

NATIONAL CLINICAL GUIDELINE ON POLYCYSTIC OVARY SYNDROME – DIAGNOSTICS AND RISK ASSESSMENT

Quick guide

Diagno	stics
$\sqrt{}$	It is good practice to avoid routine ultrasound scanning of young women under the age of 18 with oligo-/amenorrhoea with a view to diagnose PCOS.
V	It is good practice to avoid routine pausing of contraceptive pills with the sole purpose of diagnosing PCOS. Early diagnosis does not seem to be of importance to the women's prognosis in respect of fertility and the risk of developing cardiovascular disease.
Differe	ntial diagnostics
V	It is good practice to refer for endocrinological assessment in case of persistent hyperprolactinaemia, irrespective of severity. Hyperprolactinaemia cannot be attributed to the condition PCOS
1	Refer for endocrinological assessment in case of persistent elevated serum 17-hydroxyprogesterone, when non-classical adrenal hyperplasia (NACH) is suspected ($\oplus \bigcirc \bigcirc \bigcirc$).
V	It is good practice to refer for endocrinological or gynaecological assessment for androgen producing ovarian or adrenal tumours or enzyme defect in case of persistent elevated total testosterone corresponding to 2 x upper limit of reference range. This also applies to symptoms with sudden onse or rapid progression.
System	atic early assessment, premenopausal women with PCOS
	Definition of systematic early assessment: Systematically repeated measurements following the initial assessment in women with PCOS without risk factors for cardiovascular disease or type 2 diabetes mellitudes.
V	It is good practice to avoid systematic early assessment of cardiovascular disease by means of repeated blood pressure measurements in premenopausal women with PCOS without risk factors for cardiovascular disease.
V	It is good practice to avoid systematic early assessment of dyslipidaemia by means of repeated lipid measurements in premenopausal women with PCOS without risk factors for cardiovascular disease.
$\sqrt{}$	It is good practice to offer systematic early assessment of type 2 diabetes mellitus to premenopausal women with PCOS. The working group suggests to initiate assessment at the time of diagnosing PCOS and repeatedly every 3 years thereafter.
System	atic early assessment, postmenopausal women with PCOS
V	It is good practice to offer systematic early assessment of type 2 diabetes mellitus to postmenopausal women with previously diagnosed PCOS. The working group suggests to initiate assessment at the time of diagnosing PCOS and repeatedly every 3 years thereafter.
V	It is good practice to avoid routine, systematic early assessment of cardiovascular risk factors such as hypertension and dyslipidaemia in postmenopausal women with previously diagnosed PCOS without known risk factors for cardiovascular disease.



Text following the recommendations

This quick guide contains the key recommendations from the national clinical guideline on polycystic ovary syndrome. The guideline was prepared by the DHA.

The national clinical guideline on polycystic ovary syndrome focuses on selected questions related to diagnostics and risk assessment.

The guideline contains recommendations for selected parts of the field only. Therefore, the guideline must be seen alongside the other guidelines, recommendations, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

```
↑↑ = a strong recommendation for

↓↓ = a strong recommendation against

↑ = a weak/conditional recommendation for

↓= weak/conditional recommendation against
```

The symbol ($\sqrt{}$) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.