

'PCOS made me feel out of control'

About 15 per cent of women have polycystic ovary syndrome, a common hormonal disorder that can cause irregular periods, weight gain and acne



Stephanie Yeo
Senior Correspondent

For years, Ms Anna Haotanto had irregular or light periods and gained weight easily, but she thought this was common among women.

After undergoing egg freezing at age 34, her period stopped for six months, which she found "weird".

During that time, she gained 8kg in four months and struggled with hormonal acne, fatigue and brain fog.

"I brushed them off as stress-related or just 'normal' for women. But I felt like my body wasn't syncing with me over time," says the 40-year-old founder of femtech start-up Zora Health, a regional fertility, menopause and family health platform.

A medical check-up in 2019 revealed that she had polycystic ovary syndrome (PCOS), a common hormonal disorder among women of reproductive age.

"Mentally, it was exhausting. I'm a high-functioning person, but PCOS made me feel out of control. It also made me question my goals. Could I have a family when I was ready? Would my body cooperate?" adds Ms Haotanto, who is in a relationship.

PCOS patient numbers have remained stable at the National University Hospital (NUH) and the dedicated PCOS clinic at KK Women's and Children's Hospital (KKH).

About 15 per cent of women globally live with PCOS, making it one of the most common endocrine diseases in women of reproductive age, says Professor Yong Eu Leong, head and emeritus consultant from the Division of Benign Gynaecology in NUH's Department of Obstetrics & Gynaecology.

In the United States and European countries, PCOS is reported to affect between 6 and 20 per cent of women, depending on the diagnosis criteria used, says Dr Veronique Viardot-Foucault, a director and senior consultant in clinical endocrinology at KKH's Department of Reproductive Medicine.

British fashion designer Victoria Beckham, British actresses Emma Thompson and Daisy Ridley, and American singer-songwriter Bebe Rexha are among the celebrities who have spoken out about living with PCOS.

In Singapore, influencers Mong-chin Yeoh, Sahur Saleim and Preeti Nair, as well as fashion entrepreneur Velda Tan, have revealed their PCOS diagnoses on social media.

Women with PCOS may have a combination of symptoms involving hormonal imbalances and metabolism dysfunction, which may vary among individuals and change over time, says Dr Viardot-Foucault.

These include irregular periods, excessive hair on the face and body, hair loss or thinning scalp hair, oily skin and/or acne, and weight gain. They may also find it difficult to conceive, she adds.

Scientists still do not know the root cause and there is no cure.

Women with PCOS may have a combination of symptoms involving hormonal imbalances and metabolism dysfunction, which may vary among individuals and change over time. These include irregular periods, excessive hair on the face and body, hair loss or thinning scalp hair, oily skin and/or acne, and weight gain. They may also find it difficult to conceive.



Ms Anna Haotanto, founder of a femtech start-up, discovered she had PCOS in 2019. PHOTO: COURTESY OF ANNA HAOTANTO



Instead of pushing through one's symptoms, entrepreneur Valery Tan advises women to "rest, recharge and reset". PHOTO: COURTESY OF VALERY TAN



Entrepreneur Maya Kale was diagnosed with PCOS when she was a teen. She has improved her health with a low-inflammation diet, low-impact exercise and supplements. PHOTO: COURTESY OF MAYA KALE



SYMPTOMS VARY ACROSS ETHNICITIES

Prof Yong says recent research has unveiled two main subtypes, although some patients can have both.

In Singapore, Chinese women usually have the reproductive subtype. This means they tend to have infrequent periods and irregular menstrual bleeding, without the weight gain and high levels of male hormones.

Such patients have a high egg reserve, but the excessive number of antral follicles (immature eggs) results in irregular periods.

"When treated with fertility medications, many of these patients do conceive and go on to deliver healthy babies," Prof Yong says.

The metabolic subtype, on the other hand, is more prevalent in women with roots in the Indian subcontinent and among Cauca-

sians. They tend to put on weight easily, have higher levels of male hormones, and are more prone to insulin resistance and diabetes, he says.

Being overweight amplifies their PCOS symptoms and increases the risk of other weight-related diseases like high blood pressure.

Although they also have a high egg reserve, their metabolic challenges mean that they tend to have difficulty getting pregnant and have a higher risk of pregnancy complications.

"Patients often suffer from issues related to poor body image, hirsutism, lower fertility, and a tendency towards anxiety and depression," Prof Yong adds.

The PCOS clinic at KKH has been seeing more teenage patients with irregular periods in recent years, but they are too young for a transvaginal ultrasound, one of the standard tools for PCOS diagnosis, says Dr Viardot-Foucault, who is also the clinic's lead.

If they have no other symptoms, they are typically monitored and reassessed about eight years after their first period, when they have reached what doctors call reproductive maturity.

However, a 2023 local research study helmed by Prof Yong calls for a simplified set of PCOS diagnostic criteria which would allow doctors to treat patients without having to wait until they are old enough for the more invasive transvaginal ultrasound.

Being overweight or obese can worsen PCOS symptoms, so lifestyle modifications like a healthy diet and regular exercise should be the first point of discussion before medical interventions, Dr Viardot-Foucault says.

"Studies have shown that losing 5 to 10 per cent of body weight can restore ovulation, regulate the menstrual cycle, improve the chance of pregnancy, and reduce long-term metabolic risks of diabetes and cardiovascular diseases," she says.

Medical treatments for PCOS include birth control pills to regulate menstrual cycles, anti-androgenic medications for unwanted hair growth, and fertility drugs and other interventions for fertility, Prof Yong says.

TAKING CHARGE OF ONE'S HEALTH

While medical science has improved diagnosis and treatment approaches, women with PCOS say they often have to advocate for their own health.

Entrepreneur Maya Kale, 30, was diagnosed early at age 15 as she had all the telltale signs: irregular periods and heavy flow with debilitating cramps and thinning hair on her head.

"I had an absurd amount of facial hair for a teenage girl and was made fun of for my thick eyebrows and 'moustache,'" she says.

She was put on a contraceptive pill almost immediately to help regulate her periods. It did, but at a cost.

"Little did I know the 'period' I was getting on the pill wasn't actually real, and the pill only helped cover up the symptoms I was experiencing, rather than get to the root cause and solve some of those symptoms," says Ms Kale.

The "period" one gets while using the pill is withdrawal bleeding, which is lighter and shorter than normal menstruation.

After four to five years on the pill, Ms Kale noticed changes to her mood and an increase in symptoms of premenstrual syndrome – commonly known as PMS – like breast tenderness, irritability and added anxiety.

"I ignored these for a while, finally got sick of the side effects and took things into my own hands. I dove deep into the world of women's health and natural remedies,

You are not alone – and it's not your fault. PCOS doesn't define your worth, femininity or future... Learn about your body, track your symptoms, find your people and don't stop asking questions until you feel seen.

MS ANNA HAOTANTO, founder of femtech start-up Zora Health, on living with PCOS

and ended up finding a combination of lifestyle, supplemental and diet changes that really worked for me," she says.

Her PCOS journey inspired her decision to create popular supplement brand Moom Health with her sister Mili, 33, in 2021.

Besides eating anti-inflammatory home-cooked foods and doing low-impact exercise, she also takes several Moom supplements – including Happy Hormones, which contain inositol, a type of sugar that has been clinically proven to help PCOS. Her periods are now regular and her health has improved.

"As women, we tend to forget to prioritise ourselves and our health, and we let others lead our journeys. It's so important to truly tune in to yourself and put yourself in the driver's seat of your health – nobody else will."

As for Ms Valery Tan, 28, she never associated her irregular periods, weight fluctuations and sugar cravings with PCOS until a recent medical check-up revealed she had the condition.

Finding a sympathetic doctor has been difficult, says Ms Tan,

co-founder of menopause and midlife platform Surety. One doctor she saw in her early 20s told her she had multiple cysts without confirming her condition or offering further advice.

Ms Tan now engages in exercises such as spinning, hot yoga, Pilates and barre to manage her weight changes, which had affected her confidence in the past.

She tells women with PCOS: "Weight fluctuations, sugar cravings, low energy – they're not moral failings. They're symptoms of a hormonal imbalance. Recognising that helps reduce shame and reframe the approach."

"Lifestyle adjustments like Pilates, barre or spinning are fantastic. But do them for wellness, not punishment."

Women may tend to push through the fatigue and mood dips that come with PCOS, but she advises: "Managing PCOS means respecting your energy cycles. Rest, recharge and reset. It is essential."

All three women have since learnt the best way to manage PCOS holistically is with nutrition, movement, sleep, stress management and understanding their cycles.

As Ms Haotanto says: "You are not alone – and it's not your fault. PCOS doesn't define your worth, femininity or future. My biggest surprise was how little awareness and support there are for something that affects so many women."

"Learn about your body, track your symptoms, find your people and don't stop asking questions until you feel seen."

stephyeo@sph.com.sg

• This is the last in a limited series about women's health topics.