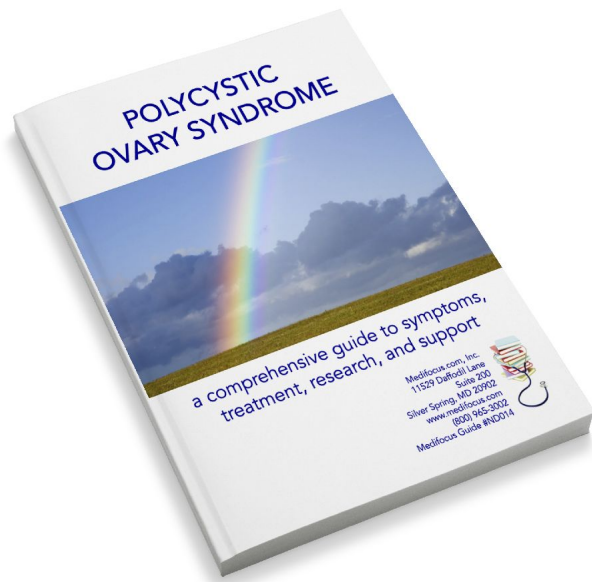


Preview of the Medifocus Guidebook on: Polycystic Ovary Syndrome

Updated October 21, 2009



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Polycystic Ovary Syndrome**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Polycystic Ovary Syndrome (131 pages; Updated October 21, 2009), please:

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1 - Background Information

Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

Medifocus.com has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

About Your MediFocus Guidebook

Introduction

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of professionals with expertise in diverse areas including experienced medical database researchers and practicing physicians who serve as members of the *Medifocus.com* Medical Advisory Board (MAB). This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for more meaningful discussions between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

Guidebook Organization and Content

Section 1 - Background Information

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

Section 2 - The Intelligent Patient Overview

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease

- Treatment options
- New developments
- Important questions to ask your health care provider

Section 3 - Guide to the Medical Literature

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done

- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

Section 4 - Centers of Research

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

Section 5 - Tips on Finding and Choosing a Doctor

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Section 6 - Directory of Organizations

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

2 - The Intelligent Patient Overview

POLYCYSTIC OVARY SYNDROME

Introduction to Polycystic Ovary Syndrome (PCOS)

Polycystic ovary syndrome (PCOS) also known as *Stein-Leventhal syndrome* or *functional ovarian hyperandrogenism*, is a complex endocrine disorder associated with *anovulation*, (lack of ovulation) and *hyperandrogenism* (excess of male sex hormones). Hormones are substances made by one organ and transported in the bloodstream to another organ where they cause a particular function to occur. There are three primary male sex hormones produced in women:

- *Testosterone*, which is produced by the ovaries and adrenal glands equally
- *Androstenedione*, which is produced mostly (more than 90%) in the ovaries
- *Dehydroepiandrosterone sulfate (DHEA-S)*, which is produced in the adrenal gland.

Approximately 70% of women with PCOS have elevated androgen levels. Hyperandrogenism in PCOS is thought to be related mostly to ovarian production, rather than of adrenal origin.

Women with PCOS may also have high levels of:

- *Estrogen* (hyperestrogenemia) - this is associated with infertility and also raises the risk of hormone related cancers
- *Gonadotropins* - these are hormones whose high levels affect fertility and the menstrual cycle
- *Insulin* (hyperinsulinemia) - this is related to many of the symptoms of PCOS and is associated with insulin resistance and glucose intolerance.

For many but not all women with PCOS, there is formation of multiple cysts on the ovaries, a process related to the failure of the ovary to release an egg (ovum). In the majority of cases, the ovaries become enlarged.

The most common issues causing significant distress to women suffering from PCOS are:

- Menstrual irregularities - up to 90% of women by some estimates
 - amenorrhea (absence of menses)
 - oligomenorrhea (absence of menses for at least three months after having experienced menses)

- Anovulation (absence of ovulation) and infertility - up to 75% by some estimates
- Obesity - up to 40% by some estimates
- Hyperandrogenism which causes:
 - hirsutism (excessive body and facial hair) - up to 70% by some estimates
 - acne - up to 35%
 - alopecia - in approximately 8% of patients

Progression of Polycystic Ovary Syndrome

In most cases, the onset of polycystic ovary syndrome (PCOS) occurs during adolescence. Usually the primary symptoms or complaints of adolescent girls relate to acne, hirsutism, or irregular menses (oligomenorrhea or amenorrhea). Adolescents may present with symptoms of hyperandrogenism but not with hyperinsulinemia (excess of insulin in the blood). The issue of weight is usually not as pronounced and problematic during adolescence, though this subgroup tends to have higher than normal waist:hip ratios.

If onset of PCOS is at a later age, the first symptom may be infertility. Many women with PCOS are obese and many are insulin resistant (estimates are at least 50%), regardless of obesity. Metabolic problems (e.g., hyperinsulinemia) usually appear with age, and as a woman ages, her risk for developing *metabolic syndrome* (i.e., type II diabetes, dyslipidemia, hypertension, and cardiovascular disease) increases. The risks for endometrial hyperplasia, endometrial cancer and breast cancer also increase with age.

Polycystic ovary syndrome afflicts approximately 5-10% of women of reproductive age. It is one of the most frequent causes of infertility in women. According to some estimates, up to 10% of women with amenorrhea and approximately 75% of women with oligomenorrhea may be diagnosed with PCOS.

Insulin Resistance and Polycystic Ovary Syndrome

The origin of most symptoms associated with polycystic ovary syndrome (PCOS) is thought to be related to *insulin resistance* (IR). Insulin is a hormone that facilitates the absorption of glucose into the cells and in IR the body becomes increasingly less responsive to the action of insulin. As a result, it takes more insulin to cause cells to absorb the appropriate amount of glucose. Eventually the insulin production may not be able to maintain the glucose within the normal range. Insulin resistance is associated with:

- *Glucose intolerance*

The elevation of glucose in the blood is called glucose intolerance. The levels of blood glucose are higher than normal but lower than those found in diabetes.

- *Hyperinsulinemia*

As the body tries to reduce the elevated glucose levels, the pancreas secretes increasing amounts of insulin. Insulin-resistant persons, therefore, develop high insulin levels in relation to glucose levels. This condition is called *hyperinsulinemia*.

Increased insulin levels affect many functions. These include:

- stimulation of the production of ovarian androgens leading to *ovarian hyperandrogenism*
- lowering the levels of the liver protein, *sex hormone binding globulin* (SHBG) which may exacerbate symptoms of PCOS. Circulating androgens usually bind to SHBG, which renders them inactive. Women with PCOS have reduced levels of SHBG which results in more androgen circulating freely in the blood.

Insulin resistance and its repercussions are suspected to be responsible for the endocrine, metabolic, and reproductive disorders/syndromes seen in many women with PCOS.

- It is estimated that about 50% of women with PCOS are insulin resistant although the number may actually be higher.
- Some estimates report that insulin resistance and hyperandrogenism are found in up to 60% of obese women with PCOS and in 40% of non-obese women with PCOS.
- Impaired glucose tolerance occurs in approximately 20-40% of obese women with PCOS and in approximately 10% of normal weight women with PCOS.

There is strong evidence that IR, hyperinsulinemia, and glucose intolerance, are considered risk factors for Type II diabetes.

Long Term Health Risks of Polycystic Ovary Syndrome

Women with polycystic ovary syndrome (PCOS) have an increased risk of developing several complications. These include:

Type II Diabetes Mellitus

Women with PCOS are 3-6 times more likely to develop Type II diabetes in middle age than women in the general population. Studies indicated that in PCOS patients over the age of 30, 12% had diabetes compared to 1.5% of the control group (women without PCOS). In the long term, diabetes is a major cause of morbidity for women with PCOS.

It is estimated that 25-40% of obese women with PCOS develop Type II diabetes or impaired glucose tolerance by the age of 30 and 60% of obese women with PCOS develop type II diabetes by the age of 50.

Cardiovascular Disease

- *Dyslipidemia* , a condition of abnormally high concentrations of lipids or lipoproteins in the blood, such as LDL (low-density lipoproteins), HDL (high-density lipoproteins), and triglycerides may also be found in women with PCOS and is a risk factor for cardiovascular disease. Dyslipidemia is associated with insulin resistance.
- *Hypertension* - there is ongoing discussion regarding whether women with PCOS (particularly obese women) may have a higher risk for developing hypertension, which increases the risk for cardiovascular disease.

Cardiovascular disease is thought to appear earlier in women with PCOS than in the general population. Because of the high risk for cardiovascular disease, the American College of Obstetrics and Gynecology (ACOG) recommends that all women diagnosed with PCOS be screened for:

- Dyslipidemia - factors to be evaluated include:
 - total cholesterol
 - LDL (low density lipoproteins)
 - HDL (high density lipoproteins)
 - triglycerides
- Calculation of body mass index (BMI)
- Calculation of waist:hip ratio

Metabolic Syndrome

Studies have shown that women with PCOS are at an elevated risk for developing metabolic syndrome, which refers to a group of conditions that appear together and can be a source of morbidity and mortality. These include:

- Type II diabetes
- Increased blood glucose after fasting (i.e. not related to food intake) to a level greater than 110 mg/dl
- Increased waist circumference (greater than 35 inches)
- Cardiovascular disease
 - dyslipidemia - including low HDL, (less than 50 mg/dl) and high triglycerides (greater than 150 mg/dl)
 - hypertension (blood pressure greater than 130/85 mm Hg)

Endometrial Hyperplasia and Breast Cancer

The hormonal imbalance caused by PCOS results in prolonged elevated levels of estrogen. Prolonged exposure to elevated estrogen levels results in increased risk for developing endometrial hyperplasia and breast cancer.

- *Endometrial hyperplasia* (thickening of the endometrial lining) which is a precancerous condition that increases the risk for developing endometrial cancer.

In the course of the normal menstrual cycle, if there is no conception, the level of estrogen falls causing the endometrium to slough off its lining in a menstrual flow. This process is crucial for the health of the endometrium but is missing in some women with PCOS.

- Some studies have shown that long-term exposure to estrogen raises a woman's risk of developing breast cancer.

Due to the increased risk of these significant conditions, it is important for women with PCOS to be followed regularly by a health professional even into menopausal years. Yearly visits may include tests for blood sugar, insulin, cholesterol, triglycerides as well as gynecological checkups.

Risk Factors for Polycystic Ovary Syndrome

Some risk factors for polycystic ovary syndrome (PCOS) that have been identified include:

- *Premature pubarche* (the appearance of pubic hair before the age of 8) - This is caused by early hyperandrogenism and may be a precursor to PCOS. Some girls with premature pubarche may already display mild hyperinsulinemia which may intensify significantly after the beginning of puberty and increases their risk for developing PCOS.
- *Ethnicity* - Certain Native American groups have over a 20% incidence of PCOS. Some identify Latino and Greek women as seeming to have a higher incidence (approximately 9%) than Caucasians and African Americans (approximately 4%).
- *Positive family history* of any of the following:
 - diabetes
 - insulin resistance
 - hyperinsulinemia
 - irregular menses or anovulation
 - cardiovascular disease

Causes of Polycystic Ovary Syndrome

Although the exact cause of polycystic ovary syndrome (PCOS) is unclear, researchers believe that both genetic factors and insulin resistance play a role in the pathogenesis of PCOS.

Genetic Factors

Some researchers have suggested a genetic link in PCOS since it appears to be more prevalent in some families. Studies indicate that approximately 45% of siblings of women with PCOS have hyperandrogenism and its presence increases the risk for PCOS three-fold. Other studies have found that first-degree relatives of girls with premature pubarche have higher rates of gestational

diabetes, abnormal glucose tolerance, and Type II diabetes, all of which are related to PCOS. The possibility arises that there may be a genetic predisposition to PCOS that when combined with unknown other factors cause the development of PCOS in some women.

Insulin Resistance

There is a hypothesis that attributes the cause of PCOS to the body's inability to process insulin since an important factor associated with this syndrome appears to be insulin resistance. Moreover, several symptoms associated with insulin resistance are also associated with PCOS, including hyperandrogenism, obesity, distribution of body fat, *acanthosis nigricans*, cardiovascular disease, and Type II diabetes). It is thought that for some unknown reasons (possibly due to a genetic defect) the body does not use insulin efficiently. This may cause insulin resistance and hyperinsulinemia which increases androgen production resulting in symptoms of PCOS.

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Polycystic Ovary Syndrome** also includes the following additional sections:

- **Diagnosis of Polycystic Ovary Syndrome**
- **Treatment Options for Polycystic Ovary Syndrome**
- **Psychosocial Considerations and Quality of Life Issues in Polycystic Ovary Syndrome**
- **New Developments in Polycystic Ovary Syndrome**
- **Questions to Ask Your Health Care Provider About Polycystic Ovary Syndrome**

To Order the Complete **Guidebook on Polycystic Ovary Syndrome** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

3 - Guide to the Medical Literature

Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 48 Articles
- General Interest Articles - 36 Articles
- Drug Therapy Articles - 7 Articles
- Clinical Trials Articles - 43 Articles
- Treatment for Infertility Articles - 13 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

Recent Literature: What Your Doctor Reads

Database: PubMed <June 2007 to October 2009>

Review Articles

1.

Polycystic ovary syndrome: a major unrecognized cardiovascular risk factor in women.

Authors: Alexander CJ; Tangchitnob EP; Lepor NE
Institution: Department of Obstetrics and Gynecology, Center for Androgen-Related Disorders, Division of Reproductive Endocrinology and Infertility, Cedars-Sinai Medical Center, Los Angeles, CA, USA.
Journal: Rev Cardiovasc Med. 2009 Spring;10(2):83-90.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=ND014&ID=19593320>

2.

The Androgen Excess and PCOS Society criteria for the polycystic ovary syndrome: the complete task force report.

Authors: Azziz R; Carmina E; Dewailly D; Diamanti-Kandarakis E; Escobar-Morreale HF; Futterweit W; Janssen OE; Legro RS; Norman RJ; Taylor AE; Witchel SF
Institution: Cedars-Sinai Medical Center, David Geffen School of Medicine at UCLA, Los Angeles, California, USA.
Journal: Fertil Steril. 2009 Feb;91(2):456-88. Epub 2008 Oct 23.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=ND014&ID=18950759>

3.

Characterizing cardiovascular risk in women with polycystic ovary syndrome: more than the sum of its parts?

Authors: Chang AY; Wild RA
Institution: Departments of Internal Medicine and Clinical Sciences, University of Texas Southwestern Medical Center, Dallas, TX 75390-8857, USA.
alice.chang@utsouthwestern.edu
Journal: Semin Reprod Med. 2009 Jul;27(4):299-305. Epub 2009 Jun 15.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=ND014&ID=19530063>

The **Guide to the Medical Literature** in the complete **Medifocus Guidebook on Polycystic Ovary Syndrome** includes the following sections:

- Review Articles - 48 Articles
- General Interest Articles - 36 Articles
- Drug Therapy Articles - 7 Articles
- Clinical Trials Articles - 43 Articles
- Treatment for Infertility Articles - 13 Articles

To Order the Complete **Guidebook on Polycystic Ovary Syndrome** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

Centers of Research

United States

CA - California

<u>Name of Author</u>	<u>Institutional Affiliation</u>
Alexander CJ	Department of Obstetrics and Gynecology, Center for Androgen-Related Disorders, Division of Reproductive Endocrinology and Infertility, Cedars-Sinai Medical Center, Los Angeles, CA, USA.
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Witchel SF	Cedars-Sinai Medical Center, David Geffen School of Medicine at UCLA, Los Angeles, California, USA.
Wright S	Teen Clinic, Kaiser Permanente and UC Davis Medical Center, Roseville, USA. Nichole.Zidenberg@kp.org

The **Centers of Research** in the complete **Medifocus Guidebook on Polycystic Ovary Syndrome** includes the following sections:

- Centers of Research for relevant states in the United States
- Centers of Research listed for relevant countries outside the United States

To Order the Complete **Guidebook on Polycystic Ovary Syndrome** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

5 - Tips on Finding and Choosing a Doctor

Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Polycystic Ovary Syndrome** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

To Order the Complete **Guidebook on Polycystic Ovary Syndrome** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

6 - Directory of Organizations

American Association of Clinical Endocrinologists

245 Riverside Ave, Suite 200 Jacksonville, FL 32202
904.353.7878

-
www.aace.com

American College of Obstetricians and Gynecologists

409 12th Street, S.W.; Washington, DC 20024-2188
202.638.5577

adolhlth@acog.org
www.acog.org

American Society for Reproductive Medicine (ASRM)

1209 Montgomery Highway; Birmingham, AL 35216-2809
205.978.5000

asrm@asrm.org
www.asrm.com

Center for Polycystic Ovary Syndrome; University of Chicago Hospital

5841 S. Maryland Avenue Chicago, IL 60637
773.702.4295

pcos@medicine.bsd.uchicago.edu
centerforpcos.bsd.uchicago.edu

Center for Young Women's Health

333 Longwood Avenue, 5th floor Boston, MA 02115 USA
617.355.2994

www.youngwomenshealth.org/pcosinfo.htm

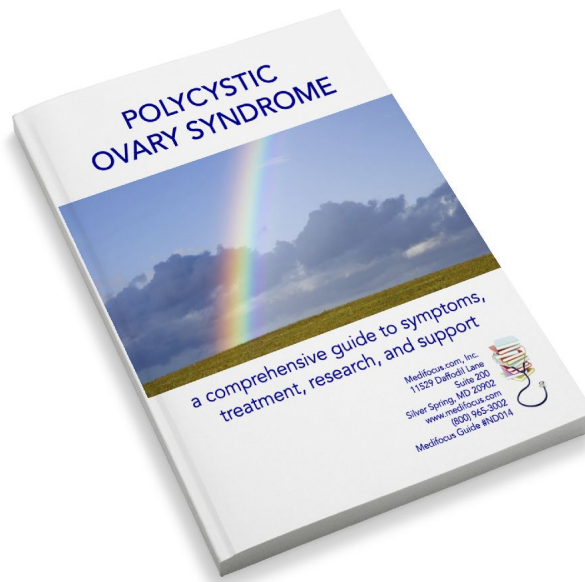
International Council on Infertility Information Dissemination

POB 6836; Arlington, VA 22206
703.379.9178

inciidinfo@inciid.org
www.inciid.org

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