AEPCOS NEWSLETTER

ANDROGEN EXCESS & PCOS SOCIETY

NOVEMBER-DECEMBER NEWSLETTER

12TH ANNUAL MEETING OF AEPCOS SOCIETY GLUCOSE DYSREGULATION IN ADOLESCENT PCOS

The November Newsletter was delayed due the Board's decision to re-examine the location of the next (2014) Annual Meeting. While it was previously decided to have the 2014 meeting in Palermo, Italy, many members of the Society found this conflicting with the ASRM meeting in Hawaii the following week. Therefore, the Board decided to postpone the Palermo meeting to 2015 and hold the 2014 meeting in Honolulu, Hawaii, just before the ASRM meeting. As it was a long discussion over several weeks, The November Newsletter was delayed to allow the announcement of the above change.

In this issue we have Dr. Tracy Bekx, Assistant Professor of Pediatric Endocrinology at the University of Wisconsin, interviewing Dr. Tania Burgert. Tania has worked extensively at Yale University studying metabolic dysregulation in adolescents with PCOS.

Finally, we report the names of the new Chairmen of AEPCOS Committees.

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NOVEMBER-DECEMBER, 2013

In this issue:

FORTHCOMING AEPCOS MEETINGS

- **12th Annual Meeting of Androgen Excess & PCOS Society, Honolulu, Hawaii, USA, October 17-18, 2014**
- **Update Meeting of AEPCOS Society, San Diego, CA, USA, March 4, 2015**
- **13th Annual Meeting of AEPCOS Society, Palermo, Italy, October 2-3, 2015**

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12TH AEPCOS ANNUAL MEETING, HONOLULU, HAWAII, OCTOBER 17-18, 2014

The 12th Annual meeting of the AEPCOS Society will be held in Honolulu, Hawaii, USA, October 17-18, 2014, immediately before the ASRM Annual Meeting. The main meeting session will include invited lectures and oral communications of up to date research regarding PCOS and other androgen excess disorders. Two travel awards ($750 each) for young researcher (<35 years) will be donated by the Azziz- Baumgartner fund. The winners of the Azziz-Baumgartner travel awards and the 2 first authors of selected abstracts will have the registration fee waived.

Registration, abstract and lodging forms will be available in January 2014.
Abstract deadline is August 31, 2014.

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Tania Burgert, M.D.

GLUCOSE DYSREGULATION IN ADOLESCENT PCOS WOMEN

In this month's Newsletter, Tracy Bekx, Assistant professor of Pediatric Endocrinology at the University of Wisconsin, has interviewed Tania Burgert on the topic of glucose dysregulation in the adolescent with PCOS based on her recent publication: "Polycystic Ovary Syndrome in adolescence: impaired glucose tolerance occurs across the spectrum of BMI? Pediatric Diabetes 2013; 14: 42-49.

Tracy Bekx - Type 2 diabetes mellitus is increased in adult women with PCOS. What is our current knowledge of the prevalence of type 2 diabetes mellitus or glucose dysregulation in adolescents with PCOS?

Tania Burgert - In Pediatric Medicine, data on the prevalence of type 2 diabetes mellitus are just emerging, often lumping adolescents with PCOS into bigger cohorts. In the few adolescent studies that have examined only those with PCOS, the prevalence data varies between 2-4% for Type 2 Diabetes and 4-29% for impaired glucose tolerance, often confounded by the overwhelming presence of obesity [1] [2] [3].

Tracy Bekx - What do you recommend for assessment of glucose dysregulation in adolescents with PCOS in the clinical setting?

Tania Burgert - The AEPCOS society recommends that all patients with PCOS undergo a screening oral glucose tolerance test every two years and annually if impaired glucose tolerance is diagnosed. Given the findings of our paper, the application of these guidelines would be beneficial for the adolescent population. Once the diagnosis of PCOS is established for an adolescent girl, she should have an oral glucose tolerance test, even if she is not obese. The evaluation of a fasting glucose and insulin alone, will not sufficiently unmask early metabolic shifts seen in PCOS.

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Tracy Bekx - For those non-obese adolescents with IGT, are lifestyle changes enough for prevention?

Tania Burgert - Lifestyle changes are an important first line recommendation for IGT in any adolescent with PCOS. However, in an adolescent with little room for improving lifestyle, metformin would be a safe first line intervention to improve the patient's metabolic profile and potentially reduce the risk of type 2 diabetes mellitus. Lower doses of metformin (1250-1500 mg/daily) have been reported effective for non-obese adolescents by Ibanez and colleagues[4].

Gastrointestinal side effects can be largely reduced by starting with a daily dose of 250-500 mg and increasing to the desired dose (divided twice or thrice daily) over a month's time. Metformin has not been reported to lead to any severe adverse effects such as lactic acidosis in the non-obese and obese adolescent PCOS population. Long-term use of metformin may reduce the body's B12 vitamin and therefore a multivitamin with B12 is recommended for treatment supplementation.

1. Bekx MT, Connor EC, Allen DB. Characteristics of adolescents presenting to a multidisciplinary clinic for polycystic ovarian syndrome. J Pediatr Adolesc Gynecol 2010; 23:7-10.
2. Palmert MR, Gordon CM, Kartashov AI, Legro RS, Emans SJ, Dunaif A. Screening for abnormal glucose tolerance in adolescents with polycystic ovary syndrome. J Clin Endocrinol Metab 2002;87:1017-23.
3. Nur MM, Newman IM, Siqueira LM. Glucose metabolism in overweight Hispanic adolescents with and without polycystic ovary syndrome. Pediatrics 2009;124:e496-502.
4. Ibanez L, Valls C, Potau N, Marcos MV, de Zegher F. Sensitization to insulin in adolescent girls to normalize hirsutism, hyperandrogenism, oligomenorrhea, dyslipidemia, and hyperinsulinism after precocious pubarche. J Clin Endocrinol Metab 2000;85:3526-30.

A comment of the editor:

In non-obese PCOS women, when diet is not indicated, physical exercise may represent an important tool for improving altered glucose tolerance.While specific studies in normoweight women with PCOS are missing, the Australian group at Monash University has demonstrated that physical exercise alone may improve insulin sensitivity and glucose tolerance without changing body weight (E.C.).