

Understanding PMOS: Polyendocrine Metabolic Ovarian Syndrome

A Comprehensive Clinical & Patient Guide to the Renamed Condition Formerly Known as PCOS

1. Why Has PCOS Been Renamed to PMOS?

In 2026, leading international women's health societies, clinical endocrinologists, gynaecologists, and patient advocacy bodies established a landmark global consensus to rename **Polycystic Ovary Syndrome (PCOS)** to **Polyendocrine Metabolic Ovarian Syndrome (PMOS)**. Published in *The Lancet*, this structural shift follows extensive research and input from over 14,000 patients and healthcare specialists across 56 international clinical bodies.

Key Reasons for Moving Away from 'PCOS'

- **Absence of True Cysts:** The "cysts" seen on pelvic scans in this condition are actually harmless, under-developed fluid-filled sacs (immature follicles). They are not pathologically dangerous or surgical cysts.
- **Inaccurate & Narrow Focus:** Labeling the condition solely as "ovarian" misrepresents its systemic nature, masking underlying endocrine dysfunction and whole-body metabolic impacts.
- **Diagnostic Delay & Social Stigma:** Focus on ovarian cysts created widespread clinical confusion, delayed timely diagnosis for up to 70% of affected women, and improperly framed the disorder as strictly a fertility problem.

Deciphering the New Name: P-M-O-S

P

POLYENDOCRINE (Multiple Hormones Involved)

Highlights the complex interplay of multiple hormones, including insulin, luteinising hormone (LH), ovarian and adrenal androgens, and Anti-Müllerian Hormone (AMH).

M

METABOLIC (Systemic & Long-Term Health)

Emphasises underlying insulin resistance and increased risk for Type 2 diabetes, fatty liver disease (MASLD), hypertension, and long-term cardiovascular conditions.

O

OVARIAN (Ovarian Function & Development)

Recognises the central role of ovarian involvement—specifically altered steroidogenesis, high AMH, and incomplete follicular development—without misleading references to cysts.

S

SYNDROME (Multifaceted Symptom Spectrum)

Captures the wide spectrum of reproductive, physical, dermatological, and psychological signs affecting women throughout different life stages.

2. What is PMOS?

PMOS is a common, complex, lifelong hormonal and metabolic condition affecting approximately **1 in 8 women** (12–13% of women of reproductive age). While the underlying physiological mechanism and diagnostic markers remain consistent, the revised name reflects the true multi-organ nature of the condition, paving the way for earlier detection, holistic care, and reduced stigma.

3. Diagnostic Criteria for PMOS

Diagnosis in adult women requires meeting at least **2 out of the following 3 criteria**, after excluding other conditions that mimic these symptoms (such as thyroid dysfunction, hyperprolactinaemia, or congenital adrenal hyperplasia):

Diagnostic Sign	Clinical Definition & Evaluation
1. Irregular or Absent Periods	Infrequent menstrual cycles (fewer than 8 per year), prolonged cycle intervals (>35 days apart), or complete absence of menstruation (amenorrhea).
2. High Androgen Levels (Hyperandrogenism)	Elevated androgen levels confirmed by blood testing OR clinical evidence such as excess facial/body hair (hirsutism), androgenic scalp thinning, or severe adult acne.
3. Ovarian Feature or Elevated AMH	Pelvic ultrasound showing 20 or more immature follicles in an ovary, OR elevated Anti-Müllerian Hormone (AMH) levels identified via blood testing.

Diagnostic Note for Adolescents

In young women within 8 years of their first period, irregular cycles are often a normal part of pubertal maturation. Diagnostic guidelines for adolescents strictly require BOTH irregular periods AND hyperandrogenism. Pelvic ultrasounds are generally avoided in teenager evaluations.

4. Understanding Your Symptoms

PMOS affects women in diverse ways across different stages of life:

- **Menstrual & Ovulatory Health:** Irregular, unpredictable, heavy, or missed periods due to anovulation.
- **Dermatological & Hair Changes:** Coarse or dark hair growth on the face, chest, abdomen, or back; androgenic hair thinning on the scalp; persistent adult acne; dark velvety skin folds (acanthosis nigricans).
- **Metabolic & Weight Dynamics:** Intrinsic insulin resistance affects up to 85% of women with PMOS (including 75% of lean women), often leading to weight management difficulties, abdominal fat distribution, and sugar cravings.
- **Mental Health & Emotional Wellbeing:** Increased risk of anxiety, depression, low self-esteem, and body image distress stemming from hormonal shifts and physical symptoms.
- **Fertility & Pregnancy Care:** Delays in falling pregnant due to irregular ovulation; higher benefit from structured pre-conception optimization and tailored antenatal monitoring.

5. Tailored Management & Treatment Strategies

Effective PMOS care focuses on addressing your individual priorities—whether that is cycle regularity, skin health, weight management, mood support, or fertility:

1. Lifestyle & Metabolic Optimization

- **Nutritional Care & Movement:** A balanced, nutrient-dense diet paired with regular physical activity boosts insulin sensitivity, improves energy levels, and reduces long-term metabolic risks.
- **Insulin-Sensitising Medications:** **Metformin** is frequently prescribed alongside lifestyle measures to improve metabolic parameters, support weight management, and encourage natural ovulation.

2. Hormonal Regulation & Symptom Relief

- **Combined Oral Contraceptives:** Highly effective first-line therapy for regulating menstrual cycles, lowering circulating free androgens, clearing acne, and controlling hirsutism.
- **Anti-Androgen Medications:** Prescription therapies like **Spironolactone** help manage stubborn hair growth or scalp hair loss, often combined with oral contraceptives.
- **Progestin Therapy:** Periodic progestin courses protect the endometrial lining in women who do not take regular hormonal contraceptives.

3. Family Planning & Fertility Care

- **Ovulation Induction:** Oral medications such as **Letrozole** serve as primary medical therapy to safely trigger ovulation when trying to conceive.
- **Specialist Options:** Second-line medical options (gonadotrophins) or assisted reproductive technology (IVF) are available through gynaecological management if required.

4. Psychological Wellbeing & Support

- **Holistic Mental Health:** Psychological counseling and evidence-based behavioral strategies play a crucial role in managing anxiety, low mood, and body image challenges associated with PMOS.

6. Pre-Consultation Symptom Checklist

Please complete this quick checklist and bring it to your consultation with Dr Anna Burrows:

Select	Symptom Category	Your Personal Notes & Details
☐	Menstrual Cycle Patterns	Irregular, unpredictable, missing (>35 days apart), or unusually heavy periods.
☐	Excess Facial/Body Hair	Increased coarse hair on chin, upper lip, chest, abdomen, or thighs.
☐	Scalp Hair Changes	Increased shedding or visible thinning along the hair part or crown.
☐	Skin & Acne Concerns	Persistent adult acne, oily skin, or darkened skin patches (e.g. neck, armpits).
☐	Metabolic & Weight Issues	Difficulty losing weight, rapid abdominal weight gain, severe fatigue or cravings.
☐	Emotional & Mood Wellbeing	Frequent anxiety, low mood, stress, or body image struggles.
☐	Fertility & Conception Goals	Actively trying to conceive or planning pregnancy in the near future.

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Dedicated to providing evidence-based, compassionate care for women at every stage of life.