

Women's Health

Polycystic Ovarian Syndrome, Menopause, and Osteoporosis



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KEYWORDS

- Integrative medicine • Women's health • Polycystic ovarian syndrome • Menopause
- Osteoporosis • Dietary supplements • Bioidentical hormones • Nutrition

KEY POINTS

- A total of 54.5% of women report use of at least one complementary and integrative medicine approach specifically for obstetric or gynecologic problems, with dietary supplements and mind-body approaches topping the list.
- Integrative approaches may help women with polycystic ovarian syndrome address the underlying insulin resistance, menstrual irregularities, and hyperandrogen symptoms.
- Women in perimenopause and menopause struggle with an array of issues that impact their quality of life. Understanding the issues around menopause hormone therapy, such as bioidentical hormones and the use of compounded hormones, is critical. Acupuncture, mind-body therapies, and some dietary supplements can be helpful in symptom management.
- Primary care providers need to understand the importance of choosing dietary supplements, such as calcium, magnesium, and vitamin D, as well as other marketed options, when counseling women on the prevention and treatment of osteoporosis.

INTRODUCTION

Women account for 57% of expenses in doctors' offices and make approximately 80% of decisions for their families.¹ Surveys consistently show that a significantly higher percentage of women with chronic medical conditions report use of complementary and integrative medicine (CIM) approaches compared with men (51.5% vs 44.3%).² A total of 54.5% of women report use of at least one CIM approach specifically for obstetric or gynecologic problems, with dietary supplements and mind-body approaches topping the list.³ Most physicians providing women's health care in this

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study express supportive attitudes, with nearly three-quarters agreeing that clinical care should integrate the best conventional and CIM practices; however, primary care providers remain an underutilized resource by patients for guidance in the safe and appropriate use of integrative therapies. This article provides a practical overview of the most appropriate integrative therapies to consider in the management of commonly seen women's health conditions: polycystic ovarian syndrome (PCOS), menopause, and osteoporosis.

POLYCYSTIC OVARIAN SYNDROME

PCOS impacts 5% to 50% of women of reproductive age, affecting as many as 5 million women in the United States.^{4,5} PCOS most often manifests with oligomenorrhea or amenorrhea due to ovulatory dysfunction present in 70% of women, accompanied by signs of androgen excess, such as acne and hirsutism (the latter found in 70% of women).⁶ The third variable of classic polycystic ovarian morphology is found to a variable degree and may be present in women without the other classic metabolic features of PCOS. PCOS may be diagnosed as early as puberty or discovered during an evaluation for anovulatory infertility. Often times it is overlooked because of the heterogeneity in levels of expression. The current understanding of the pathophysiology, diagnostic approach, and conventional treatment is available through recent reviews.⁷ Once PCOS is confirmed, an integrative approach to PCOS should address the obvious symptoms, the emotional impact, and a proactive strategy for metabolic sequelae, including increased risks for insulin resistance and cardiovascular disease.^{8,9}

Nutrition/Lifestyle

Although not included in any of the diagnostic criteria, central weight gain, visceral fat accumulation, and insulin resistance are common features of PCOS. Impaired glucose tolerance is found in one-third of women with PCOS and type 2 diabetes in 8% to 10%.¹⁰ Weight management plays a central role in the expression of symptoms and long-term consequences in women with PCOS. Fifty percent to 70% of women with PCOS are obese and should be informed that even 5% to 10% weight loss of body mass is associated with significant improvement in the clinical metabolic and hormonal markers.^{11–13} The underlying insulin resistance can make weight loss challenging, so addressing this issue along with other barriers to weight loss can help patients succeed. A multifaceted approach through nutrition, physical activity, and supplements may be beneficial.

Physical activity

Physical activity provides diverse benefits in PCOS, such as improved insulin sensitivity, preservation of lean body mass, and positive impact on mood. A 2010 systematic review of exercise therapy in PCOS identified 8 studies (5 randomized controlled and 3 cohort) involving moderate-intensity physical activity (aerobic and/or resistance) for 12 to 24 weeks' duration.¹⁴ Physical activity was noted to result in improved ovulation, reduced insulin resistance (9%–30%), and weight loss (4.5%–10%). In a comparative study between exercise versus a low-calorie diet in 40 women with PCOS, the exercise cohort had higher ovulation rates, better insulin sensitivity, and greater reduction in waist measurements despite less absolute weight loss.¹⁵ The inclusion of high-intensity interval training (HIIT) may have an extra benefit in terms of insulin sensitivity compared with cardio forms of exercise.¹⁶ Recommendations about physical activity should be individualized, following currently understood principles of optimal intensity and duration of exercise. The Institute of Lifestyle Medicine provides excellent resources for counseling patients on physical activity.

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