Editorial

# From PCOS to PMOS: A Landmark Change in Nomenclature and an Opportunity to Transform Women's Healthcare

*Musarrat Riaz*

For nearly a century, Polycystic Ovary Syndrome (PCOS) has been recognized as one of the most common endocrine disorders affecting women of reproductive age. Despite remarkable advances in our understanding of its pathophysiology, the name itself has remained a source of confusion for both patients and healthcare professionals. In May 2026, following an extensive international consensus process involving clinicians, researchers, professional societies, and patient advocacy groups, the condition was officially renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS).[1] This landmark decision marks a significant milestone in women's health and reflects our evolving understanding of this complex multisystem disorder.

The original term, introduced following the description by Stein and Leventhal in 1935, emphasized the presence of "polycystic ovaries".[2] However, decades of research have shown that this terminology is both scientifically inaccurate and clinically limiting. The "cysts" observed on ultrasonography are not true ovarian cysts but rather arrested antral follicles. Furthermore, polycystic ovarian morphology is neither necessary nor sufficient for diagnosis, as many women with the syndrome lack this ultrasound appearance, while many healthy women exhibit polycystic ovarian morphology without having the disorder. Consequently, the name has led to misconceptions among patients and clinicians alike.

Perhaps the greatest limitation of the term PCOS has been its narrow focus on ovarian morphology. Contemporary evidence clearly demonstrates that this condition extends far beyond the reproductive system. Insulin resistance, compensatory hyperinsulinemia, hyperandrogenism, chronic low-grade inflammation, obesity, dyslipidemia, metabolic dysfunction-associated steatotic liver disease (MASLD), obstructive sleep apnea, impaired glucose tolerance, type 2 diabetes mellitus, cardiovascular risk factors, and psychological disorders are now recognized as integral components of the syndrome.[3] For many women, these metabolic and cardiovascular consequences contribute more substantially to long-term morbidity than reproductive manifestations alone.

The newly adopted terminology—Polyendocrine Metabolic Ovarian Syndrome (PMOS)—more accurately reflects the underlying biology of the disease. The term "Polyendocrine" acknowledges the complex interplay among ovarian, adrenal, pituitary, pancreatic, and adipose tissue hormones. "Metabolic" recognizes insulin resistance and metabolic dysfunction as central rather than secondary features of the disorder. Retaining "Ovarian" appropriately acknowledges the reproductive manifestations while avoiding the misleading emphasis on ovarian morphology.

Importantly, healthcare professionals should recognize that only the name has changed—not the diagnostic criteria or current management recommendations. Existing evidence-based diagnostic criteria remain applicable during this transition period. The renaming is intended to improve understanding rather than redefine the disease itself. Nevertheless, the new terminology encourages clinicians to adopt a broader perspective when evaluating and managing affected women.[4]

1. Dr. Musarrat Riaz,
Director,
National Institute of Diabetes and Endocrinology (NIDE),
Dow University of Health Sciences (DUHS),
Karachi – Pakistan.

*Address for Correspondence:*

Dr. Musarrat Riaz,
Director,
National Institute of Diabetes and Endocrinology (NIDE),
Dow University of Health Sciences (DUHS),
Karachi – Pakistan.
E-mail: musarrat.riaz@duhs.edu.pk



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The implications for clinical practice are considerable. Women presenting with menstrual irregularities, infertility, acne, hirsutism, or obesity should undergo comprehensive metabolic risk assessment rather than evaluation focused solely on reproductive health. Routine screening for glucose intolerance, hypertension, dyslipidemia, MASLD, obstructive sleep apnea, depression, and anxiety should become an integral component of patient care. Similarly, lifestyle modification should continue to serve as the cornerstone of management, complemented by individualized pharmacotherapy targeting reproductive, endocrine, and metabolic abnormalities.

The nomenclature change also has important implications for medical education and research. For decades, students and trainees have frequently equated PCOS with ovarian cysts, often overlooking its systemic nature. Introducing PMOS into undergraduate and postgraduate curricula provides an opportunity to emphasize its multisystem pathophysiology from the outset. Likewise, future research may increasingly focus on metabolic dysfunction, cardiovascular outcomes, genetics, precision medicine, and preventive strategies rather than concentrating predominantly on fertility-related outcomes.

From a patient perspective, the new terminology may help reduce confusion and stigma. Many women diagnosed with PCOS have questioned whether they have ovarian cysts requiring surgery or whether infertility is inevitable. By better reflecting the endocrine and metabolic complexity of the condition, PMOS facilitates more meaningful discussions regarding lifelong health risks and emphasizes the importance of comprehensive, multidisciplinary care.[5]

For countries such as Pakistan and across South Asia, where obesity, insulin resistance, type 2 diabetes, and metabolic syndrome are rapidly increasing, the adoption of PMOS is particularly relevant. Regional populations often exhibit greater metabolic susceptibility at lower body mass indices, making early identification and risk reduction even more critical. Endocrinologists, gynecologists, family physicians, diabetes educators, nutritionists, and mental health professionals must work collaboratively to provide integrated care for women living with PMOS.

The transition from PCOS to PMOS represents an opportunity to reshape clinical practice, strengthen interdisciplinary collaboration, improve patient education, and stimulate research that reflects the true complexity of this common disorder. If this new terminology succeeds in shifting our perspective from an ovarian disorder to a whole-body endocrine-metabolic syndrome, it will represent a meaningful advance in women's healthcare.

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## REFERENCES

1. Teede HJ, Khomami MB, Morman R, Laven JSE, Joham AE, Costello MF, et al. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. Lancet. 2026;407(10545):2329-39. doi:10.1016/S0140-6736(26)00717-8.
2. Stein IF, Leventhal ML. Amenorrhea associated with bilateral polycystic ovaries. Am J Obstet Gynecol. 1935;29(2):181-91.
3. Stener-Victorin E, Carlsson S, Hagström H, Taebnia N. MASLD, diabetes and PMOS across the female life stages. Diabetologia. 2026. doi:10.1007/s00125-026-06761-y.
4. Teede HJ, Misso ML, Costello MF, Dokras A, Laven J, Moran LJ, et al. International evidence-based guideline for the assessment and management of polycystic ovary syndrome 2023. Fertil Steril. 2023;120(5):1002-44. doi:10.1016/j.fertnstert.2023.08.004.
5. Teede HJ, Moran LJ, Morman R, Gibson M, Dokras A, Berry L, et al. Polycystic ovary syndrome perspectives from patients and health professionals on clinical features, current name, and renaming: a longitudinal international online survey. EClinicalMedicine. 2025;84:103287. doi:10.1016/j.eclinm.2025.103287.