, lean protein, and sources of healthy fat like olive oil, nuts, and fatty fish. Some women find that a lower carbohydrate intake helps their symptoms significantly, while others do well with a moderate carbohydrate approach that focuses on whole food sources like legumes, quinoa, and sweet potatoes. Experimenting with your own response is important.

Movement matters, but the type matters. High intensity exercise can raise cortisol, which may worsen insulin resistance in some women. Moderate, consistent movement like brisk walking, cycling, swimming, or strength training is often more effective for improving insulin sensitivity. Strength training is particularly helpful because muscle tissue is more sensitive to insulin than fat tissue. Building muscle helps your body use glucose more efficiently.

Sleep and stress management are not optional extras. Poor sleep and high stress raise cortisol, which raises blood sugar and worsens insulin resistance. Prioritizing seven to eight hours of sleep, creating a wind down routine, and finding stress reduction practices that actually work for you, whether that is walking in nature, meditation, or a warm bath, are medical interventions for PCOS, not self indulgence.

KEY TAKEAWAYS

- ✓ Focus on blood sugar stability with protein, fat, and fiber at meals.
- ✓ Reduce refined carbs and added sugars. No single diet works for everyone.
- ✓ Moderate movement and strength training improve insulin sensitivity more than high intensity.
- ✓ Sleep and stress management are direct interventions, not optional extras.



Build one habit at a time

Pick one change for this week: a protein rich breakfast, a 20 minute walk after dinner, or a consistent bedtime. Small changes compound over time.

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How PCOS Changes Across Life Stages



PCOS does not disappear with age, but it does change. During the reproductive years, the focus is often on cycle regulation, symptom management, and fertility. Many women find their symptoms shift over time. Acne may improve in the late twenties and thirties for some, but worsen for others. Hair growth and thinning can progress gradually. Weight management may become harder as metabolism naturally slows with age.

As women approach perimenopause, usually in the mid to late forties, the hormonal landscape shifts again. The ovaries produce less estrogen and progesterone, which can change the balance of androgens. Some women with PCOS find that their cycles become slightly more regular as they approach menopause, because the lower estrogen levels reduce the hormonal chaos. Others find their metabolic symptoms, like insulin resistance and weight gain, become more pronounced during perimenopause.

After menopause, the risk of long term health complications becomes the primary concern. Women with PCOS have a higher lifetime risk of type 2 diabetes, cardiovascular disease, and endometrial cancer. The risk of endometrial cancer is elevated because infrequent or absent ovulation means the uterine lining is not shed regularly. The lining can build up and become abnormal over time. This risk is managed with regular shedding of the lining, either through hormonal contraception, periodic progestin, or at least four periods a year.

Cardiovascular risk is also elevated, partly due to the higher rates of insulin resistance, high blood pressure, and unfavorable cholesterol patterns that often accompany PCOS. Regular monitoring of blood pressure, cholesterol, and blood sugar becomes even more important after menopause. The good news is that the same lifestyle strategies that help manage PCOS symptoms also reduce these long term risks. The work you do now for your metabolic health pays off decades later.

KEY TAKEAWAYS

- ✓ PCOS symptoms change with age. Acne may improve, but metabolic concerns may grow.
- ✓ Perimenopause can shift hormonal balance, sometimes improving cycles but worsening metabolism.
- ✓ After menopause, focus shifts to long term risks: diabetes, heart disease, and endometrial cancer.
- ✓ Regular monitoring of blood pressure, cholesterol, and blood sugar is essential after menopause.

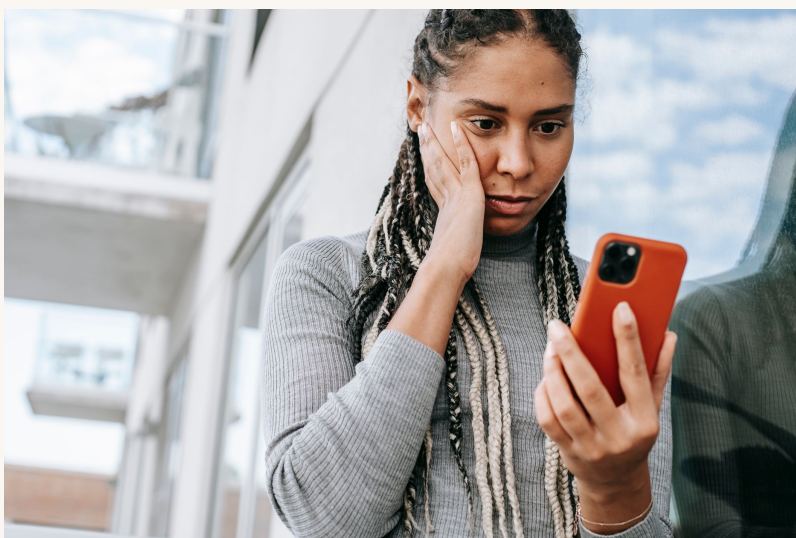


Ask about long term monitoring

At your annual visit, ask: 'Given my PCOS history, what screening schedule do you recommend for diabetes, heart disease, and endometrial health?'

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The Red Flags That Mean Seek Care Now



Most PCOS symptoms are manageable with time and the right care, but some signs require immediate medical attention. Heavy or prolonged bleeding is one of them. If you are soaking through a pad or tampon every hour for more than two hours, passing clots larger than a quarter, or bleeding for more than seven days, you need to be seen. This could indicate endometrial thickening or other uterine issues that need evaluation.

Severe pelvic pain that is not your typical cramping is another red flag. While PCOS itself does not cause severe pain, the condition can coexist with endometriosis or ovarian cysts that can rupture or twist. Sudden, sharp pain on one side of the lower abdomen, especially with nausea or vomiting, requires urgent care. A ruptured ovarian cyst can cause internal bleeding and needs prompt attention.

Changes in vision or severe headaches, especially if they come on suddenly, can be a sign of high blood pressure or, rarely, a pituitary tumor. Women with PCOS are at higher risk for high blood pressure, and this can affect the eyes and brain. If you notice blurred vision, double vision, or a headache that is the worst of your life, seek care immediately.

Signs of a blood clot, such as sudden leg swelling, pain, or redness in one leg, or sudden chest pain and shortness of breath, are emergencies. Women with PCOS have a slightly elevated risk of blood clots, especially if they are on hormonal contraception. Any of these symptoms require immediate medical attention, not a routine appointment. Trust your instincts. If something feels wrong, it is always better to be checked.

KEY TAKEAWAYS

- ✓ Heavy bleeding requiring a pad or tampon change every hour for more than two hours needs urgent care.
- ✓ Sudden, sharp pelvic pain on one side could be a ruptured cyst.
- ✓ Vision changes or severe headaches may indicate high blood pressure or other issues.
- ✓ Signs of a blood clot, like leg swelling or chest pain, are emergencies.



Know your urgent care options

Save the address of a nearby emergency room or urgent care center in your phone. If you experience any of these red flags, do not wait for a routine appointment.

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How to Advocate for Yourself and Not Be Dismissed



The most common experience women with PCOS report is being told to lose weight and come back. This is not helpful and it is not adequate medical care. You deserve a provider who takes your symptoms seriously and offers a complete workup. To get that care, you need to be prepared. Bring a written list of your symptoms, how long they have been happening, and what you have already tried. Write down the specific tests you want to discuss.

Use language that signals you are informed and expect a partnership. Instead of saying I think I might have PCOS, say I have been tracking my cycles and symptoms, and I meet the Rotterdam criteria for PCOS. I would like a full workup including fasting insulin, a thyroid panel, and prolactin. This shifts the conversation from a request to a discussion between equals.

If a provider dismisses you, you have options. You can say I understand that weight loss can help, but I would like to know what is causing my symptoms so I can address the root issue. Can we run the tests to rule out other conditions and confirm the diagnosis? This keeps the focus on medical investigation rather than a single recommendation. If they still refuse, that is information. That provider is not the right one for you.

Getting a second opinion is not rude. It is standard medical practice. You can also seek a provider who specializes in PCOS, such as a reproductive endocrinologist or an endocrinologist with experience in

metabolic disorders. Many women find that a team approach, with an endocrinologist for the metabolic piece, a gynecologist for the reproductive piece, and a registered dietitian for nutrition, works best. You are the manager of that team.

KEY TAKEAWAYS

- ✓ Come to appointments with a written list of symptoms and specific test requests.
- ✓ Use informed language that positions you as a partner, not a supplicant.
- ✓ If a provider dismisses you, ask for the tests that address the root cause.
- ✓ A second opinion is standard. Build a team of providers who take you seriously.



Bring this guide to your appointment

Take a photo of the tests to request section or print it out. Hand it to your provider and say: 'I would like to discuss these as part of my workup.'

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The Questions That Get Real Answers



The right questions can transform a frustrating appointment into a productive one. Instead of asking broad questions that invite vague answers, ask specific ones that require your provider to think through your case. Start with the diagnosis. Ask: Do I meet the Rotterdam criteria? Which two of the three do I meet, and what are my exact lab results for each? This anchors the conversation in diagnostic standards.

For the metabolic piece, ask: Do I have insulin resistance based on fasting insulin and a glucose tolerance test, or just based on my fasting glucose? This distinguishes between a thorough evaluation and a

superficial one. If your fasting glucose is normal but you still have symptoms, this question opens the door to the right testing. Ask: What is my fasting insulin level, and is it in a range associated with better symptom control?

For treatment, ask: What is the goal of this treatment, and how will we measure whether it is working? This clarifies whether the treatment is for cycle regulation, symptom improvement, or metabolic health. It also sets a timeline for follow up. Ask: If this does not work, what is the next step? Having a plan B prevents you from feeling stuck.

For long term health, ask: What screening schedule do you recommend for diabetes, heart disease, and endometrial cancer given my PCOS? This ensures you are not just managing symptoms today but protecting your future health. And finally, ask: Is there anything else that could be causing my symptoms that we have not ruled out? This keeps the door open to a complete workup and prevents diagnostic overshadowing, where every symptom is attributed to PCOS when something else might be going on.

KEY TAKEAWAYS

- ✓ Ask specific questions that require your provider to explain their reasoning.
- ✓ Always ask for your exact lab results, not just normal or abnormal.
- ✓ Clarify the treatment goal and how success will be measured.
- ✓ Ask for a plan B and a long term screening schedule.



Write these questions down

Copy these questions into your notes app or a small notebook you bring to every appointment. Having them written down keeps you focused even when you feel nervous.

Your Symptom Tracker

Track these daily to see how your body responds to food, movement, and medications, and to bring real data to your provider.

How to read your tracker

- Look for a pattern of longer or absent cycles that correlates with higher stress or changes in eating patterns.
- Notice whether acne, hair thinning, or mood shifts cluster at the same point in your cycle, even if cycles are irregular.
- Check whether fatigue or cravings worsen after meals high in refined carbohydrates, which can point to insulin-related symptoms.

Week of: _____

TRACK EACH DAY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Cycle day (if any bleeding occurs, note start and stop dates)							
Fasting or post-meal energy level (0 to 10 scale)							
Acne (number of new breakouts or location)							
Hair shedding or growth changes (subjective scale, 0 to 10)							
Cravings for carbs or sweets (yes/no or intensity 0 to 10)							
Blood sugar notes (if you monitor, record pre-meal and 1-hour post-meal values)							
Notes							

Three days is not enough on its own. Print one of these for each week and track at least two full cycles before your appointment. One cycle can be a fluke. Two is a pattern.

Take This to Your Provider

Bring these questions to your next appointment to get a clearer picture and a real plan.



Before you book: screen the provider

Call the office and ask: Do you routinely order a fasting insulin test and calculate HOMA-IR for patients with irregular cycles or suspected PCOS, or will you refer me to a registered dietitian or endocrinologist if insulin resistance is found? If the answer is not a clear yes, find someone else before you wait months for an appointment.

MY MAIN SYMPTOMS

WHEN IT STARTED AND THE PATTERN

WHAT I HAVE ALREADY TRIED

QUESTIONS TO ASK

- Based on my symptoms and labs, do I meet the Rotterdam criteria for PCOS?
- Can we check my fasting insulin and glucose, and calculate HOMA-IR, to see if insulin resistance is part of the picture?
- What are my options for regulating my cycles, and what are the risks and benefits of each?
- If I have excess hair or hair loss, what treatments can help beyond birth control?
- What is my current risk for type 2 diabetes and cardiovascular disease, and how often should I be screened?
- Can you refer me to a registered dietitian who specializes in PCOS or insulin resistance?

WHAT WE DECIDED AND NEXT STEPS

What to Say in the Room

Use these lines to state your concerns clearly and keep the conversation focused on your goals.

I have been tracking my cycles and they are consistently longer than 35 days. I would like to discuss what is causing that.

I am concerned about my risk for insulin resistance and type 2 diabetes. Can we test my fasting insulin and glucose today?

I am experiencing hair thinning and new acne, and I want to know if these are related to a hormone imbalance.

I understand weight loss can help, but I need a plan that addresses the underlying hormonal and metabolic issues, not just a calorie target.

What are the long-term health risks I need to be aware of with PCOS, and how often should I have follow-up testing?

I would like a referral to a registered dietitian who can help me manage insulin resistance through nutrition.

If they push back

IF THEY SAY	YOU CAN SAY
Your labs look normal, so you don't have PCOS.	I understand the blood work is within range, but I have irregular cycles and symptoms like acne and hair loss. Can we review the Rotterdam criteria together, including my cycle history and a pelvic ultrasound?
Just lose weight and your periods will regulate.	I appreciate that weight can be part of the picture, but PCOS makes weight loss harder due to insulin resistance. Can we address that directly with testing and a plan that includes medication or a referral to a dietitian?
Birth control will fix your symptoms.	Birth control can manage symptoms, but I want to understand what is causing them and what my long-term health risks are. Can we talk about non-hormonal options and monitoring for insulin resistance?
You don't have PCOS because you have regular periods.	Some women with PCOS do ovulate regularly. I still have other signs like acne and high testosterone symptoms. Can we check a pelvic ultrasound and fasting insulin to be thorough?
Hair loss and acne are just stress or genetics.	I understand those can contribute, but given my irregular cycles and other symptoms, I would like to rule out PCOS as a cause. Can we test my hormone levels and do an ultrasound?

IF THEY SAY	YOU CAN SAY
You are too young to worry about diabetes or heart disease.	I know PCOS increases my risk for both, even at a young age. I would like to establish a baseline with a fasting glucose and insulin test, and discuss how to monitor this over time.

Plain-Language Glossary

PCOS (Polycystic Ovary Syndrome)

A hormone disorder where the ovaries produce excess androgens (male-type hormones), often linked to insulin resistance, leading to irregular periods, cysts on the ovaries, and symptoms like acne and hair growth.

Insulin resistance

A condition where the body's cells do not respond well to insulin, causing the pancreas to produce more insulin; high insulin levels can trigger the ovaries to make more androgens, worsening PCOS symptoms.

Androgens

Hormones like testosterone that are typically higher in people with PCOS; excess androgens cause acne, hair thinning on the scalp, and hair growth on the face or body.

HOMA-IR (Homeostatic Model Assessment of Insulin Resistance)

A calculation using fasting glucose and insulin levels to estimate how insulin resistant someone is; a higher number suggests greater insulin resistance.

Rotterdam criteria

A set of three diagnostic features for PCOS requiring at least two of the following: irregular or absent ovulation, signs of high androgens (by lab or physical exam), and polycystic ovaries on ultrasound.

Polycystic ovaries

Ovaries that contain many small follicles (immature eggs) visible on ultrasound; a common but not required sign of PCOS.

Anovulation

When the ovary does not release an egg during a menstrual cycle; leads to irregular or missed periods and can affect fertility.

Metformin

A medication that improves insulin sensitivity and lowers blood sugar, sometimes used in PCOS to help regulate cycles and reduce androgen levels.

Spironolactone

A medication that blocks the effects of androgens on the skin and hair, often used to treat acne and excess hair growth in PCOS.

Clomiphene citrate (Clomid)

An oral medication that induces ovulation, commonly used for fertility treatment in women with PCOS.

Endometrial hyperplasia

A thickening of the uterine lining that can occur when periods are infrequent or absent, increasing the risk of uterine cancer; a concern in untreated PCOS.

Laparoscopic ovarian drilling

A surgical procedure that makes small holes in the ovary to reduce androgen production and improve ovulation in some women with PCOS who do not respond to medication.

What You Can Do at Home

These supportive practices can help you feel more comfortable and in control, working alongside any medical treatment you receive. They are not cures but gentle ways to care for your body day to day.

- **Gentle movement after meals**

A 10 to 15 minute walk after eating can help your body use glucose more efficiently and may reduce insulin spikes. No need to push yourself; a slow, steady pace works.

- **Prioritizing protein at meals**

Including a source of protein like eggs, Greek yogurt, beans, or chicken at each meal can steady blood sugar and reduce cravings for sweets later in the day.

- **Stress management with deep breathing**

Taking 5 slow, deep breaths before meals or when you feel stressed can lower cortisol, which in turn may help insulin work better. Try inhaling for 4 counts, holding for 4, and exhaling for 6.

- **Consistent sleep schedule**

Going to bed and waking at the same time each day, even on weekends, supports hormone regulation and can improve insulin sensitivity. Aim for 7 to 9 hours of restful sleep.

- **Warm compress for pelvic discomfort**

If you experience pelvic pain or cramping, a warm compress or heating pad placed on your lower belly can soothe muscle tension and make you more comfortable.

- **Tracking your cycle and symptoms**

Using a paper or app-based tracker to record your period, acne, mood, and cravings helps you see patterns and gives you concrete data to share with your provider.

These are comfort and self-care measures, not treatments or cures, and they are not a substitute for care from a qualified provider.

Things That Can Help

Sometimes the right tool can make a hard day easier or help you feel more in control. These are simple, supportive products that many women with PCOS find helpful for comfort, tracking, and daily care.

- **Heating pad or microwavable warm pack**

[Shop on Amazon >](#)

A warm compress on your lower belly can soothe pelvic discomfort and help you relax, especially during a painful period or after a long day.

- **Blood glucose meter and test strips**

[Shop on Amazon >](#)

If your provider recommends monitoring, a simple meter lets you see how different foods and activities affect your blood sugar, giving you real feedback to guide your choices.

- **Cycle tracking app or paper journal**

[Shop on Amazon >](#)

Recording your period, symptoms, and daily habits helps you spot patterns over time and brings clear, organized information to your provider appointments.

- **Spearmint tea**

[Shop on Amazon >](#)

Some research suggests spearmint tea may modestly lower testosterone levels. It is a soothing, caffeine-free beverage that can be part of a comforting evening routine.

- **Magnesium glycinate supplement**

[Shop on Amazon >](#)

Magnesium supports blood sugar regulation and can improve sleep quality. Glycinate form is gentle on the stomach and well absorbed. Check with your provider before starting any supplement.

- **Gentle hairbrush for thinning hair**

[Shop on Amazon >](#)

If hair thinning is a concern, a soft-bristle brush is kinder to fragile strands and can reduce breakage while you work with your provider on treatment options.

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Download WOMO and start tracking today. You are first in line for the app that finally listens.

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WOMO HEALTH

This guide is for educational purposes only and does not replace medical advice from your own trusted provider. Always consult a clinician before making changes to your treatment plan.