Inositols for PCOS : An Update

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Overview

Understanding the role of insulin in PCOS
The relationship between inositols and insulin
Inositols for PCOS : Published studies
Practical considerations

Understanding the role of insulin

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 A hormone produced by the pancreas that regulates glucose metabolism











So, what can go wrong??





Understanding the role of insulin

A hormone produced by the pancreas that regulates glucose metabolism

- Insulin resistance (IR) is present in 70-80% of women with PCOS
 - Increased blood sugar ("hyperglycemia")
 - Increased serum insulin levels ("hyperinsulinemia")
- Increased serum insulin levels then cause the ovary to produce increased amounts of testosterone
- Increased serum insulin and testosterone interfere with ovulation

Metformin and PCOS

Metformin and PCOS

- Metformin is an insulin sensitizing drug
- Improves function of second messengers, and reduces insulin resistance
- Reduces hyperinsulinemia and testosterone overproduction
- Common side effects:
 - Bloating
 - Nausea
 - Diarrhea
 - Loss of appetite

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Inositols

6-carbon sugars - similar to mannitol and sorbitol
9 different types of inositols - "stereoisomers"





Inositols

6-carbon sugars - similar to mannitol and sorbitol

- 9 different types of inositols "stereoisomers"
- Myo-inositol (MYO) and d-chiro inositol (DCI) are key components of the "second messengers"







Inositols

- 6-carbon sugars similar to mannitol and sorbitol
- 9 different types of inositols "stereoisomers"
- The insulin receptor's "second messengers" contain myo-inositol (MYO) and d-chiro inositol (DCI)
- Supplementing with MYO and DCI will improve insulin receptor "signaling" and reduce insulin resistance
- First inositol/PCOS clinical trial published in 1999 by Nestler, et al, using DCI alone

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- 50 women with PCOS
- Treated with 4 g MYO for 3 months

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- Testosterone decreased 30% w/ MYO treatment (p=.001)
- Insulin resistance decreased 50% (p=.005)

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- Testosterone decreased 30% w/ MYO treatment (p=.001)
- Insulin resistance decreased 50% (p=.005)
- 30% of patients had disappearance of hirsutism
- 53% of patients had resolution of acne

Minozzi, et al, "The effect of a combination therapy with myoinositol and a combined oral contraceptive pill vs. a combination oral contraceptive pill alone on metabolic, endocrine and clinical parameters in PCOS", Gyn Endoc, 2011, 27:11, 920-924

- 155 women with PCOS
- Randomized to treatment with either BCP+MYO or BCP alone

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155 women with PCOS

Randomized to treatment with either BCP+MYO or BCP alone

| | Birth Control Pill | Birth Control Pill + Myo-inositol | |
|------------------------------------|--------------------|---|-------|
| Reduction in testosterone | 29% | 44% | P<.05 |
| Reduction in in insulin resistance | 7% | 38% | P<.05 |

Costantino, et al, "*Metabolic and hormonal effects of myo-inositol in women with PCOS: a double blind trial*", Eur Rev Med Pharmacol Sci, 2009, 13:2, 105-10

- 42 women with PCOS
- Randomized to either 4 grams MYO daily or placebo

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- Testosterone decreased 65% in MYO group (p=.003)
- Insulin sensitivity increased 80% in MYO group (p=.001)

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- Randomized to either 4 grams MYO daily or placebo
- Testosterone decreased 65% in MYO group (p=.003)
- Insulin sensitivity increased 80% in MYO group (p=.001)
- 70% of subjects in MYO group ovulated during study, compared to 21% in the placebo group

- 120 women with PCOS and chronic anovulation
- Randomized to treatment with either metformin or myo-inositol

- I20 women with PCOS and chronic anovulation
- Randomized to treatment with either metformin or myo-inositol

| | Ovulation rate | Pregnancy rate |
|--------------|----------------|----------------|
| Metformin | 50% | 18% |
| Myo-inositol | 65% | 30% |

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| Clomiphene (Legro, 2014) | 48% | 19% |

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| Clomiphene (Legro, 2014) | 48% | 19% |
| Letrozole (Legro, 2014) | 62% | 28% |

Colazingari, et al, "The combined therapy MYO plus DCI, rather than DCI, is able to improve IVF outcomes: results from a randomized controlled trial", Arch Gyn Obstet, 2013, 288: 1405-1411

- 100 women with PCOS and undergoing IVF
- Randomized to treatment with either MYO+DCI, or, DCI alone
- Combined treatment group had better embryo quality and higher fertilization and pregnancy rate

MYO and DCI play different roles

- MYO and DCI are both inositols, but are VERY different molecules
- Each produces a different second messenger
- MYO improves ovarian function
- DCI improves metabolic function in the peripheral tissues
- Combined treatment with MYO and "low-dose" DCI together appears to be more effective than either alone

Inositols for PCOS: Practical Concerns

- The combination of myo-inositol and d-chiro inositol is an effect treatment for PCOS
 - 2-4 grams of MYO/day
 - 50-100 mg of DCI/day
- Safe, inexpensive and completely free of side effects
- Available without prescription, as OTC dietary supplements

Questions?