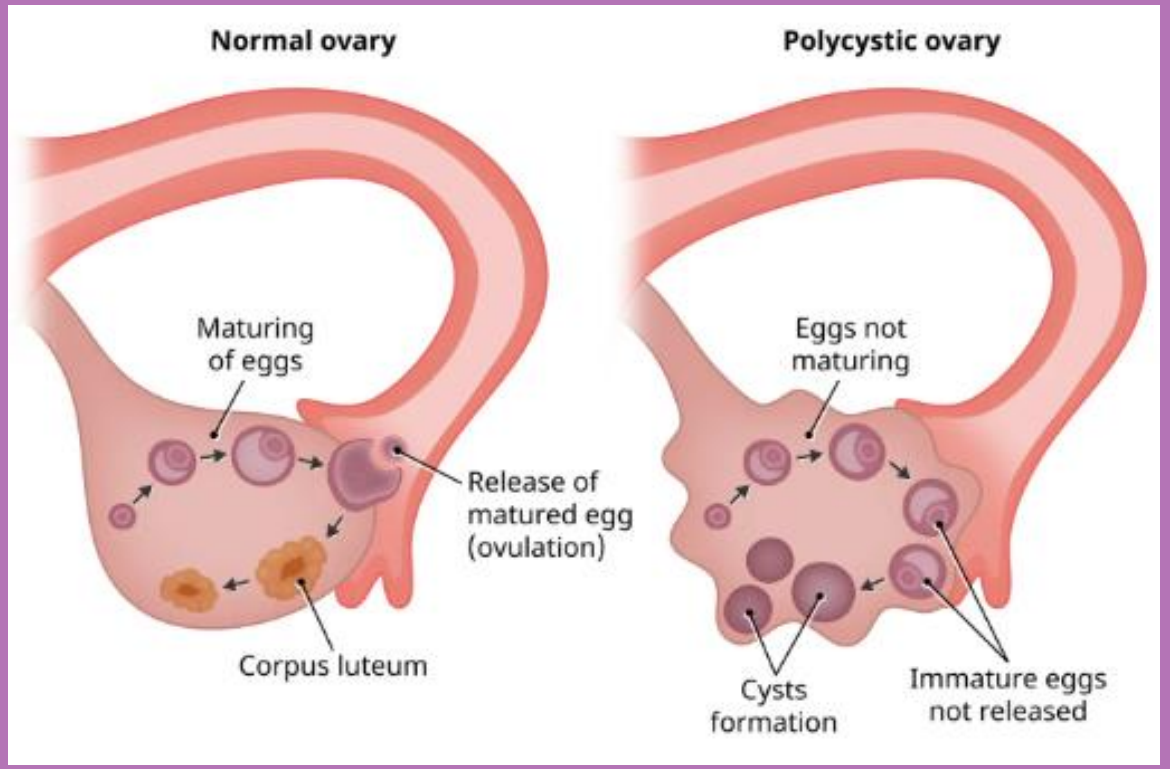
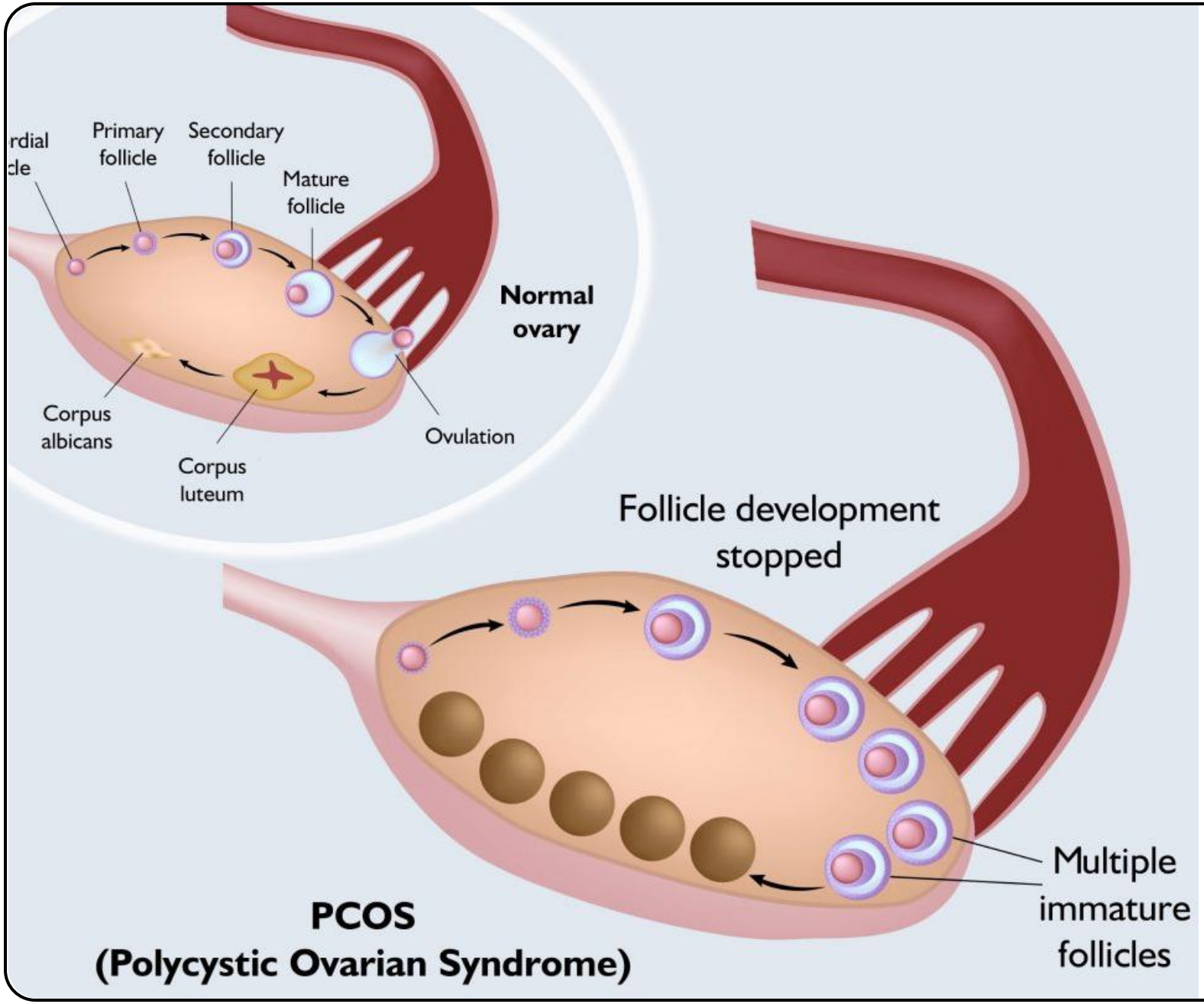
PMOS
POLYENDOCRINE METABOLIC OVARIAN SYNDROME

- Dr Imogen Kurek-Smith
- F2 trainee doctor
- West London Medical Centre
- July 2026

BACKGROUND

- Previously known as PCOS (polycystic ovarian syndrome) - changed on 12 May 2026
- PMOS is characterised by fluctuations in hormones, with impact on weight, metabolic and mental health, skin and the reproductive system
- Reason for name change is due to a misunderstanding about ‘cysts’ and a focus on ovaries. This contributed to missed diagnoses and inadequate treatment
- The term 'PCOS' was inaccurate – implied pathological ovarian cysts





Epidemiology

IMPACTS 1 IN 8 WOMEN

AFFECTS 170 MILLION WOMEN DURING THEIR REPRODUCTIVE YEARS

AFFECTS OVER 4 MILLION IN THE UK

DIAGNOSIS

ADULTS (AGED >20 YEAR) MEETING TWO OF THE FOLLOWING CRITERIA:

1. OLIGO-ANOVULATION
2. CLINICAL OR BIOCHEMICAL HYPERANDROGENISM
3. POLYCYSTIC OVARIES ON ULTRASOUND OR ELEVATED ANTI-MULLERIAN HORMONE

ADOLESCENTS (AGED 10-19 YEARS) REQUIRE THE PRESENCES OF THE FIRST TWO CRITERIA

Oligo-anovulation

Irregular menstrual cycles are defined as:

- Normal in the first year post menarche as part of the pubertal transition
- > 1 to < 3 years post menarche: < 21 or > 45 days
- > 3 years post menarche to perimenopause: < 21 or > 35 days or < 8 cycles per year
- > 1 year post menarche > 90 days for any one cycle

Clinical or biochemical hyperandrogenism

- total and free testosterone
- Hirsutism
- Female pattern hair loss
- Acne

Polycystic ovaries on US or raised AMH

- Follicle number per ovary (>20)
- Follicle number per cross-section
- Ovarian Volume (>10mls)
- Serum AMH should not be used in adolescents
- Serum AMH is lower in those with higher BMI
- Hormonal contraception may suppress AMH

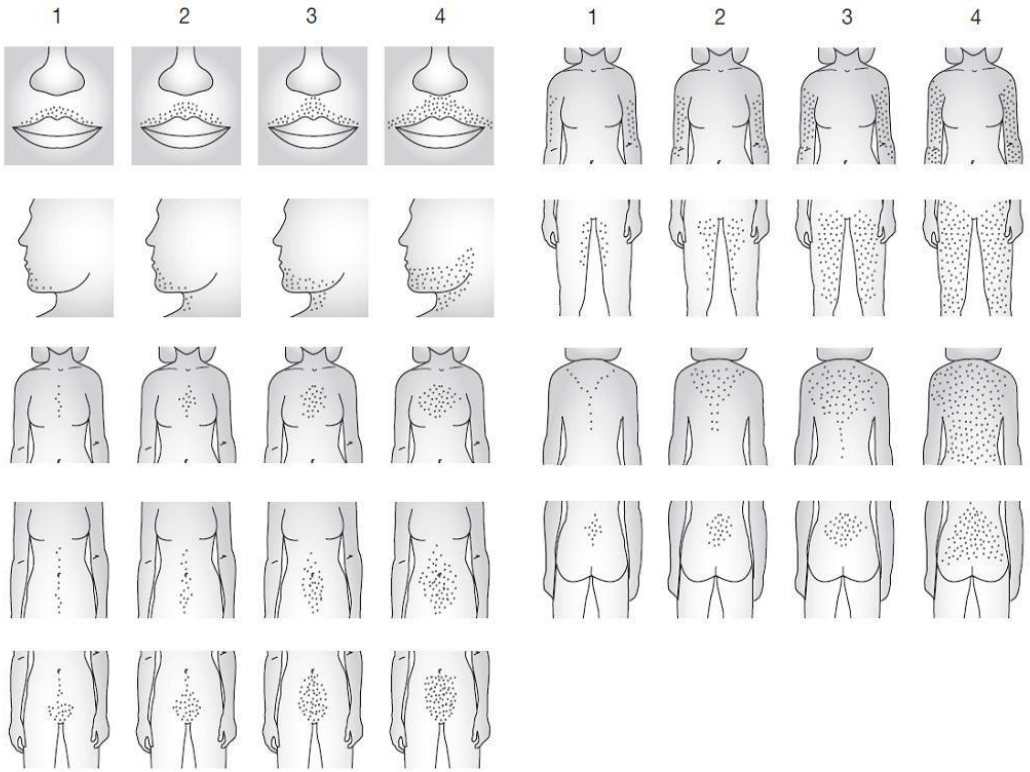
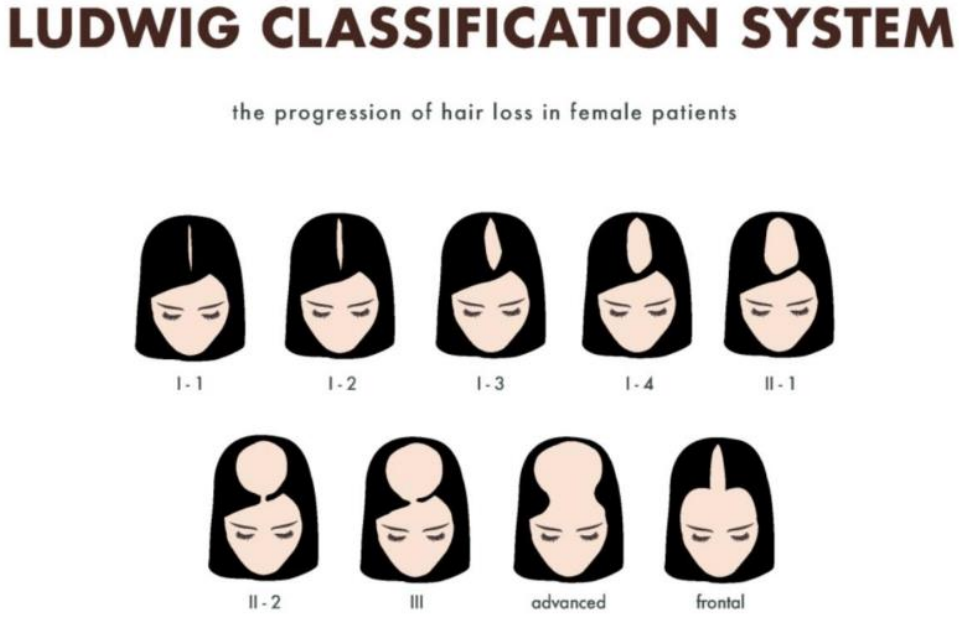


Figure 2 The modified Ferriman–Gallwey scoring system for hirsutism. Each of the nine body areas is rated from 0 (absence of terminal hairs) to 4 (extensive terminal hair growth) and the numbers in each area are added to obtain the total score. A score ≥6–8 generally defines hirsutism. Permission obtained from Humana Press © Azziz R *et al.* (2006) *Androgen Excess Disorders in Women: Polycystic Ovary Syndrome and Other Disorders*, edn 2. Totowa, NJ: Human Press.



the ludwig scale for female pattern hair loss

INVESTIGATIONS

- Clinical assessment and thorough history
- Ultrasound scan
- Bloods
    - Total testosterone
    - Sex Hormone-binding globulin
    - If testosterone or free testosterone is not elevated, consider measuring androstenedione and dehydroepiandrosterone sulphate (have poorer specificity)
    - To rule out other causes of oligomenorrhoea and amenorrhoea – LH, FSH, prolactin, TSH
    - Rule out other cuases of hyperandrogenism eg late-onset congenital adrenal hyperplasia, Cushin's syndrome, or androgen secreting tumour

SYMPTOMS

- Metabolic
  - Obesity
  - Dysglycaemic
  - Type 2 diabetes
  - Hypertension
  - Dyslipidaemia
  - Metabolic dysfunction associated steatoicliver disease
  - Cardiovascular disease
  - Sleep apnoea

- Reproductive
  - Ovulatory disturbances
  - Irregular menstrual cycles
  - Infertility
  - Pregnancy complications
  - Endometrial cancer

- Dermatological
  - Acne
  - Alopecia
  - Hirsutism

- Psychological
  - Depression
  - Anxiety
  - Eating disorders

MANAGEMENT

Lifestyle management

- Exercise and diet for improving metabolic health
- Weight management

Other management

- For amenorrhoea
  - Cyclical Progesterone for 14 days
  - To induce withdrawal bleed then refer for a TVUS to assess endometrial thickness
- For acne
  - Topical retinoid
  - Topical/oral antibiotic
- For hirsutism
  - Hair reduction and removal (wax, shaving)

Medication

Combined oral contraceptive pills

- Management of hirsutism
- Management of irregular menstrual cycles

- Metformin
- Considered with a BMI >25kg/m2
- Metformin alone may be considered in adults with PMOS and BMI <25 kg/m2 acknowledging limited evidence

- COCP could be used over metformin for management of hirsutism in irregular menstrual cycles
- Meformin could be used over COCP for metabolic indications

Women with PMOS should have yearly NHS checks, says health watchdog

New draft PMOS guideline recommends annual review and could mean quicker diagnosis

People with polyendocrine metabolic ovarian syndrome (PMOS) should have their condition diagnosed sooner and be offered an annual review to monitor symptoms, treatment and long-term health risks, according to our draft guideline published for public consultation today.

Kelis Bailey from the East Midlands says it took a year until she was diagnosed with PMOS

Catherine Snowdon, BBC News

1 July 2026

Women with polyendocrine metabolic ovarian syndrome (PMOS) should have annual checks so doctors can spot the wide-ranging health issues that can come with this complex condition, says new advice for the NHS.

REFERENCES

1. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process - The Lancet
2. Polyendocrine Metabolic Ovarian Syndrome: New name to improve diagnosis and care of condition affecting 170 million women worldwide | Endocrine Society
3. PCOS-Guideline-Summary-2023.pdf
4. Investigations | Diagnosis | Polycystic ovary syndrome | CKS | NICE