Endocrinol Metab Syndr 2016, 5:5(Suppl)
http://dx.doi.org/10.4172/2161-1017.C1.015

Successful PCOS weight loss; so much more than calories in, calories out

Rebecca Harwin
RMIT University, Austraila

Often, the advice for women with polycystic ovary syndrome trying to lose weight is the rehashed and over simplified; eat less and exercise more. This fails for most, contributing further to the disempowerment and low self-esteem already experienced by a large majority of sufferers of this common syndrome. So is a calorie a calorie? And what else can we do to transform the dismal rates of weight loss to maximize permanent success? And how do two of the major drivers of PCOS in insulin resistance and inflammation contribute to weight gain, and how can we use this knowledge to help women succeed in their weight loss journey? Research shows exercise including weights and interval training, receiving sufficient quality and quantity of sleep, reducing stress, ensuring sufficient nutrition to enable optimal insulin, thyroid and whole body function, are all critical. The right food types at the right time should be a focus, rather than simply calorie counting. Research shows protein increases satiation and naturally reduces calorie intake; sufficient magnesium, shown to be deficient in women with PCOS, helps regulate insulin function; selenium, iodine, zinc are critical for thyroid function, and with hypothyroidism more common in PCOS and contributing to weight gain, needs to be addressed. Prof Patrice Cani showed that altered gut function and dysbiosis increase obesity, and experience shows that improving digestive health can reduce inflammation, improve insulin sensitivity and aid weight loss.

info@ConquerYourPCOSNaturally.com

Age and insulin resistance in PCOS

Sarantis Livadas
Metropolitan Hospital, Athens, Greece

Polycystic ovary syndrome (PCOS) represents a moving spectrum of hormonal to metabolic abnormalities, as women with the syndrome are aging. Hormonal abnormalities, anovulation, and hyperandrogenic signs were predominant during the early years of PCOS and fade away with the years. Metabolic abnormalities and insulin resistance (IR) remain throughout the PCOS life cycle; however, it is unclear as to how they change, as women with the syndrome are aging. We have evaluated the changes in IR and its associations with clinical, biochemical, hormonal, and ultrasound findings in a large cohort of women with PCOS (1345) and controls (302), as they are aging. It was found that in PCOS, age was negatively and BMI positively associated with IR. Furthermore, when data were stratified with regard to the BMI status, a negative association of age with IR was found in lean, normal, and overweight patients, which was neutralized in obese patients. Free androgen index and BMI were positively associated with IR in all age quartiles. When IR values were plotted according to BMI subgroups at different age quartiles, a significant gradual decrease in IR was observed in normal and overweight but not obese women across age quartiles. This work shows for the first time that aging increases IR in obese but not in lean and overweight women with PCOS. As BMI and androgens are positively associated with HOMA-IR and androgens decline through time, it appears that if women with PCOS do not become obese they may exhibit a better metabolic profile during their reproductive years. Accordingly, the common belief that PCOS is leading to DM through years should be reconsidered in lean subjects. Furthermore, physicians should encourage life style modifications and weight loss to their young PCOS patients.

sarntis@gmail.com