



## Understanding Polyendocrine Metabolic Ovarian Syndrome (PMOS). Formerly Known as Polycystic Ovary Syndrome (PCOS)

### What Is PMOS (Formerly PCOS)?

You may have heard of polycystic ovary syndrome, or PCOS. This condition has recently been given a new, more accurate name: Polyendocrine Metabolic Ovarian Syndrome, or PMOS. The name was changed because the old name "polycystic ovary syndrome" was misleading. It suggested the condition was mainly about cysts on the ovaries, when in fact there are no true cysts. The condition is about hormonal (endocrine) and metabolic changes that affect many parts of the body, not just the ovaries.

You may see both the names of PCOS and PMOS used during this transition period. They refer to the same condition.

PMOS is one of the most common hormonal conditions in women, affecting roughly 1 in 8 women of reproductive age. The good news is that PMOS is very manageable with the right combination of lifestyle changes and, when needed, medications.

### What Causes PMOS?

The exact cause of PMOS is not fully understood, but several factors work together:

- **Hormonal imbalance:** The body produces higher-than-normal levels of androgens (sometimes called "male hormones," though all women make them in small amounts). These elevated androgens can interfere with ovulation (the release of an egg each month) and cause symptoms like excess hair growth and acne.
- **Insulin resistance:** Many women with PMOS have difficulty using insulin efficiently. Insulin is the hormone that helps your body use sugar from food for energy. When insulin doesn't work well, the body makes more of it to compensate. High insulin levels can trigger the ovaries to produce more androgens, creating a cycle that worsens symptoms.
- **Genetics:** PMOS tends to run in families. Multiple genes appear to play a role, but there is no single "PMOS gene."
- **Inflammation:** Women with PMOS often have low-grade inflammation in the body, which may contribute to insulin resistance and higher androgen levels.



## Why Was the Name Changed?

The old name, "polycystic ovary syndrome," was confusing for several reasons:

- The small structures seen on the ovaries are not actually cysts; they are immature follicles (tiny fluid-filled sacs that are a normal part of the ovary but did not develop enough to release an egg).
- The old name made it sound like the condition was only about the ovaries, when it involves hormonal, metabolic, and psychological health across the whole body.
- Many patients and doctors found the old name stigmatizing and misleading, which contributed to delayed diagnosis and misunderstanding.

The new name, Polyendocrine Metabolic Ovarian Syndrome better reflects what the condition is: a syndrome involving multiple hormonal (polyendocrine) and metabolic changes, with ovarian involvement. The diagnostic criteria and treatments have not changed; only the name has been updated to be more accurate.

## How Is PMOS Diagnosed?

There is no single test for PMOS. Your doctor will look at the overall picture, including your symptoms, blood tests, and sometimes a pelvic ultrasound. To be diagnosed with PMOS, you generally need to have at least two of the following three features:

- Irregular or absent periods. This may mean cycles longer than 35 days, fewer than 8 periods per year, or no periods at all. Irregular periods happen because the ovaries are not releasing an egg regularly.
- Signs of excess androgens. This can show up as excess facial or body hair (hirsutism), acne, or thinning hair on the scalp. Blood tests may also show elevated androgen levels even if you don't have visible symptoms.
- Polycystic ovarian appearance on ultrasound or elevated AMH blood tests. The ovaries may show many small follicles on ultrasound. Alternatively, a blood test called AMH (anti-Müllerian hormone) can be used instead of ultrasound. This is a newer, convenient option that avoids the need for an ultrasound in many cases.

If you have both irregular periods and signs of excess androgens, the diagnosis can be made without ultrasound or AMH testing.



## PMOS Is a Chronic but Very Manageable Condition

PMOS is a lifelong condition. It does not go away on its own, and there is currently no cure. However, with proper management, most symptoms can be significantly improved or controlled.

Without treatment, PMOS can increase your risk of:

- Type 2 diabetes and prediabetes
- High cholesterol and heart disease risk factors
- Endometrial (uterine lining) thickening, which in rare cases can lead to endometrial cancer if periods are absent for long stretches
- Sleep apnea
- Depression and anxiety
- Difficulty getting pregnant

The good news: all these risks can be reduced with proper care!

## Treatment Options

Treatment for PMOS is tailored to your individual symptoms and goals. There is no one-size-fits-all approach.

### 1. Lifestyle Changes. The Foundation of Treatment

Healthy lifestyle habits are the most important first step for all women with PMOS, regardless of weight:

- **Balanced eating:** No single diet has been proven to be best for PMOS. Focus on whole grains, lean proteins, fruits, vegetables, and healthy fats. Reducing processed foods and added sugars can help improve insulin levels.
- **Regular physical activity:** Aim for at least 150 minutes per week of moderate activity (such as brisk walking, swimming, or cycling). Exercise improves insulin sensitivity, mood, and overall health — even without weight loss.
- **Weight management:** For women who are overweight, even a modest weight loss of 5–10% of body weight can significantly improve periods, hormone levels, and fertility. However, many women with PMOS are not overweight, and healthy habits are still beneficial.
- **Sleep and stress management:** Good sleep and stress reduction support hormonal balance and overall well-being.



## 2. Medications for Menstrual Irregularity and Androgen Symptoms

- Birth control pills (combined oral contraceptives): These are the most prescribed first-line medication for PMOS. They help regulate periods, reduce androgen levels, protect the uterine lining, and improve acne and excess hair growth. You do not need to be sexually active to benefit from birth control pills for PMOS.
- Anti-androgen medications (such as spironolactone): These can help with stubborn acne, excess hair growth, or hair thinning when birth control pills alone are not enough. These must be taken with reliable contraception, as they can affect a developing baby.

## 3. Medications for Metabolic Health

- Metformin: This medication helps the body use insulin more effectively. It is primarily recommended for metabolic features of PMOS (such as prediabetes or insulin resistance) and may also help with weight management and menstrual regularity in some women.
- GLP-1 receptor agonists: Newer medications in this class (such as semaglutide or Tirzepatide) may be considered for women with PMOS and obesity, as they can help with weight loss and metabolic improvement.

## 4. Fertility Treatments (When You Want to Get Pregnant)

Many women with PMOS can and do get pregnant, sometimes with help:

- Letrozole: This is the preferred first-choice medication to help you ovulate (release an egg).
- Clomiphene (Clomid) with or without metformin: This is another option if letrozole is not suitable.

## 5. Cosmetic and Dermatologic Treatments

- Laser hair removal or electrolysis: Effective for reducing unwanted hair growth.
- Topical treatments: Prescription creams (such as eflornithine) can slow facial hair growth. Acne treatments (topical retinoids, benzoyl peroxide) may also be recommended.



## Mental Health Matters

Depression, anxiety, and eating disorders are more common in women with PMOS. These are real medical concerns, not personal weaknesses. If you are feeling down, anxious, overwhelmed, or struggling with body image or eating habits, please tell your healthcare provider. Effective treatments are available, including counseling (such as cognitive behavioral therapy) and, when needed, medication.

## Living Well With PMOS

- Stay connected with your healthcare team. Regular check-ups help monitor your blood sugar, cholesterol, blood pressure, and emotional well-being.
- You are not alone. PMOS is very common, and there are many support groups and resources available. You may still see the old name "PCOS" used in many places during the transition, but it's the same condition.
- Plan for pregnancy. If you are thinking about getting pregnant, talk to your doctor early so you can optimize your health beforehand.

## Key Takeaways

- PMOS (formerly PCOS) is a common hormonal and metabolic condition, not something you caused.
- The name was changed to better reflect that this condition involves the whole body, not just the ovaries, and to reduce confusion and stigma.
- It is diagnosed based on a combination of symptoms, blood tests, and sometimes ultrasound or an AMH blood test.
- PMOS is chronic, but with lifestyle changes and appropriate treatment, symptoms can be well controlled, and long-term health risks are reduced.
- Treatment is personalized to your goals whether that is managing symptoms, improving metabolic health, or achieving pregnancy.
- A healthy lifestyle is the foundation, and medications are available to help when needed.
- Mental health is an important part of PMOS care. Please do not hesitate to ask for help.



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If you have questions about your PMOS or your treatment plan, please do not hesitate to ask your healthcare provider.

## Resources

- The AskPCOS app is the only PCOS/PMOS mobile tool developed directly from the International Guidelines and co-designed with patients.
- International PCOS/PMOS Guidelines: [www.monash.edu/medicine/sphpm/mchri/pcos](http://www.monash.edu/medicine/sphpm/mchri/pcos)
- PCOS Challenge (patient advocacy): [www.psocchallenge.org](http://www.psocchallenge.org)
- The Lancet PCOS/PMOS Naming Consensus (2026): [www.thelancet.com](http://www.thelancet.com)
- American College of Obstetricians and Gynecologists (ACOG): [www.acog.org](http://www.acog.org)
- Office on Women's Health (U.S. Department of health): [www.womenshealth.gov/pcos](http://www.womenshealth.gov/pcos)

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