MY LIFE HEALTH

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HEALTH EDUCATION SERIES

PCOS Has a New Name: What PMOS Means for You

Polyendocrine Metabolic Ovarian Syndrome (PMOS), explained for the US and Africa

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If you or someone you love has been told you have PCOS, here is something important: the condition has not changed, but its name has. In May 2026, a global panel of doctors, researchers, and patients published a new consensus in *The Lancet*, retiring “polycystic ovary syndrome (PCOS)” in favor of “polyendocrine metabolic ovarian syndrome (PMOS).” This was not a small committee decision. It followed a 14-year process and drew on input from over 14,000 patients and health professionals across every region of the world.

We know a name change can feel confusing, especially if you have lived with this diagnosis for years. This article walks through why the name changed, what stays the same, and what it means for your health going forward. **Part 2 of this series** goes deeper into the story behind the rename itself.

Why the Name Changed

The old name, “polycystic ovary syndrome,” put the focus on ovarian cysts. But many people with this condition do not have cysts at all, and the cysts themselves are not actually what is causing most of the symptoms. The real story is hormonal and metabolic: shifts in insulin, androgens, and other hormones that ripple out to affect weight, skin, mood, and long-term heart health.

Researchers behind the change said the cyst-focused name led to confusion, delayed diagnoses, and stigma, while underselling the metabolic risks that matter most for long-term health. The new name, PMOS, centers the hormonal and metabolic system instead of the ovaries alone.

Eighty-six percent of patients and 71% of clinicians who took part in the global survey supported making the switch.

What Stays the Same

This is the part to hold onto: a new name does not mean a new disease. If you were diagnosed with PCOS, you still have the same condition, and your current treatment plan does not need to change because of this announcement. Clinical guidelines are expected to formally adopt PMOS by 2028, so you will likely hear both names used for a while as doctors, textbooks, and health systems transition.

Recognizing the Signs

PMOS affects an estimated 1 in 8 women and girls of reproductive age worldwide, making it one of the most common hormonal conditions there is. It can show up differently from person to person, but the most common signs include:

- Irregular, infrequent, or absent menstrual periods
- Difficulty getting pregnant, due to unpredictable or absent ovulation
- Excess hair growth on the face, chest, or back (hirsutism)
- Persistent acne or oily skin
- Thinning hair or hair loss on the scalp
- Weight gain, or difficulty losing weight, especially around the midsection
- Dark, velvety patches of skin, often on the neck or underarms (a sign of insulin resistance)

Having one of these on its own does not mean you have PMOS. But if several show up together, it is worth a conversation with a healthcare provider.

Why It Is About More Than Periods

One of the biggest reasons for the name change is that PMOS carries real metabolic risk, not just reproductive symptoms. Many people with PMOS have insulin resistance, meaning the body produces insulin but cannot use it efficiently. Over time, this raises the risk of:

- Type 2 diabetes — more than half of women with the condition develop it by age 40
- High blood pressure and unhealthy cholesterol levels

- Cardiovascular disease
- Gestational diabetes during pregnancy
- Anxiety and depression, which are reported at higher rates among people with PMOS

This is exactly the kind of risk the old name obscured. Framing the condition around metabolism, not just the ovaries, helps both patients and providers take whole-body screening seriously — blood sugar, blood pressure, and cholesterol included, not only fertility.

How It Is Diagnosed

There is no single test for PMOS. Instead, providers typically look for at least two of the following three features:

- Irregular or absent ovulation, shown through irregular periods
- Higher-than-typical levels of androgens ("male" hormones), confirmed by blood tests or physical signs like excess hair growth
- Multiple small follicles on the ovaries, seen on an ultrasound

Providers will usually also order bloodwork to check thyroid function, blood sugar, and cholesterol, and to rule out other conditions that can mimic PMOS. Diagnosis is often a process of careful elimination rather than one quick scan, so it can take more than one visit to get a clear answer. That is normal, and it does not mean something is being missed.

Managing PMOS: What Actually Helps

There is no cure for PMOS, but it is very manageable, and treatment is built around your specific goals — whether that is regulating your cycle, managing symptoms like acne or hair growth, supporting fertility, or lowering long-term metabolic risk.

Lifestyle support

Regular movement and balanced, consistent meals can meaningfully improve insulin sensitivity for many people. This is not about strict dieting; even modest, sustainable changes have been shown to help regulate cycles and reduce symptoms.

Medications

Depending on your goals, a provider may recommend hormonal birth control to regulate periods and reduce androgen-related symptoms, metformin to improve insulin sensitivity, or fertility medications if pregnancy is the goal. Treatment is not one-size-fits-all.

Mental health care

Because anxiety and depression are common alongside PMOS, many care plans now include a mental health check-in as a standard part of treatment, not an afterthought.

A Note for Our Community Across Africa

PMOS is sometimes underdiagnosed in African health settings, where symptoms like irregular

periods or excess hair growth are more often dismissed as normal variation rather than investigated. Limited access to ultrasound and hormone testing in some areas can also make a formal diagnosis harder to reach.

If you are noticing several of the signs above, it is worth raising them clearly and specifically with a healthcare provider, even if the visit is for something else. Bring a simple list: how often your periods come, any changes in your skin or hair, and any family history of diabetes or PMOS. Where specialist care is limited, a general practitioner or community health worker can still start the basic bloodwork and refer you onward.

When to See a Doctor

Talk to a healthcare provider if you experience irregular or missed periods, ongoing trouble conceiving, sudden or excessive hair growth, persistent acne that does not respond to typical treatment, or unexplained weight changes alongside any of these symptoms. Early evaluation does not just help with symptoms today; it opens the door to protecting your metabolic health for decades to come.

Your health matters. You matter.

Know more. Live better.

Sources: *Teede HJ, et al. "Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process." The Lancet, May 12, 2026. World Health Organization. "Polycystic Ovary Syndrome" fact sheet, who.int. U.S. CDC, Division of Diabetes Translation. "Diabetes and Polycystic Ovary Syndrome (PCOS)," cdc.gov. Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). "Polycystic Ovary Syndrome (PCOS)," nichd.nih.gov. wU.S. Office on Women's Health, HHS. PCOS Fact Sheet.*

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