

A New Name: From PCOS to PMOS — and Why It Matters

A Plain-Language Guide

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What the name change means for you — based on the American Heart Association (AHA) women's cardiovascular health compendium and the international consensus behind the renaming.

The short version

A common hormone condition has a new name. What used to be called polycystic ovary syndrome (PCOS) is now called polyendocrine metabolic ovarian syndrome (PMOS). The condition itself hasn't changed — but the new name describes it far more accurately.

Why the old name fell short

- The word “polycystic” was misleading. It suggested the main feature was painful or dangerous ovarian cysts. In reality, what shows up on imaging are usually immature egg follicles — not true cysts.
- It put all the focus on the ovaries. That narrow focus led to missed diagnoses and delayed care, and it left out women who weren't trying to become pregnant.
- It hid the bigger health picture. The condition involves much more than the ovaries — including insulin resistance, higher blood pressure, and a greater risk of type 2 diabetes and heart disease.

What the new name captures

- “Polyendocrine” means many hormone systems. It reflects that this is a whole-body hormonal condition, not just a reproductive one.
- “Metabolic” points to the real health risks. It highlights the effects on blood sugar, cholesterol, weight, and heart and blood vessel health — the parts that matter most for your long-term wellbeing.
- “Ovarian syndrome” keeps the connection clear. The name still signals the ovarian and hormonal roots of the condition, so it's recognizable.

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What this condition can look like

PMOS looks different from person to person — which is one reason the old name fell short. It may show up as any mix of the following, and not everyone has all of them:

- Irregular or missed periods
- Higher levels of androgens (sometimes called male hormones), which can affect skin and hair
- Difficulty becoming pregnant
- Insulin resistance and a higher long-term risk of type 2 diabetes
- Abnormal cholesterol levels
- Effects on mood and emotional wellbeing

How it's diagnosed. A diagnosis is made when at least 2 of these 3 features are present: higher androgen levels (seen on blood tests or as signs like acne or extra hair growth), irregular or absent ovulation, and ovaries with many small follicles on ultrasound or a high level of anti-Müllerian hormone (AMH). Teens are diagnosed with slightly different criteria than adults.

Why this matters for your heart

- PMOS is recognized as a heart-risk marker. It is linked to a higher long-term risk of cardiovascular disease (CVD), largely through insulin resistance, extra belly fat, and cholesterol changes.
- It's worth checking early. Because the risks reach beyond fertility, experts suggest looking at heart and metabolic health around the time of diagnosis — regardless of body weight.
- It matters in pregnancy, too. PMOS is linked to a higher chance of gestational diabetes and high blood pressure during pregnancy. If you are planning a pregnancy, talk with your clinician about monitoring and steps to lower these risks.
- It can be managed. Lifestyle steps and, when appropriate, medicines can help address both the symptoms and the longer-term risks. Your clinician can tailor a plan to you.

A few practical notes

- You may still see “PCOS” for a while. The change is new, so older records, articles, and materials will keep the former name during the transition. They're referring to the same condition.
- The change came from broad agreement. A large international effort involving patient groups and medical experts backed the new name to reduce stigma and improve understanding — for patients and clinicians alike.

The bottom line. The condition is the same; the name is clearer. “PMOS” reflects what this really is — a whole-body hormonal and metabolic condition with important effects on heart health — not just an ovary problem. That shift in language is meant to help you get recognized, diagnosed, and cared for sooner.