From PCOS to PMOS: What Women Should Know After Menopause Transcript

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Introduction to PMOS and PCOS

One of the major risks here is endometrial cancer, which we haven't really talked about much on these podcasts. It affects about one in 30 women in the U. S.

who do not have PMOS, but that goes up to about 1 in 11 women who have P. M. O.s. And that is probably a result of chronic unopposed estrogen on the lining of the uterus, the endometrium, and it's a very significant condition that may lead to the death of Hello and welcome.

Today we're going to be talking about the most frequent hormonal problems seen in women. It was previously called polycystic ovarian syndrome, and now it's called poliendocrine metabolic ovariant syndrome or PMOS instead of PCOS.

That's a change that was recently initiated in order to reflect our better understanding of the causes and effects of this condition. And as adolescents and reproductive age women, people who have PCOS or PMOS, women that is, experienced irregular cycles typically, oftentimes hair growth on their face or body, hair loss on the upper parts of their temples and the top of the heads, and were often known to have cysts on the ovary, which were actually small, undeveloped egg follicles that hadn't ruptured in a timely fashion, and people would have irregular periods.

Symptoms and Reproductive Effects

And sometimes, at times, these young women and girls would periods lasting many, many days or even months, or they might go for months without having a period.

So this was a classic situation with polycystic ovarian syndrome, which is now PMOS. So a few years back I did a podcast about the natural history of PCOS, Which is what happens as we transition through our menopause and what What typically happens with women with PMOS is that their cycles will become more regular if irregular cycles were an issue before.

They often still have overweight or obesity. Hair growth and hair loss become a little bit less of a problem but don't go away entirely. And these women experience menopause a little bit later than usual, typically about two years later, than the average woman with more regular cycles who did not have PMOS.

The good news here is that once people go through their menoppause, their bone density seems to be preserved at a higher rate. than the people who did not have a history of PMOS in their earlier reproductive years.

A couple other features of PCOS slash PMO was infertility. And as a fertility practitioner, I saw many, many of these young women who had such irregular cycles that they had no idea when they could get pregnant or they just were not having any luck with that and we would treat them.

Another aspect of this was a fair amount of psychological issues including depression and anxiety and basically poor quality of life. In my early days as a fertility and reproductive medicine practitioner, we had vague ideas only about the cause of what we then called PCOS.

And over the ensuing years, a number of studies have helped to elucidate this. And it's a complex environmental slash genetic interchange that causes a young girl or young woman to have PMOS.

Menopause and Long-Term Changes

And the manifestations run through much of the body, starting up with the brain and the pituitary gland. the ovaries, the insulin, and the pancreas, peripheral fat in our bodies and so on.

And this is quite complex and our focus today is not going to be to go through all of this. Some of it is genetic. There's many, many genes that seem to experienced in women who have PMOS and some is environmental so that exposures even as early as in prenatal life when the young female is gestating in her mom's womb, those even may have an impact.

And then such things as inactivity, obesity, dietary choices, and so on, stress, may all impact on the risk of developing the full clinical picture of the irregular cycles, heavy bleeding, hair changes, the cysts on ovaries.

Earlier this year, a group of clinicians and scientists renamed polycystic ovarian syndrome to PMOS, polyendocrine metabolic ovariant syndrome, to reflect our better understanding of the causes and the impacts of this condition.

And part of this new naming situation has brought to the fore the concept that this syndrome doesn't end when a woman goes through menopause and her menses end.

In fact, with our understanding of how the syndrome is basically impacting multiple body systems, we have a much better understanding the issues are for a menopausal woman, and that's what I thought we should talk about today.

Obesity and overweight are certainly a big piece of this, as we'll come back at the end and talk what one might do about that.

Metabolic and Cardiovascular Risks

Management of obesity, of course, has changed so much in the last 10 or 15 years that that a wedge that many people might wish to exercise to try to reduce the risk of some of the downstream syndromes that occur in women with PMOS.

The main things that we've noted, even in reproductive age women, is an increased risk abnormal cholesterol and triglycerides, elevated risk of diabetes, and even an elevated of major adverse cardiovascular events, as we call it, which includes many kinds of heart conditions and stroke.

The biochemical aspect of this is that most or many women with PMOS have elevated bad cholesterol, LDL cholesterol. Reduced good cholesterol HDL, cholesterol and elevated glucoses on the basis of insulin resistance.

And just a quick word on insulin resistant, it's when our downstream tissues fail to react to insulin at a certain level. So the insulin has to go up in order to get the glucose to into our muscles.

Of course, the menopausal transition per se has many elements that dovetail in a negative, unfortunate way with these metabolic risk factors that women with PMOS will bring to the game.

And that is as our estrogen drops, a number of things happen downstream. Our muscle mass decreases, and again, muscle masses where most of our glucose goes.

and our sensitivity to insulin diminishes as well. We have increased inflammation as we get older, increased cortisol, which again impacts on our glucose and triglycerides, and a number of more subtle changes such as chronic inflammation.

When one reaches a menopausal age range of course the cardiovascular risks go up dramatically in men and women regardless of their status of PMOS or not but the women with PM OS are.

greatly more increased risk of having adverse cardiac events. They're two or three times more likely to develop diabetes, which of course then sets you up for cardiovascular risk.

There are more like to have liver dysfunction and several other things that are of concern. One of the major risks here is endometrial cancer, which we haven't really talked about much on these podcasts.

It affects about one in 30 women in the U. S. who do not have PMOS, but that goes up to about 1 in 11 women who DO have P. M. O.s. And that is probably a result of chronic unopposed estrogen on the lining of the uterus, the endometrium, and it's a very significant condition that may lead to the death of a woman and certainly requires major intervention to cure it.

Cancer Risk and Prevention Strategies

So that's one of things to be aware of. So we've listed a bunch of things that are not too wonderful to hear about here, but what is one to do if one has a history of PCOS or PMOS?

First thing that I would say is know your numbers. Stay connected to the medical system. Know your cholesterol level. know Your blood pressure. No, your hemoglobin A1C, which reflects your risk of developing diabetes.

And if those things need attention medically there's a number of downstream things that can be done starting with lifestyle of course healthy eating is always on our list of usual suspects here resistance exercise is huge if one had to choose between aerobic and resistance.

which one hopefully never would have to choose, but if you were to have choose go for resistance because again muscle mass is where the glucose is going to be most effectively transported and that'll keep it down in your circulation and reduce the downstream negative impact on your kidneys and your eyes and nerves of having elevated Oh and your heart as well of having elevated glucose so so those are some big ones if hormonal replacement therapy is a consideration for you from other symptoms i would certainly.

not let the PMOS status diminish your openness to using hormone replacement therapy or menopausal hormone therapy, as we call it, with bioidentical estrogen and probably progesterone for most people who have an intact uterus.

Same thing with weight loss. If you're considering GLP-1s or even gastric bypass, if things are tipped towards PMOS, your risk of the downstream consequences of your weight are higher with PMO-S, then certainly I would be quicker to get onto those GLp-ones, and we don't think that there's any crossover risk that's elevated with PMO-s.

And again, correcting whatever you can correct even without weight loss is still a valuable thing to do. So be active, do your resistance training. Sleep is an important one for all of us, but again sleep will keep your cortisol level into a good range and reduce your stress level as well.

so pay some attention to that and do whatever needs to be done to keep you sleep as healthy as it can be. If your hemoglobin A1c is a little bit elevated or your glucose is elevated, certainly there are sensitizers that can improve your insulin sensitivity such as metformin and others as well.

So if this is something that your doc or your practitioners are suggesting for you, you certainly might be open to it or even suggest it to them if they might have lost track of your status as someone with PMOS.

So this is just kind of a list of things that might be impactful to reduce your risk of those cardiac events and developing diabetes and so on and forth.

So I hope this has been helpful for you, and if it is, please share it with your friends and others who may benefit from this information. Thanks so much for being along with me today, Thanks for listening to Women's Health Span Voices.

If today's episode spoke to you, please recommend this to one of your friends and leave a review. It helps more women to find us. Thanks