Treatment of Polycystic Ovarian Syndrome

Clinical Guideline

This guideline supports initial treatment of patients with Polycystic Ovarian Syndrome (PCOS) and includes information for referral to the Children's Wisconsin PCOS Clinic. To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes	Referring provider's initial evaluation and management	When to initiate or consider referral to PCOS Clinic	How to refer and what to send to PCOS Clinic	Specialist's workup will likely include
Signs and symptoms • Irregular menstrual cycles **AND** • Biochemical and/or clinical hyperandrogenism • Polycystic ovarian morphology is not part of the diagnostic criteria for adolescents **Diagnosis** • PCOS is diagnosed in 80-90% of adolescents with these signs/symptoms • Other mimicking conditions are diagnosed in 10-20% **Causes** • Ovarian hyperandrogenism • Insulin resistance • Obesity	**Initial evaluation includes:** • Free and total testosterone • DHEA-S • 17-hydroxyprogesterone • Androstenedione • TSH and free T4 • LH and FSH • Prolactin • Fasting lipid panel • Comprehensive metabolic panel • Hemoglobin A1C and/or oral glucose tolerance test **Management is person-centered and may include:** • Lifestyle interventions • Combined oral contraceptive pills • Progestin only medications • Metformin • Anti-obesity pharmacological agents • Spironolactone	**Irregular cycles, defined as:** • Normal in the first year • 1 to < 3 years post-menarche: <21 days or >45 days • 3 years post-menarche: <21 days or >35 days or <8 cycles per year • Primary amenorrhea ≥ 15 years old or ≥ 3 years after thelarche **Biochemical and/or clinical hyperandrogenism:** • Elevated total and/or free testosterone level • Elevated DHEA-S • Hirsutism • Acne • Androgenic alopecia	**How to refer:** **1. Children's Wisconsin providers:** • Place an ambulatory referral to Endocrinology and select "Polycystic Ovary Syndrome" as the reason for the referral. **2. External providers:** • In your instance of Epic, place an external referral order to CHW ENDOCRINE & DIABETES CLINICS and indicate PCOS as the reason for the referral or • Fax (414-607-5288) or • Online ambulatory referral Labs are not required, but very helpful to ensure that adolescents are scheduled with the most appropriate team	• Any labs not collected as part of the referring provider's initial evaluation (see column 2) • If androgen levels are markedly elevated, then additional labs and imaging may be pursued to evaluate for ovarian and adrenal tumors, Cushing syndrome, and/or non-classical congenital adrenal hyperplasia. • If hormone treatment is started prior to complete evaluation, then the adolescent may be asked to discontinue treatment for 3 months to reliably interpret lab results. • Screening for mood disorders and obstructive sleep apnea

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References

- Teede et al. Recommendations from the 2023 international evidence-based guideline for the assessment and management of polycystic ovary syndrome. Eur J Endocrinol 2023;189(2):G43-G64.
- Peña et al. International evidence-based recommendations for polycystic ovary syndrome in adolescents. BMC Med 2025; 23(1):151.

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CPG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.