CMScript
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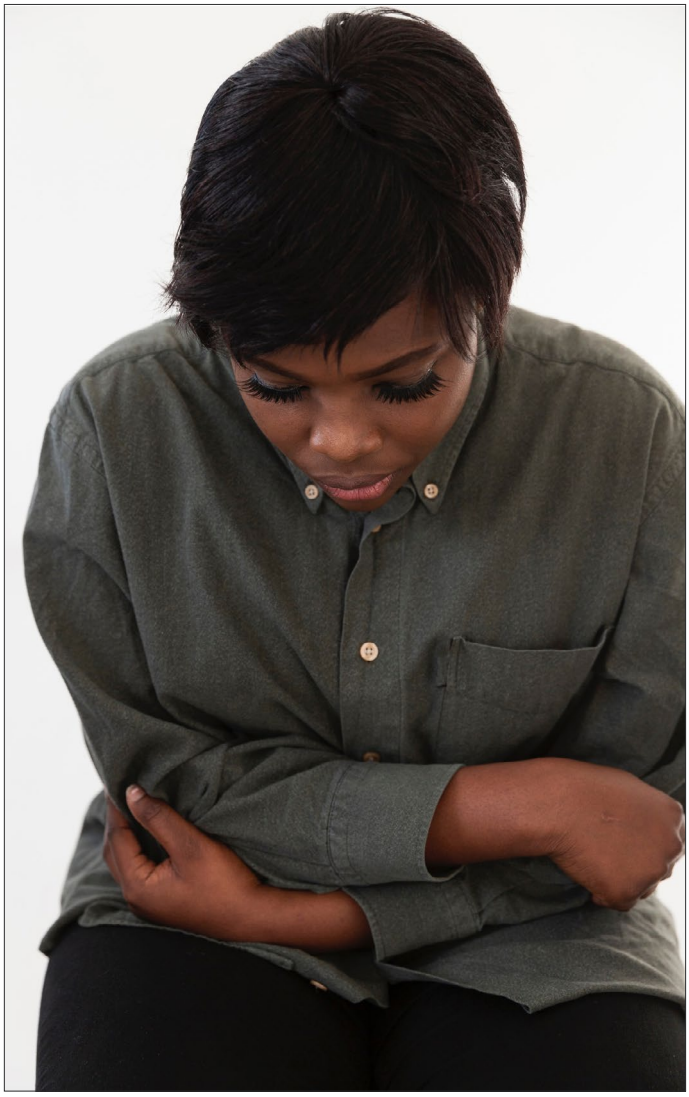
CMS Council for Medical Schemes

Polycystic Ovarian Syndrome

Polycystic ovary syndrome (PCOS) is a hormone-related condition that often affects women of reproductive age and can cause problems with both metabolism and fertility. The term "polycystic" refers to the presence of multiple small follicles (undeveloped eggs) that are often visible on an ultrasound. The body produces higher-than-normal levels of "male-type" hormones called androgens, and because of this, ovaries may develop many small, fluid-filled sacs, often called "cysts", hence the name polycystic ovaries.

PCOS can disrupt ovulation, leading to irregular menstrual cycles and fertility challenges. It can also alter how the body uses insulin, which regulates blood sugar levels. Overall, it affects 6 to 13% of women of reproductive age, and up to 70% of cases are undiagnosed. The condition is linked to a range of long-term health problems that can impact both physical and emotional well-being.



Risk factors for PCOS

The main risk factors for PCOS include:

- **Family history:** PCOS runs in families. So, women with a mother, sister, or close female relative with PCOS are at higher risk.
- **Insulin resistance:** Insulin regulates blood sugar, and having high insulin levels increases the likelihood of developing PCOS.
- **Obesity:** Excess body weight can worsen hormone imbalances and increase the risk of PCOS.
- **Hormonal imbalances:** Higher levels of androgens (male-type hormones) or imbalances of hormones that regulate the menstrual cycle, namely, oestrogen and progesterone, contribute to PCOS.
- **Type 2 diabetes mellitus:** A personal or family history of type 2 diabetes mellitus is linked to higher PCOS risk.

Signs and symptoms of PCOS

PCOS symptoms differ from one woman to another. Some women have mild symptoms, while others experience significant health challenges.

- **Menstrual and fertility symptoms**
  - Heavy, long, intermittent, unpredictable, or absent periods
  - Difficulty falling pregnant
  - Ovulation problems

- **Physical and hormonal symptoms**
  - Excess facial and/or body hair
  - Acne and/or oily skin
  - Thinning hair on the scalp

- **Weight and metabolic symptoms**
  - Weight gain, especially around the abdomen
  - Difficulty losing weight
  - Increased risk of diabetes mellitus

- **Emotional and mental health impact**

  Living with PCOS can affect emotional well-being. Many women experience anxiety, depression, low self-esteem, or frustration, particularly when dealing with fertility issues or visible symptoms such as acne or excess hair growth.

How is PCOS diagnosed?

There is no single test that can diagnose PCOS, and it is important to first rule out other conditions that can cause similar symptoms. Doctors usually rely on a combination of the following:

- Taking a medical history
- Performing a physical examination
- Requesting blood tests to measure hormone levels, such as:
  - **Testosterone:** In women, small amounts are produced to support normal bodily functions such as maintaining energy levels, muscle strength, and sex drive. High testosterone levels in PCOS can cause symptoms such as acne, unwanted facial or body hair, and irregular menstrual periods.

  - **Oestrogen:** Helps regulate the menstrual cycle, supports growth of the womb lining (endometrium) for pregnancy, and influences bone health and fat distribution. Many women with PCOS continue to produce oestrogen, but because ovulation does not occur regularly, the oestrogen is not balanced by enough progesterone. This ongoing exposure to oestrogen can lead to irregular or absent periods and thickening of the lining of the womb.

  - **Luteinising Hormone (LH):** High LH levels in PCOS stimulate the ovaries to produce more androgens (male-type hormones), which can worsen symptoms such as irregular periods, acne, and excess hair growth.

  - **Insulin:** Many women with PCOS have insulin resistance, which means their bodies do not use insulin effectively to regulate their blood sugar.

  - **Anti-Müllerian Hormone (AMH):** A hormone produced by the ovaries that reflects a woman's ovarian reserve (in other words, the remaining quantity of eggs). The levels are often higher in PCOS due to the increased number of undeveloped eggs (small follicles) in the ovaries, which may indicate that ovulation is less likely to occur, contributing to irregular periods and infertility.

- Performing an ultrasound examination of the ovaries.

A diagnosis is generally made when at least two of the following are present:

- Irregular or absent menstrual periods.
- Signs of high male hormones, characterised by unwanted facial or bodily hair, loss of hair from the head, acne, or an elevated blood level of testosterone.
- Polycystic ovaries seen on ultrasound.

Treatment and management of PCOS

Although PCOS has no cure, it can be managed successfully with the right approach. Treatment depends on a woman's symptoms, age, and whether she wants to become pregnant. Healthy lifestyle changes are important, and these include eating a balanced diet, engaging in regular physical activity, and maintaining a healthy weight.

Doctors may prescribe medication according to need, to regulate periods, reduce acne and excess hair growth, improve insulin sensitivity, or stimulate ovulation when pregnancy is desired.

Long-term effects of PCOS

PCOS can increase the risk of long-term health problems such as type 2 diabetes mellitus, high blood pressure, high

cholesterol, heart disease, cancer of the endometrium, and an increased occurrence of depression and anxiety. With the right care, education, and support, women with PCOS can live healthy, productive lives. It is necessary to understand this condition, attend regular medical appointments, and address both physical and emotional health needs to improve your well-being.

What is covered under PMB level of care?

PCOS is a PMB condition under the Diagnosis and Treatment Pair (DTP) code 528M. This DTP code refers to "Menopausal management, anomalies of ovaries, primary and secondary amenorrhoea, female sex hormones abnormalities NOS, including hirsutism". Treatment specified for the condition is "*Medical and surgical management, including hormone replacement therapy*".

When a condition is classified as a PMB, the medical scheme is required to cover its diagnosis, treatment, and care costs in full if the services are obtained from a Designated Service Provider (DSP). Healthcare providers are advised to provide the medical schemes with the correct ICD-10 codes and tariff codes to register the member for PMB benefits. Clinical motivations may be requested to support the funding request. Medical schemes are allowed to have a list of medicines and treatments (formulary) that they pay for, provided that they are cost-effective and affordable.

References

1. Allen, L.A., Shrikrishnapalasuriyar, N. & Rees, D.A., 2022. Long-term health outcomes in young women with polycystic ovary syndrome. *Clinical Endocrinology*, 97: 187-198.
2. Marchesan, L.B., Ramos, R.B. & Spritzer, P.M., 2021. Metabolic Features of Women with Polycystic Ovary Syndrome in Latin America: A Systematic Review. *Frontiers in Endocrinology*, 12: 1-11.
3. Shukla, A., Rasquin, L.I. & Anastasopoulou, C. 2025. *Polycystic Ovarian Syndrome*. [online] Available at: https://www.ncbi.nlm.nih.gov/books/NBK459251/#:~:text=Continuing%20Education%20Activity,both%20reproductive%20and%20metabolic%20health [Accessed 19 January 2026].
4. Teede, H.J., Misso, M.L., Costello, M.F., Dokras, A., Laven, J., Moran, L., Piltonen, T. & Norman, R.J., 2018. International evidence-based guideline for the assessment and management of polycystic ovary syndrome. *Human Reproduction,* 33(9):1602-1618.
5. World Health Organization (WHO). 2025. *Polycystic ovary syndrome*. Geneva: WHO. Available from: https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome#:~:text=Overview,and%20cysts%20in%20the%20ovaries.

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