

Factsheet

PMOS

Polyendocrine metabolic ovary syndrome (PMOS) (previously PCOS) affects 12% of women of reproductive age. At its core, PMOS is an endocrinological and metabolic condition that can affect menstrual cycles, skin and hair, fertility, emotional wellbeing and long-term cardiometabolic health. Early recognition, respectful care, and ongoing GP involvement can improve symptoms, fertility planning, metabolic health and quality of life.

Symptoms

Symptoms vary widely and may change across life stages. Common features include:

- Irregular, infrequent or absent periods
- Acne or oily skin
- Excess facial or body hair growth
- Scalp hair thinning
- Weight gain or difficulty managing weight
- Darkened, velvety skin patches (associated with insulin resistance)
- Difficulty becoming pregnant due to irregular ovulation
- Anxiety, depression or reduced quality of life
- Significant physical, emotional and/or social impact

For many, PMOS brings more than physical symptoms. Delayed diagnosis, feeling dismissed, and ongoing uncertainty about weight, fertility or long-term health can take a toll on their overall well-being.

Causes & Risk Factors

The exact cause is not fully understood. Contributing factors include elevated androgens, insulin resistance, low-grade inflammation, and genetic predisposition. PMOS can occur in people of any body size, though weight gain and insulin resistance can worsen symptoms in some individuals. There is an increased risk of type 2 diabetes and cardiovascular disease over time.

Diagnosis & Investigation

PCOS is diagnosed when 2 of 3 criteria below are met:

- Irregular or absent ovulation (irregular periods)
- Clinical or biochemical evidence of higher androgens
- Polycystic ovarian appearance on ultrasound; or elevated AMH level in adults

However, diagnosis in adolescents is more challenging as many symptoms overlap with normal puberty. Assessment should include menstrual history, androgen symptoms, cardiometabolic risk, blood pressure, screening for glucose intolerance and mental health concerns.

PMOS was previously named polycystic ovary syndrome (PCOS). It was renamed in 2026 to more accurately reflect the condition and to support earlier diagnose and widen the scope for better long-term care.

Treatment & Management

Treatment should be holistic and tailored to each person's symptoms, reproductive goals, and metabolic risk, then reviewed and adjusted over time.

- **Lifestyle support:** weight neutral and respectful care, regular physical activity, healthy balanced diet, sleep and stress management
- **Menstrual regulation:** combined oral contraceptive pill (COCP); progestins such as progesterone only pill or IUD to protect the endometrium if periods are very infrequent
- **Skin and hair:** COCP, anti-androgens (with reliable contraception), acne treatments, cosmetic hair removal
- **Metabolic risk:** glucose and lipid screening, blood pressure monitoring; consider metformin in selected patients with insulin resistance or impaired glucose tolerance
- **Emotional wellbeing:** screen for anxiety, depression, body image concerns, and disordered eating; refer to psychology or allied health where appropriate

Fertility

PMOS can affect fertility, mainly because of irregular ovulation. Many people with PMOS conceive naturally, or with ovulation induction. Sometimes assisted reproductive treatment is required. Early conservation on fertility wishes helps prepare for when the time is right and facilitates early referral should there be concerns.

This can cover:

- Reproductive goals and timing
- Cycle regularity and signs of ovulation
- Optimising preconception health, including taking folate, lifestyle and mental health support, and screening for metabolic risk

When to Refer to a Specialist

- Periods absent >3 months or very infrequent
- Heavy, prolonged or unpredictable bleeding
- Distressing or worsening acne, hair growth or hair loss
- Fertility concerns
- Symptoms are affecting mood, confidence, relationships, work or quality of life
- Signs of insulin resistance, prediabetes/diabetes or cardiovascular risks
- Atypical symptoms or unclear diagnosis



Your referral is
always welcome.

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