



# PCOS

Speaking to your doctor

Tempdrop®





# Introduction

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This guide is designed to help you better consult with clinicians and professionals, especially when seeking support and advice about polycystic ovary syndrome (PCOS). The guide is split into two sections:

1. If you suspect you may have PCOS but are not diagnosed.
2. You have recently been diagnosed with PCOS.

## Collecting data about your health

It's important to understand that knowing your personal cycle and its patterns is core to body literacy - when you have the relevant data about your menstrual cycle and your fertility, you become the expert of your own body!

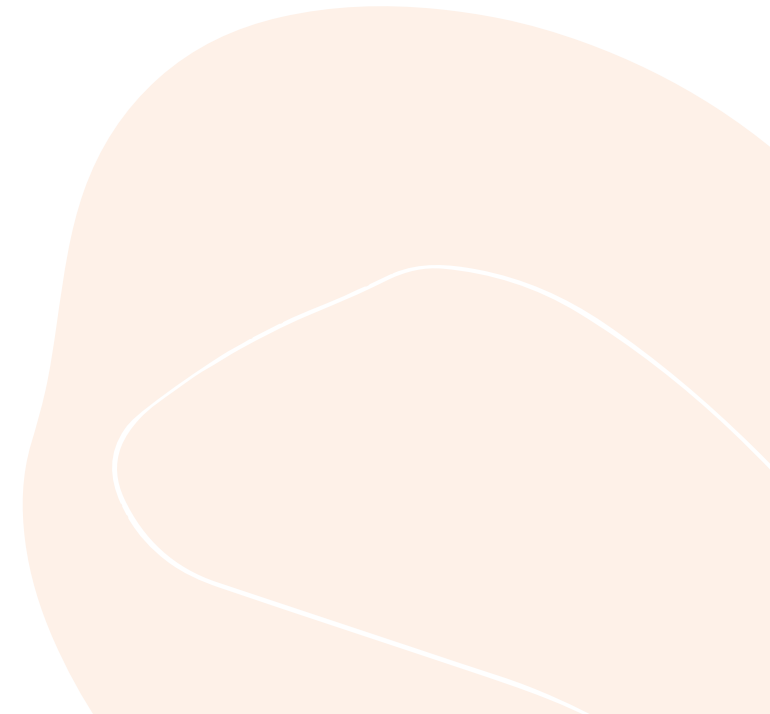
### This means:

- You are in a better position to consult with other professionals, especially when trying to troubleshoot your health.
- You feel able to advocate for the decisions about your

health & fertility.

- You have more data and control.

**For this reason we strongly advocate tracking your menstrual cycles for a minimum of 3 months, to collect this relevant data.**





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# When you suspect you may have PCOS but are not diagnosed.

## What are the indications of PCOS?

- Long cycles (no ovulation or long phases of anovulation)
- Unexplained weight gain
- Excessive facial hair growth
- Jawline acne
- Unexplained fatigue

This list is not exhaustive, nor does having one or more of these symptoms indicate a clear diagnosis of PCOS, rather this is just a guideline of the most common, easily identifiable symptoms. You can read more about PCOS symptoms on the [PCOS Awareness Association website](#).

## How to prepare for your appointment

Preparing prior to your appointment is just as important as the appointment itself. Here are a few tips to help prepare yourself in readiness:

- **Set an agenda.** Many doctors' visits are short, so it's important to prioritize your concerns and be prepared to outline only the symptoms that concern you the most (as a starting point for the initial visit).
- **Gather your data.** Have evidence-based data, such as your cycle charts, journals, previous test results.
- **Write out a list of questions.** Have a list of the questions you want to ask your doctor. Number these in order of priority in case you run out of time. [See our list of suggested questions in the section below.](#)
- **Understand that you and your doctor need to work together collaboratively.** Be prepared to change the terminology you are using or to explain in more detail. Gather any research that you think may be a useful reference during your appointment. For example:
  - Information about recent PCOS studies etc.
  - Details about the correct testing that should be carried out to get an accurate diagnosis.
  - Information about the different types of PCOS.

## We have collated some useful resources and information for you to refer to at the end of this article.

### During the appointment

Take a few deep breaths before you go into the appointment; remember you have done your preparation and you have the necessary data for discussion.

1. Be 100% honest about your symptoms, don't exaggerate them, and focus on the symptoms that are of most concern to you.
2. Ask your prepared questions (prioritizing them based on time available).
3. If you feel you aren't being heard, in a polite way express that. For example,
  - a. "Can you explain the reasoning for this (test/prescription)?"
  - b. "I'm worried that we aren't communicating well. Here's why I feel that way..."
  - c. "Can you help me to understand point X."

### At the end of the appointment

At the end of your appointment, you may feel that you haven't had enough time to discuss what you wanted to. If so, ask for a follow up appointment. You could say:

- Thank you so much for the time you have given me. I know you're busy, but I need to talk to you in more detail about point X. Would it be possible

to schedule a follow up appointment?

- I'm still not certain about a few points, and I would like further clarification. I'd like to do some more research at home and then we can meet again to discuss this further. Would that be possible?

**Remember if you are still unhappy with the information you are being presented with, ask for a second opinion.**





# Speaking to your doctor:

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## When you have recently been diagnosed with PCOS.

Getting a PCOS diagnosis can initially seem overwhelming, and you will likely want to discuss your diagnosis with your practitioner in more detail.

There are four types of PCOS. Understanding your personal PCOS type will aid you in getting the right treatment. The four types are:

- Insulin-resistant
- Post-Pill
- Inflammatory
- Adrenal

To learn more about the different types of PCOS, take a look at [Lara Briden's article](#) about them.

## How to prepare for your appointment

Preparing prior to your appointment is just as important as the appointment itself. Here are a few tips to help prepare yourself emotionally as well as be physically ready:

- **Set an agenda.** Many doctors' visits are short, so it's important to prioritize your concerns and be prepared to outline only the symptoms that concern you the most.
- **Gather your data.** Have evidence-based data, such as your cycle charts and journals in case you need to refer back to them during the appointment.
- **Make a list of the tests you think were carried out.** There is no one single test to diagnose PCOS, so it's important to ensure the correct testing has been carried out to get to an accurate diagnosis. For example, an ultrasound alone should not be the basis for a PCOS diagnosis, so be prepared to request additional testing to confirm your diagnosis and support your treatment plan.
- **Research potential treatment plans.** Research the possible treatment plans that are available for your type of PCOS. Remember the birth control pill does not regulate your cycles, although they may regulate your bleeding. The birth control pill also suppresses your natural hormones and it hides the root cause of the problem.

- **Write out a list of questions.** Have a list of the questions you want to ask your doctor about your PCOS diagnosis, such as:
  - What is the basis for this diagnosis?
  - Why wasn't X test carried out? Can we do more testing?
  - What type of PCOS do I have?
  - Would X treatment be suitable for me?
- Number your questions in order of priority in case you run out of time. **See our list of additional suggested questions in the section below.**
- Understand that you and your doctor need to work together collaboratively. Gather any research that you think may be a useful reference during your appointment. Remember to remain calm and be patient - most doctors aren't highly knowledgeable about PCOS, so they may wish to do additional research themselves too about the questions you have asked.

We have collated some useful resources and information for you to refer to at the end of this article

**Remember if you are still unhappy with the information you are being presented with, you have the right to ask for a second opinion or seek alternative treatment via another qualified clinician.**





# Questions to ask your doctor: A Guide

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We have split the questions into sections to make it easier for you:

## Testing

- Can you explain which testing will be carried out/ was carried out?
- Why wasn't X test carried out?
- I would like to have X test to confirm my diagnosis. Can you schedule that?
- Is this the best time in my cycle to carry out this test?
- Would additional testing be beneficial?
- Can you check my progesterone levels too?

## Diagnosis

- What type of PCOS do I have?
- What is the basis for this diagnosis?
- Can you tell me more about my type of PCOS?
- Is my diagnosis on the basis of my irregular cycles since I came off the birth control pill?

## Treatment

- I've heard about X treatment? Would this be suitable for me?

- Do you feel that with X treatment, my symptoms could be reduced or even reversed?
- Can you explain the reasoning for this prescription?
- Can you explain the reasoning for this treatment plan?
- How long should I trial this treatment before we look at other options if it isn't working?

## General questions

- Is there any other reason why I may not be getting my period regularly?
- Could my diet/medication be impacting how often I ovulate?
- Is it possible I have entered perimenopause?
- My cycles are steady, I'm ovulating regularly and my PCOS symptoms have decreased. Do I still meet the diagnosis criteria?





# Resources and information

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Here is a starter list of information and resources for the basis of your research.

- <https://www.pcosaa.org/overview>
- <https://www.acog.org/womens-health/faqs/polycystic-ovary-syndrome-pcos>
- [https://www.tempdrop.com/blogs/blog/experiencing-a-long-cycle-heres-what-you-need-to-know?\\_pos=4&\\_sid=7d7de594b&\\_ss=r](https://www.tempdrop.com/blogs/blog/experiencing-a-long-cycle-heres-what-you-need-to-know?_pos=4&_sid=7d7de594b&_ss=r)
- <https://larabriden.com/you-might-not-have-pcos/>
- <https://larabriden.com/treatment-for-4-types-of-pcos-treat-the-cause/>
- <https://larabriden.com/4-types-of-pcos-a-flowchart/>
- <https://www.tempdrop.com/blogs/blog/getting-pregnant-with-pcos>
- <https://www.tempdrop.com/blogs/blog/ovulation-and-anovulation-everything-you-want-and-need-to-know-today>
- <https://www.tempdrop.com/blogs/blog/ultimate-list-of-resources-for-pcos>



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