

Integrative Care for PCOS: Body Mind Spirit Solutions

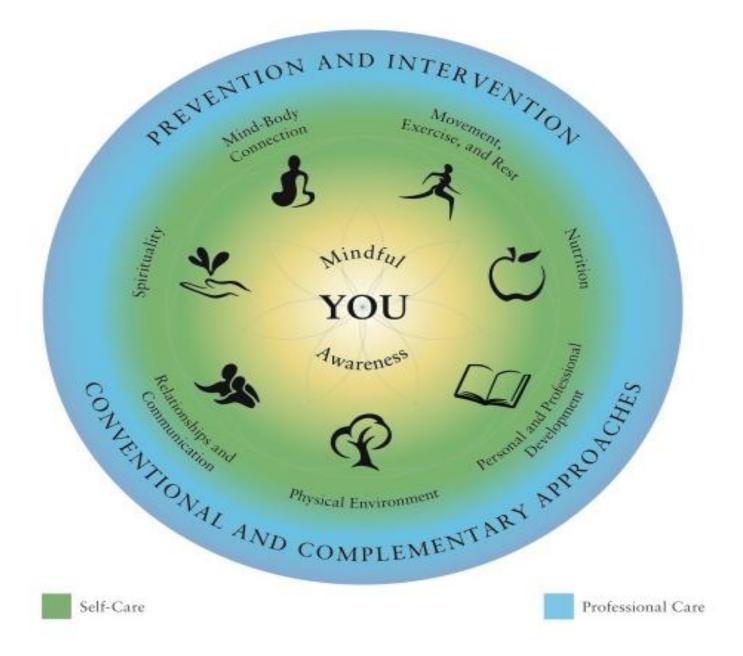
Georgia Tetlow, MD

Clinical Assistant Professor of Rehabilitation Medicine Sidney Kimmel Medical College, Jefferson

- Fellowship Graduate, University of Arizona Center for Integrative Medicine
- CEO, Founder of Philadelphia Integrative Medicine

Disclosures

 I offer clinic appointment and educational programs



Integrative Approach

- Health is the focus
- Empower you
- Integrative: best of conventional and evidence based alternative
- "If its safe and efficacious..."

Doctor-patient relationship

Your choices matter

Root causes, not just symptom reduction

 Genes turned on or off by nutritional choices, levels of social support, stress reduction such as meditation, and moderate exercise

What you can do: supplements

- Chromium* polynicotinate 200-1000mcg
- Vitamin D₃ and fertility
 - "Inverse association between vitamin D status and metabolic disturbances in PCOS" (Krul-Poel, 2013)
 - N-Acetyl Cysteine may reduce insulin resistance and improve fertility
 - DBPCT (N=150) overweight/obese women with PCOS who failed to ovulate with clomiphene received 1000 mg/d clomiphene and 600 mg NAC twice daily for 5 days
 - Ovulation: 49.3% versus 1.3% (placebo) (p<.0001) (Rizk, 2005)
 - Pregnancy rate: 21.3% versus o.o% (placebo) (p=o.oooo6)

^{*}Safety concerns during pregnancy

N-Acetyl Cysteine continued

- Prospective cross-over trial (N=573), clomiphene (100mg/day) and NAC (1200mg/day) → significantly improved ovulation, serum estrogen, progesterone, endometrial thickness, and pregnancy rate compared clomiphene alone (Badawy, 2007).
- Clomiphene resistant? Latest research: stick with metformin.
 - Over 3 months, metformin plus clomiphene group had significantly higher ovulation/pregnancy rates compared to NAC plus clomiphene group (69.1% vs. 20.0%, P = 0.002, and 22.7% vs. 5.3%, P = 0.020, respectively) (Abu Hashim, 2010).

Supplements

- Cinnamon—1/4-1/2 tsp/day for insulin resistance
- Spearmint—1-5 cups/day hirsutism
- Saw Palmetto*—reduces 5 alpha reductase
 - PCOS, hirsutism

Supplements

- Chastetree* (Vitex): if high prolactin
 - Binds dopamine receptors → inhibits prolactin
- In absence of high prolactin, do not use, particularly in obese women, as it may increase LH (leutenizing hormone) levels
- For full evidence and dosages for supplements > 3 page handout

^{*}Safety concerns during pregnancy



PCOS: The Latest Research on Safe, Effective Vitamins, Minerals and Herbs

Handout Source: Excerpted March 24, 2015 from University of Arizona Fellowship in Integrative Medicine Premium Alumni Content 2014-2015 (password protected), Integrative Women's Health, Infertility, PCOS: Dietary Supplements, url: http://integrativemedicine.arizona.edu/program/alum2014/integrative_womens_health/infertility_pcos/8.html

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Chromium* is an essential trace element for mammals and is required for maintenance of proper carbohydrate and lipid metabolism. Chromium enhances glucose metabolism, decreases cardiovascular risk, and may benefit atypical depression (Pattar, 2006). In a study of women with PCOS, those who were insulin resistant were found to have significantly lower levels of serum magnesium (r = -0.31; p < 0.03) and chromium (r = -0.38; p < 0.006), which also significantly correlated with fasting insulin levels (Chakraborty, 2013). Unfortunately, there are no studies evaluating the effect of supplementation of chromium in women with PCOS. The typical dose is 200-1000 mcg daily of chromium polynicotinate.

Vitamin D: A study by Qtt et al in 2012 found that 25OHD3 seems to play a major role in fertility treatments in women with PCOS: low 25OHD3 levels and 25OHD3 deficiency (<25nmol/l) were associated with lower rates of follicle development and pregnancy after stimulation with 50mg clomiphene citrate (Ott. 2012). This

Conclusion

- Integrative Medicine
 - Evidence-based, just good medicine
- You are the key

- Philadelphia Integrative Medicine
- 888-702-7974 x 2 or info@philly-im.com
- Wayne, PA (30 min train ride from center city)