Co-management Guide

| Pediatric Endocrinology | Polycystic Ovarian Syndrome (PCOS) |
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| **Guidelines Referenced** | The Diagnosis of Polycystic Ovary Syndrome in Adolescents. Pediatrics, 2015. | |
| **Background** | Typically PCOS is a state of ovulatory dysfunction associated with androgen excess. This can be associated with obesity and/or acanthosis but can be present in girls with normal BMI as well. | |
| **Initial Evaluation** | Diagnosis of PCOS is made by demonstrating biochemical and/or clinical signs of hyperandrogenism while excluding other causes of hyperandrogenism (late onset CAH, androgen secreting tumor for example, both rare) | |
| **Initial Management** | • Pubertal history<br>• Menstrual history<br>• Physical exam for early signs of hyperandrogenism (see below), acanthosis<br>• Laboratory Evaluation (or can defer labs to endocrinologist) :<br>o LH, FSH, free testosterone, 17 OHP, DHEAS, prolactin, TSH, pregnancy test (depending on history)<br>o Metabolic evaluation as indicated | |
| **When to Refer** | Refer for amenorrhea, or amenorrhea + signs of early hyperandrogenism<br>Amenorrhea<br>• Primary amenorrhea (warrants referral independent of concern for PCOS):<br>o No menses in a Tanner V or 15yo female<br>• Secondary amenorrhea:<br>o @12months post-menarche: avg menstrual periods <19days or >90days<br>o @24months post-menarche: avg menstrual periods <19days or >60days<br>Signs of Early Hyperandrogenism<br>• Hirsuitism:<br>o "More hair than typical for patient's family"; though be aware that PCOS has a genetic component so is often seen in multiple women on the same family<br>o ≥8 Ferriman-Gallwey Score (see reference)<br>• Acne:<br>o Mod-severe inflammatory acne (≥11 facial lesions)<br>Note: *Secondary* amenorrhea without signs of hyperandrogenism with negative results for the above Lab Eval can be treated by primary care depending on PCP comfort level with combined oral contraceptives. Refer resistant cases. | |
| **Pre-Visit Work Up** | Can obtain above labs or can defer evaluation to endocrinologist | |
| **Co-management Strategy (as appropriate)** | **Specialist scope of care**<br>Laboratory evaluation<br>US as indicated<br>Initiation of medications including combined oral contraceptives, metformin, spironolactone as indicated | **Primary care scope of care**<br>Routine care |
| **Return to Primary Care Endpoint** | If patient stable on OCP only, we feel ongoing follow up can be through PCP office. If patient needing metformin or spironolactone, will need continued follow up with Peds Endo. | |