

# THE PCOS MOOD CURE



The PCOS Psychologist's Guide to  
Ending the Emotional Roller Coaster



# The PCOS Mood Cure

## Disclaimer

This book is designed to provide information and coping mechanisms for the mental health issues related to Polycystic Ovary Syndrome (PCOS). It is sold with the understanding that the author is not providing medical, psychiatric, psychological, nutritional, or other professional advice or services.

If you have any physical or psychological condition that could be affected by the information provided in this book, you are encouraged to seek the advice of an appropriate medical or mental health professional before beginning or continuing any of the suggestions made from this book.

The purpose of this book is to educate, inspire, and encourage. The author shall have neither liability nor responsibility to any person or entity with respect to any loss or damage caused, or alleged to be caused, directly or indirectly, by the information contained in this book.

References made to patients are not references to specific people. Rather, they are composites of many people put together for the purposes of illustration and instruction. This was done to avoid revealing personally identifying information about any individual. Any resemblance to real persons, dead or alive, is purely coincidental.

# The PCOS Mood Cure

## Contents

Foreword by Dr. Sheila Forman

Preface

A Special Note for Teens

Acknowledgments

Gretchen's Story

Part One: What is PCOS?

Chapter 1: What is PCOS?

Chapter 2: Why Living with PCOS is Hard

Chapter 3: Hormones, Mood, and Stress Challenge #1: Assess Your Real Stress Levels

Chapter 4: Food, Eating, and Eating Disorders Challenge #2: Keep a Food/Mood Log for a Week

Chapter 5: Insomnia and Other Sleep Disorders Challenge #3: Sleep More

Chapter 6: Mood Disorders Challenge #4: Make a Symptom List Part Two: How to Live Better with PCOS

Chapter 7: Integrative Model

Chapter 8: Assembling Your Health Care Team

Chapter 9: Food Essentials for Mental Health

Chapter 10: Prescription Medications, Foods, and Procedures

Chapter 11: Selective Supplementation and Other Tools Part Three: PCOS Life Skills

Chapter 12: Getting Proactive Challenge #5: List Five Positive Things About PCOS Challenge #6: Try a Re-framing Exercise

Chapter 13: Practicing Acceptance

Chapter 14: Managing Anger

Chapter 15: Dealing with Pain

Chapter 16: Developing a Meditation Practice

Chapter 17: Improving Sleep

Chapter 18: Exercising for Health

Chapter 19: Putting It All Together

About the Author

Appendix: Supplements for PCOS Brain Health

Resources

References

Copyright © 2018 Gretchen Kubacki All Rights Reserved.

No part of this publication may be reproduced, distributed, or transmitted in any form or by any means.

# The PCOS Mood Cure

## Foreword by Dr. Sheila Forman

Polycystic Ovary Syndrome (PCOS) is a complex illness. For the millions of afflicted women, a “normal life” can seem out of reach. From mood swings and weight gain, to acne and infertility, PCOS wreaks havoc. With more than 200,000 women being diagnosed each year, PCOS patients need a healer – enter Dr. Gretchen Kubacky.

Dr. Kubacky is a compassionate health psychologist who has devoted her life to helping women cope with PCOS. A patient herself, Dr. Kubacky knows the heartache this diagnosis brings. Determined to end the suffering of as many women as possible, Dr. Kubacky has written this definitive guide to living well with PCOS.

Within these pages you, the PCOS patient, will find advice on dealing with the physical, psychological, and social consequences of this disease. With humor and wisdom, Dr. Kubacky shows you how to have a fuller, happier, and healthier life despite your diagnosis.

From *The PCOS Mood Cure* you will learn: what Polycystic Ovary Syndrome really is; why it is so hard to diagnose and treat and, how PCOS affects your moods, weight, sleep and more. Using an integrative model, you will discover which medications and supplements could help you. You will come to understand the role food plays in your emotions and what you can do about it. And, maybe most importantly, you will be given a complete set of life skills including coping with emotions, dealing with chronic pain, improving sleep, and managing stress. Grounded in science and full of valuable resources, *The PCOS Mood Cure* is all you will need to feel better.

As a psychologist specializing in weight and eating issues, I understand the additional challenges faced by PCOS patients. I see the emotional toll that excess weight causes. I bear witness to the loss of self-esteem that facial hair and acne lead to. I calm the rollercoaster driven by mood swings. It’s hard enough coming to terms with the pain and disappointments that life dishes out without having the extra burden of PCOS. I am so happy to finally have a book I can give to my patients to help them on their journey. With the insight and information from *The PCOS Mood Cure*, they feel more optimistic about their future. If you are working with a psychologist, I encourage you to give her a copy of this book. The more she knows, the more she can help you

PCOS is a chronic condition that could rob you of a satisfying life, if it is not managed properly. The good news is that with the right support, PCOS does not have to stop you from having the life you want. You now have in your hands the best assistance you can ask for. With Dr. Kubacky as your guide, you can overcome the misery PCOS has bestowed upon you. You can lose weight, end mood swings, get good sleep, and build the loving relationships you long for. So don’t delay. Open the book, dig in, and let Dr. Kubacky show you the path to PCOS wellness.

**Sheila H. Forman, Ph.D.**

**Clinical Psychologist and Mindful Eating Instructor**

**Author of *Do You Use Food to Cope?* and *The Best Diet Begins in Your Mind***

**[www.TameYourAppetite.com](http://www.TameYourAppetite.com)**

**Santa Monica, California**

**March 2018**



# The PCOS Mood Cure

## Chapter 3

### Hormones, Mood, and Stress

#### The Big Picture

It's no secret that hormones affect mood. Since PCOS is all about hormones, of course mood is going to be affected! PCOS has been described as "the perfect endocrine storm," and I'd say that's an apt description. The endocrine system is already a thing of remarkable and dramatic complexity, and when one part of it goes awry, there's a domino effect, and the rest of it follows. Pretty soon, everything is off-kilter - from your periods to your hair growth, the color and texture of your skin, and the basic functioning of your brain.

In order to properly treat your PCOS mood, it's important to have a clear picture of what's going on with you. Differentiating normal from abnormal moods can be extra challenging with PCOS. While there is a finite set of mental health diagnoses, the presentations are different from patient to patient. I'm always looking for the links and patterns between physical balance/imbalance and a woman's mood, depression, irritability, or other emotional or functional symptoms.

Many of us have tried anti-depressants or other prescription medications to help with the ups and downs of PCOS. Over-the-counter medications like Sam-E, Kava, and so on are also common self-prescriptions. To further complicate matters, we have varying diets, ethnicities, exercise habits, sleep statistics, and medications. Our moods and how medications work (or if they work at all, or for how long) are affected by a person's age, gender, body mass, ethnicity, and general state of health. In other words, if you put a petite 80-year-old Asian woman on an anti-depressant, and a 200 pound 23-year old African-American woman with PCOS on the same dose of medication, you'd probably be getting it wrong, yet that's how medications get dosed all the time. If you've felt like all of this is just a guessing game, there's some truth to that!

#### Understanding How Stress Affects Your Hormones

Despite all of these complications, it's really important to understand how stress affects your hormones. Firstly, you need to know simply that stress produces a hormonal response. Many of those responses are predictable, but many aren't. Our stress responses are the same as they were in ancient times, but these days, we're faced with an infinitely higher number of stressors. This leads to physical and emotional exhaustion and depletion.

Stress can be caused by any number of things, including most aspects of daily life - and even good or positive events, not just negative or scary events. Getting married, starting a new relationship, graduating from college, or losing 20 pounds can all produce stress, just like getting in a car accident, trying to make a deadline at work, or getting raped. But that doesn't mean you should stop doing the good things - just be aware that even positive stressors are still stressors. All those stress hormones, if left unmanaged, can cause disruptions to your endocrine system. When the endocrine system is already abnormal, as it is in PCOS, those stress effects tend to hit harder and earlier, and have more and longer-lasting negative effects.

# The PCOS Mood Cure

## The Good Kind of Stress

When you're stressed, a whole bunch of things happen inside your body. Your adrenal glands release adrenaline and cortisol, which give you an energy boost – you're ready to go! This "fight or flight" response is the body getting ready to take extreme physical action involving extra strength, speed and endurance. You're probably already familiar with the terms "adrenaline rush" or "adrenaline junkie," or you've heard about average people who can suddenly lift a car off a person who is trapped underneath.

When adrenaline is present, you experience:

- Increased heart rate, heart palpitations, sweating or anxiety.
- An increase in blood pressure.
- Rising blood sugar levels. Insulin increases to combat the rising blood sugar levels.
- Cold hands (a fear response).
- An inability to think clearly (this is about survival instinct, not refined thought).
- A pause in digestive processes (who needs digestion when you're about to get eaten by a woolly mammoth?).
- Increases in cortisol secretion.
- Decreases in progesterone.
- A rise in estrogen levels.

If you really are in immediate physical danger, these are all useful physical adaptations that allow you to fight back hard or run away. They're sending extra fuel to your muscles, shutting down unnecessary or distracting processes, and establishing a panic response that sends you into action.

## The Bad Side of Stress

But if stress is a constant way of life, instead of an occasional event, excess exposure to hormones (primarily cortisol, adrenaline, and insulin) can be harmful, and you might end up with:

- A compromised immune system – you know how you always get sick right during those super-busy times at work?
- Problems with your thyroid.
- Irritability, being judgmental, and feeling on edge all the time.
- Tiredness, lethargy, lack of interest, and flat-out exhaustion.
- Cravings for sugar, bread, and other carbohydrates (the brain needs to replenish its glucose fuel supply which got expended during the stress event).
- Confused thinking.
- Weight gain.
- Decreased libido (sex drive).
- Abdominal bloating and/or abdominal weight gain (a response to excess cortisol).
- Breast discomfort.
- Acne, other rashes or flare-ups of skin conditions, such as eczema and psoriasis.
- Insomnia, which may further contribute to irritability and depression.

# The PCOS Mood Cure

That sounds like the primary PCOS symptoms, in a nutshell, doesn't it? Now you understand why you're feeling the way you're feeling, especially if you're experiencing depression or anxiety. This is an ultra-simplified explanation, of course, but it's enough to give context to what goes on with PCOS-related psychological symptoms. You can see that hormones affect every aspect of our physical and mental wellbeing, and every system in the body. Note again that the endocrine system is complex, interacts with all the other systems of the body, and is a system with a very delicate balance that is easily upset. The good news is that small adjustments to your body chemistry may also bring the system back into line relatively quickly. In other cases, finding balance may require some hard work, thoughtfulness, and expert assistance.

## PCOS Hormones

**Testosterone** is usually thought of as the male hormone. But in PCOS, testosterone and the other androgens are usually unbalanced. Testosterone has many vital roles in women and, like the other sex hormones, starts to decline with age. Many younger women who have been on birth control pills may also have low testosterone and experience symptoms associated with low testosterone levels. Symptoms associated with testosterone deficiency include increased submissiveness, rigidity, depressed drive and initiative, anxiety, poor memory, and low sex drive. In other words, problematic as it may be for a woman with PCOS, a little testosterone does keep you from feeling weak, wimpy, and unmotivated.

**Estrogen and Progesterone** are different hormones, but they work in conjunction with one another. As with testosterone, estrogen and progesterone decline with age, but at what age is unique to each woman, and the decline may not happen until as late as menopause. It could happen much earlier (or pretty much whenever it pleases, is what it can feel like with PCOS), and/or have varying highs and lows throughout a woman's lifetime. You may have heard, for example, that too much fat means you are estrogen dominant – and yet you have mood symptoms associated with estrogen deficiency! Reproductive status, other hormones, medications, stressors, and diet affect these levels as well.

Some of the mood-related symptoms can include depression and lack of sex drive. Tiredness and memory issues are also potential problems related to estrogen deficiency. Excess estrogen or progesterone deficiency may cause more anxiety symptoms, including being quick to anger, and having irritability, nervousness, or insomnia. In any case, if you present with these symptoms, I want you to get your hormones assessed by a physician, so you can see how balanced you are physically. This will also help to clarify whether your symptoms are caused exclusively by a hormonal imbalance, or if life stressors are causing some of your symptoms.

Achieving physical balance may help with emotional balance as well, because estrogen can increase serotonin. Serotonin is a brain chemical (a neurotransmitter) that is associated with good mood, happiness, and a general feeling of being upbeat and positive. If you've taken or heard of SSRIs (selective serotonin reuptake inhibitors), a popular type of antidepressant, you know those are the medications that are most often prescribed in an attempt to increase your serotonin levels. So, if you've got a doctor who's working on your hormones, and you're also working with a psychiatrist for the psychotropic medications, then you'll definitely want to make sure that their plans are coordinated. You might not need the same dose of your psychotropic medication if your hormones are balanced. Make sure that the doctor who prescribes your psychotropic medications is aware if you're taking birth control pills, as they can cause depression in some women.



# The PCOS Mood Cure

## Thyroid Hormones

If you've got PCOS, someone has probably tested your **Thyroid Hormones (T3 and T4, TSH)**. And while we generally don't like to tell our doctors what to do, in this case, if you haven't been tested, I suggest you ask to be tested. The thyroid gland is incredibly important. It's like a thermostat for your body, and it controls metabolic action throughout your entire body. So, if your thyroid is not functioning properly (either too high or too low), everything is affected, both physically and emotionally. Hypothyroidism (low thyroid) is particularly common in women with PCOS, and can be present at a sub-clinical level for a long time before you're actually diagnosed with a problem. You might notice symptoms like unrelenting fatigue, difficulty getting out of bed in the morning, weight gain, lack of energy during the day, lack of motivation, memory problems, and concentration problems. There are multiple causes of hypothyroidism, including auto-immune causes, so it's important to get tested and treated by someone who's knowledgeable, because the treatments can be quite nuanced. Usually, that's an endocrinologist. The most common fix for hypothyroidism is a tiny pill containing thyroid replacement that is taken daily for life. When dosed properly, you should experience no side effects at all – just a return to more normal functioning and maybe a little weight loss.

**Cortisol** is commonly called the stress hormone, and it's part of the adrenal system. You may have heard someone talk about "adrenal exhaustion," or been diagnosed with it yourself. Adrenal exhaustion is not a western medicine diagnosis, but it's a very common diagnosis in the alternative medicine world. What they're talking about is being under chronic stress and wearing out that gland. The result is anxiety, anger, irritability, depression, fatigue, forgetfulness, and a short temper. Basically, you lack the physical ability to counter the stress. This contributes to a further breakdown of the whole system and leads to – guess what? – more stress and one secreted by the ovaries and adrenal system. It helps us maintain a positive mood and attitude, have good energy, keep up immunity, and have a healthy libido. It is a precursor to both testosterone and estrogen. Abnormally low levels of DHEA are implicated in depression. So if you're feeling depressed, anxious, tired, totally uninterested in sex, and you're catching colds or having the flu all the time, there's a good chance that your levels of DHEA are inadequate. In order to increase the DHEA in your body, you should be looking to diet and fish oil supplements. I encourage you to do some further research to assess the benefits for yourself. Because of the far-reaching effects of DHEA, I recommend supplementing directly with DHEA only under the direction of a health care professional.

## Melatonin, Vitamin D, and Sleep

**Melatonin** helps with sleep cycles, jetlag, and time-zone adjustments. It also works in conjunction with Vitamin D, which is your morning wake-up call. People with seasonal affective disorder (SAD), or who don't have the disorder, but seem to be particularly affected by seasonally related changes (not enough sunlight), are likely experiencing a melatonin deficiency. Melatonin is involved in relaxing the muscles and nerves at night, and is also an anti-oxidant. Mood symptoms related to melatonin deficiency include night-time anxiety, nervousness, irritability, insomnia, and depression.



# The PCOS Mood Cure

Many people try melatonin hoping for a quick fix for their insomnia, and for many people, it does work that way. For those of us who say “melatonin–hmph!”– you might want to try it again. I’ve found that, even where it doesn’t appear to have an immediate benefit, it will often contribute to improved quality of sleep over time. There are people who will tell you that melatonin is to be used for a short-term fix only, and that it will damage the body’s ability to produce its own. In the absence of definitive proof either way, I recommend intermittent use of melatonin only. Just know that if you’ve been taking it for a while, and stop using it, it may take time for your body to be able to gear up and start producing melatonin on its own again. Note also that melatonin production naturally declines over time, which explains why so many older people have sleep problems, or seem to need less sleep. Additionally, it seems that most melatonin self-prescribers are using too large a dose and at the wrong time. Half a milligram (500 mcg), taken a few hours before bedtime, is recommended if falling asleep is your problem. If waking during the night is a problem, then a second tiny dose (500 mcg again) right at bedtime may be helpful. A few weeks of melatonin usage may be enough to reset your internal time clock.

**Vitamin D** is not actually a vitamin, although it used to be classified as one. It is now classified as a hormone, which basically means something that affects your other cells. It’s involved in bone health (in balance with calcium), cell generation/regeneration, insulin sensitivity and blood sugar regulation, and binds to over 200 genes throughout the body. Note, if you’re wearing sunscreen, you’re probably not getting enough Vitamin D. Your Vitamin D level can be easily tested by your doctor, and supplementation is easy, inexpensive, and effective. Getting your Vitamin D level into the healthy zone may help improve sleep and decrease depression.

## *Challenge #1: Assess Your Real Stress Levels*

Most of us are dealing with greater stress levels than people could have imagined even 100 years ago. To assess the intensity of your personal stress level, look up the Holmes-Rahe Stress Inventory (<https://www.stress.org/holmes-rahe-stress-inventory/>) and check out your score. Note that even positive life events cause stress – and your body doesn’t really know the difference! I think of this scale as a reality checking tool. Right now, just keep that in mind as you continue reading.

**Journaling Prompt:** Handwritten journals are preferred over online journals, because the brain/emotional connection is stronger. This exercise is a three-page dialogue between you and your stress. Don’t worry if you feel stuck, or this feels silly at first. Start out easy and see how it evolves when you ask stress what sort of messages it has for you, how you can help it, or how it plans to help you. Here’s an example of how I might start:

Gretchen: Hey, stress, how are you doing?

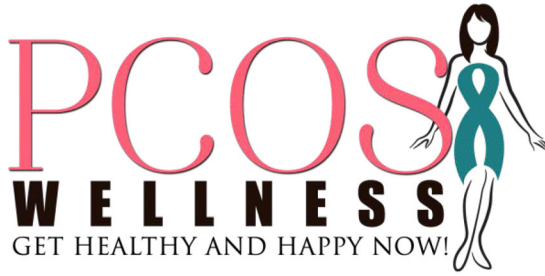
Stress: Are you kidding? I’m loving it. I’m totally in charge here.

Gretchen: Well, yeah, you’re pretty powerful, but I’m sure I’m in charge here!

Stress: Oh no. Take a look at what’s going on in your body...

# The PCOS Mood Cure

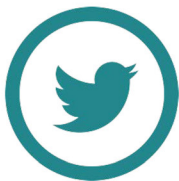
I'd love to hear from you!



Find us on Social Media



@WellnessPCOS



@AskDrGretchen



Join the social groups on Facebook!

## PCOS Psychology



## PCOS Wellness For Teens



Copyright © 2018 Gretchen Kubacki All Rights Reserved.  
No part of this publication may be reproduced, distributed, or transmitted in any form or by any means.