

Not All PCOS is the Same: Unlocking Weight Loss for Adrenal PCOS

Polycystic Ovary Syndrome (PCOS) is usually associated with insulin resistance, but there is a distinct phenotype that often gets missed: "Adrenal PCOS." These women often have normal insulin levels but high DHEAS (an adrenal androgen). They struggle with weight gain, anxiety, and inflammation, but the standard advice of "cut carbs and take Metformin" doesn't work for them because insulin isn't the primary driver. In our [medical weight loss Philly](#) program, we differentiate between PCOS types. For the adrenal type, weight loss requires a strategy focused on stress chemistry and nervous system regulation, not just blood sugar.

In Adrenal PCOS, the HPA axis (hypothalamus-pituitary-adrenal) is hyper-reactive. The body pumps out excess cortisol and adrenal androgens in response to stress. This keeps the body in "fight or flight" mode. High cortisol specifically directs fat storage to the visceral area (belly fat) and breaks down muscle. Aggressive dieting or high-intensity interval training (HIIT)—common weight loss advice—actually makes this type of PCOS worse by spiking cortisol further. We have to calm the body down to let the weight go.

Why "Eat Less, Exercise More" Fails Here

For the adrenal PCOS patient, calorie restriction is perceived by the body as a major stressor. It triggers a survival response, slowing the metabolism to hoard energy. Similarly, CrossFit or heavy cardio places a massive demand on the adrenals.

We pivot the strategy. We focus on "nourishment signaling." We ensure the patient is eating enough calories, specifically from anti-inflammatory fats and proteins, to signal safety to the brain. We switch exercise to low-impact, restorative movements like heavy lifting (slow tempo), pilates, or walking. This lowers the cortisol load, switching the body from storage mode to burning mode.

Medical Support for the Stress Response

While we don't use Metformin for this type, we may use other medical tools. GLP-1 agonists can still be helpful because they dampen the central stress response in the brain, but we use them carefully.

We also utilise targeted supplements like phosphatidylserine (to lower cortisol), adaptogens (like Ashwagandha), and magnesium. Addressing sleep is critical. Adrenal patients often have "wired and

tired" insomnia. Fixing sleep lowers the nocturnal cortisol spike, which is often the biggest driver of belly fat in this population.

Identifying the "Adrenal Surge"

Adrenal PCOS women often report feeling shaky or irritable if they miss a meal, but their blood sugar is fine. This is an adrenaline surge. We use continuous glucose monitors (CGM) not just for sugar, but to see these stress patterns.

We coach patients to eat regular, balanced meals to prevent these surges. Keeping the blood sugar curve flat prevents the adrenals from having to kick in. It is about creating a metabolic environment of calm.

Validating the Experience

Women with Adrenal PCOS often feel gaslit. They are told they must be sneaking food because the "standard" PCOS diet didn't work. We validate their biology. It wasn't a failure of willpower; it was the wrong prescription.

By treating the stress mechanism, we finally see the weight move. The inflammation drops, the anxiety lessens, and the body releases the protective weight it has been holding onto.

Conclusion

If standard PCOS advice hasn't worked for you, looking at your adrenals might be the key. By managing the stress response and nourishing the body, we can unlock weight loss for the adrenal phenotype.

Call to Action

Find the right plan for your unique PCOS type. Contact us for a specialized medical weight loss evaluation that looks beyond just insulin.