

GYNAECOLOGY & OBSTETRICS UPDATE

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Finalist

**HOSPITAL
DOCTOR**

**AWARD
2005**

New Scientific data supporting previous Update issues' advice

*Metformin should not be used
as primary treatment for PCOS*

The Royal college of Obstetricians and Gynaecologists has recently issued an Opinion paper (http://www.rcog.org.uk/resources/Public/pdf/SAC_Paper_13.pdf) through the Scientific Advisory Committee indicating that on current evidence; Metformin is not a first line treatment of choice in the management of PCOS. ***This was strongly stressed in 2004 in the "Update issue no 35"*** The opinion paper summarized the evidence as follows: “

While initial studies appeared to be promising, more recent large randomised controlled trials have not observed beneficial effects of metformin either as first-line therapy or combined with clomifene citrate for the treatment of the anovulatory woman with PCOS. Most work has been undertaken in the management of anovulatory infertility and there are no good data from randomised controlled trials on the use of metformin in the management of other manifestations of PCOS. It is clear that the first aim for women with PCOS who are overweight is to make lifestyle changes with a combination of diet and exercise in order to lose weight and improve ovarian function. The European Society for Human Reproduction and Embryology and American Society for Reproductive Medicine consensus on infertility treatment for PCOS concluded that there is no clear role for insulin sensitising and insulin lowering drugs in the management of PCOS, and should be restricted to those patients with glucose intolerance or type 2 diabetes rather than those with just insulin resistance.¹³ Therefore, on current evidence metformin is not a first line treatment of choice in the management of PCOS.

*FDA is concerned about potential
risks of Testosterone Therapy*

FDA (Food and Drug Administration) in the United States is concerned about potential adverse effects of Testosterone therapy for females over the long term. Potential detrimental lipoprotein physiology with unknown cardiovascular disease risk, as well as androgenic side effects, have been the major challenges. Transdermal testosterone is available in Europe for use in surgically postmenopausal women who have persistent symptoms of low libido despite adequate non-conjugated ET however it lacks FDA- approval due to the above concern. ***These concerns were emphasized in 2002 in the "Update issue no 18"***.

In addition to these risks; a recent study (*N Engl J Med* 2008;359:2005-2017) showed a potential increase risk of breast cancer. four cases of breast cancer in the groups receiving testosterone (200 patients), including one case detected 3 months after the study 52 weeks ended, versus none in the placebo group (200 patients). This could simply be due to chance, yet it is potentially worrisome and cannot be ignored. Findings suggest the need for caution until we understand more about testosterone's possible link with breast cancer and until we are better able to predict which patients are more likely to have negative effects.