PMOS: Polyendocrine Metabolic Ovarian Syndrome

Formerly PCOS: Polycystic Ovary Syndrome

June 2026

Sources

PCOS Foundation Canada provides education and support resources for people affected by polycystic ovary syndrome, now increasingly referred to as polyendocrine metabolic ovarian syndrome, or PMOS (PCOS Foundation Canada, n.d.).

The World Health Organization provides global public health information on PCOS, including symptoms, prevalence, diagnosis, treatment, and long-term health risks (World Health Organization, 2026).

HealthLink BC provides patient education on PCOS, including how it affects ovulation, menstrual periods, and fertility (HealthLink BC, 2022).

Verywell Health provides patient-friendly health information and summarized the 2026 name change from PCOS to PMOS (Rauf, 2026).

What is PMOS?

Polyendocrine metabolic ovarian syndrome, or PMOS, is the updated name for the condition formerly known as polycystic ovary syndrome, or PCOS. PMOS is a common hormonal and metabolic condition that can affect menstrual cycles, ovulation, fertility, skin, hair growth, weight, insulin resistance, and long-term health (World Health Organization, 2026).

The World Health Organization describes PCOS as a significant global public health problem and one of the most common hormonal disorders affecting women and people with ovaries. It is associated with higher-than-normal androgen levels, irregular menstrual periods,

abnormal ovulation, infertility, excess facial or body hair, acne, and metabolic health concerns (World Health Organization, 2026).

PMOS can begin after puberty and often becomes noticeable during the reproductive years. There is currently no cure, but symptoms and long-term health risks can often be managed with lifestyle changes, medications, and fertility treatments when needed (World Health Organization, 2026).

Why Did PCOS Change to PMOS in 2026?

In May 2026, the condition formerly known as PCOS was renamed PMOS, which stands for polyendocrine metabolic ovarian syndrome. The new name was chosen to better describe the condition as a multi-system hormonal and metabolic disorder, rather than a condition defined mainly by ovarian “cysts” (Associated Press, 2026; Rauf, 2026).

The older name, polycystic ovary syndrome, was considered misleading because ovarian cysts are not required for diagnosis. The World Health Organization states that some people with PCOS do not have polycystic ovaries and that ovarian cysts are not required for a PCOS diagnosis (World Health Organization, 2026).

The new term PMOS highlights three important parts of the condition:

- Polyendocrine: More than one hormone system may be involved.
- Metabolic: The condition is linked with insulin resistance, type 2 diabetes risk, weight changes, cholesterol changes, and cardiovascular risk.
- Ovarian: The ovaries and ovulation can still be affected, but they are not the only focus of the condition.

The name change was intended to reduce confusion, improve diagnosis, support better treatment, and move away from the idea that the condition is only about cysts or only about fertility (Associated Press, 2026; Rauf, 2026).

Because the name change is new, many healthcare pages and clinical resources may still use the term PCOS during the transition period. In educational materials, it is helpful to write the condition as “PMOS, formerly PCOS” so readers recognize both terms.

Who Does PMOS Affect?

PMOS affects an estimated 10% to 13% of reproductive-aged women worldwide. The World Health Organization estimates that up to 70% of women with PCOS worldwide do not know they have the condition (World Health Organization, 2026).

PMOS is usually diagnosed during the reproductive years, but symptoms can start during adolescence after puberty. It is often detected when someone has irregular periods,

symptoms of high androgen levels, or difficulty getting pregnant (World Health Organization, 2026).

The World Health Organization notes that it uses the term “women” inclusively in its PCOS fact sheet to refer to women, girls, and gender-diverse individuals who menstruate and may be at risk of developing the condition (World Health Organization, 2026).

Symptoms

Symptoms of PMOS can vary from person to person and may change over time. The most common symptoms include irregular, unpredictable, or absent menstrual periods. Some people may also have heavy, long, or painful periods (World Health Organization, 2026).

Additional symptoms may include:

- Difficulty conceiving or infertility
- Excess facial or body hair
- Acne or oily skin
- Hair thinning or female-pattern hair loss
- Weight gain, especially around the abdomen
- Darkened skin patches
- Skin tags
- Fatigue or low energy
- Mood concerns, including anxiety, depression, negative body image, or eating disorders

(World Health Organization, 2026; HealthLink BC, 2022)

Risk Factors and Causes

The exact cause of PMOS is unknown. However, researchers have identified several factors that may increase risk, including family history, higher-than-normal androgen levels, insulin resistance, and a family history of PCOS or type 2 diabetes (World Health Organization, 2026).

People with PMOS often have higher levels of androgens, which are hormones often associated with male sex characteristics. High androgen levels may interfere with ovulation and contribute to symptoms such as acne, excess facial or body hair, and hair thinning (World Health Organization, 2026).

Insulin resistance is also common in PMOS. Insulin resistance means the body’s cells do not respond to insulin as effectively as they should. As a result, the body may produce more insulin to control blood sugar. This can contribute to metabolic health concerns and may also worsen androgen-related symptoms (World Health Organization, 2026).

Diagnosis

PMOS, still commonly listed as PCOS in many medical resources, is diagnosed after other causes of symptoms are ruled out. The World Health Organization states that diagnosis is based on having at least two of the following:

1. Signs or symptoms of high androgens, such as excess facial or body hair, acne, oily skin, hair loss from the head, or elevated testosterone levels;
2. Irregular or absent menstrual periods;
3. Polycystic ovaries on ultrasound.

(World Health Organization, 2026)

This means a person can have PMOS without having polycystic ovaries. Ovarian cysts are not required for diagnosis (World Health Organization, 2026).

Healthcare providers may use medical history, menstrual history, symptom review, physical exam, blood tests, and sometimes ultrasound to assess for PMOS. Blood testing may also be used to evaluate androgen levels, ovulation, insulin resistance, and cardiovascular risk (World Health Organization, 2026).

Health Risks Linked to PMOS

PMOS can increase the risk of several longer-term health concerns. These may include:

- Insulin resistance
- Type 2 diabetes
- Gestational diabetes
- High blood pressure during pregnancy
- High blood pressure outside pregnancy
- High cholesterol
- Cardiovascular disease
- Weight gain or obesity
- Sleep apnea
- Metabolic steatohepatitis
- Endometrial hyperplasia
- Endometrial cancer
- Anxiety, depression, eating disorders, or negative body image

(World Health Organization, 2026)

PMOS can also affect fertility because irregular ovulation can make it harder to conceive. The World Health Organization describes PCOS as the most common cause of anovulation among women globally and a leading cause of infertility (World Health Organization, 2026).

PMOS and Pregnancy

PMOS can increase the risk of some pregnancy-related complications. These may include gestational diabetes, high blood pressure during pregnancy, and other complications that may require closer monitoring during pregnancy (World Health Organization, 2026).

People with PMOS can still become pregnant, either naturally or with medical support. Fertility treatments may be used when irregular ovulation makes conception difficult (World Health Organization, 2026).

How is PMOS Treated?

There is currently no cure for PMOS, but treatment can help reduce symptoms, improve quality of life, support fertility, and lower long-term health risks (World Health Organization, 2026).

Healthy lifestyle behaviours, including regular physical activity and healthy eating, are important for people with PMOS, even if they do not lead to weight loss. These behaviours can support metabolic health, insulin resistance, cardiovascular risk, and overall well-being (World Health Organization, 2026).

Treatment may include:

- Lifestyle changes, including nutrition, movement, sleep, and stress management
- Combined oral contraceptive pills to help regulate menstrual cycles
- Medications to reduce acne or excess hair growth
- Fertility medications to support ovulation
- In-vitro fertilization or other assisted reproductive technologies when needed
- Screening and management for insulin resistance, diabetes, blood pressure, cholesterol, and cardiovascular risk

(World Health Organization, 2026; HealthLink BC, 2022)

Treatment should be individualized. A healthcare provider can help choose the best treatment based on symptoms, goals, fertility plans, medical history, and personal preferences (World Health Organization, 2026).

Resources

PCOS Foundation Canada

PCOS Foundation Canada provides education and support resources for people affected by PCOS or PMOS (PCOS Foundation Canada, n.d.).

HealthLink BC

HealthLink BC provides patient information about PCOS and can help people in British Columbia access health advice through 8-1-1 (HealthLink BC, 2022).

World Health Organization

The World Health Organization provides global information on PCOS, including symptoms, diagnosis, treatment, and health risks (World Health Organization, 2026).

References

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