POLYCYSTIC OVARY SYNDROME: ARE ENDOCRINOLOGISTS AND GYNECOLOGISTS TREATING THE SAME PATIENTS?

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Women with polycystic ovary syndrome commonly consult endocrinologists or gynaecologists. The diagnosis and management of this disorder are controversial, and it is not known if these specialty groups differ in their approach. Our objective was to compare the investigation, diagnosis and treatment of polycystic ovary syndrome by endocrinologists and gynaecologists. A questionnaire containing a hypothetical patient case history with varying presentations was sent to endocrinologists and gynaecologists in teaching hospitals and private practice. Evaluable responses were obtained from 138 endocrinologists and 172 gynaecologists. The two specialty groups differed markedly in their choice of essential diagnostic criteria. Endocrinologists regarded androgenisation (81%) and menstrual irregularity (70%) as essential for diagnosis, whereas gynaecologists cited polycystic ovaries on ultrasound (61%), androgenisation (59%), menstrual irregularity (47%) and elevated LH : FSH ratio (47%). (All P values <0.001.) Gynaecologists were more likely to request ovarian ultrasound (91% *v.* 44%, $P < 0.001$) whereas endocrinologists were more likely to measure adrenal androgens (80% *v.* 58%, $P < 0.001$) and fasting lipids (67% *v.* 34%, $P < 0.001$). Gynaecologists were less likely to assess glucose homeostasis but were more likely to use a glucose tolerance test to do so. Diet and exercise were chosen by most respondents as first-line treatment for oligomenorrhoea, hirsutism, infertility and obesity. Endocrinologists were more likely to use insulin sensitisers, particularly metformin, for these indications. In particular, for infertility, endocrinologists favoured metformin treatment whereas gynaecologists recommended clomiphene. There is a lack of consensus between endocrinologists and gynaecologists in the definition, diagnosis and treatment of polycystic ovary syndrome. Women may receive different diagnostic advice and treatment depending on the type of specialist consulted.

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