Impaired glucose tolerance and type 2 diabetes

Regardless of age and BMI, impaired glucose tolerance and type 2 diabetes are increased in PCOS, with risk independent of, yet exacerbated by BMI Glycaemic status should be assessed at baseline in all with PCOS and thereafter, every one to three years, based on presence of other diabetes risk factors (including a BMI > 25 kg/m² or in Asians > 23 kg/m², history of abnormal glucose tolerance or family history of diabetes, hypertension or high-risk ethnicity.

In high risk women an oral glucose tolerance test (OGTT is the most accurate test for dysglycaemia with fasting glucose or HbA1c second-line due to lower accuracyOGTT should be offered in all with PCOS when planning pregnancy or seeking fertility treatment, given increased hyperglycaemia and comorbidities in pregnancy.

If not performed preconception, an OGTT should be offered at the first prenatal visit, and all women with PCOS should be offered the test at 24-28 weeks gestation.

Obstructive sleep apnea

Women with PCOS have a significantly higher prevalence of obstructive sleep apnea.*

If symptoms of PCOS are present, then screen with validated tools or refer for assessment and goals of treatment should target related symptom burden.

Endometrial cancer

Health professionals and women with PCOS should be aware of a two to six fold increased risk of endometrial cancer in premenopausal women with PCOS; however absolute risk remains low.

Health professionals should have a low threshold for investigation of endometrial cancer in PCOS, with transvaginal ultrasound and/or endometrial biopsy recommended with persistent thickened endometrium and/or risk factors including prolonged amenorrhea, abnormal vaginal bleeding or excess weight. Routine ultrasound screening of endometrial thickness in PCOS is not recommended.

Long-standing untreated amenorrhea, higher weight and persistent thickened endometrium are additional to PCOS, are risk factors for endometrial hyperplasia and endometrial cancer. Optimal prevention for endometrial hyperplasia and endometrial cancer is not known. A pragmatic approach could include COCP or progestin therapy in those with cycles longer than 90 days.

Risk of PCOS and cardiometabolic risk in first-degree relatives*

Fathers and brothers of women with PCOS may have an increased prevalence of metabolic syndrome, type 2 diabetes, and hypertension, with inadequate data in female relatives.*