MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

Polyendocrine Metabolic Ovarian Syndrome (PMOS)

What is PMOS?

PMOS is estimated to affect somewhere between 6 – 10% of women of reproductive age. PMOS presents in several different ways, which can include:

- Excess' hair
- Difficulties maintaining a healthy weight
- Irregular periods
- Difficulties conceiving

Up until 2026, PMOS was known as Polycystic Ovarian Syndrome (PCOS).

What causes PMOS?

There is no one clear cause of PMOS: it's thought to be due to several different underlying and interacting mechanisms, including:

- Genetics. If your mother or sister have PMOS, your chances of having PMOS are about three times that of the average population
- Altered actions of luteinising hormone
- Dysfunctional follicle development in your ovaries
- Insulin resistance

Risk factors for PMOS include:

- Being above a healthy weight. Although this is a 'chicken and egg' situation, in that PMOS can contribute to obesity, women who are obese (for whatever reason) are more likely to have PMOS
- Any diabetes (type 1, type 2, or gestational diabetes)
- Having your first period especially young (eg. at or prior to 10yo)
- Having close relatives who also have PMOS

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

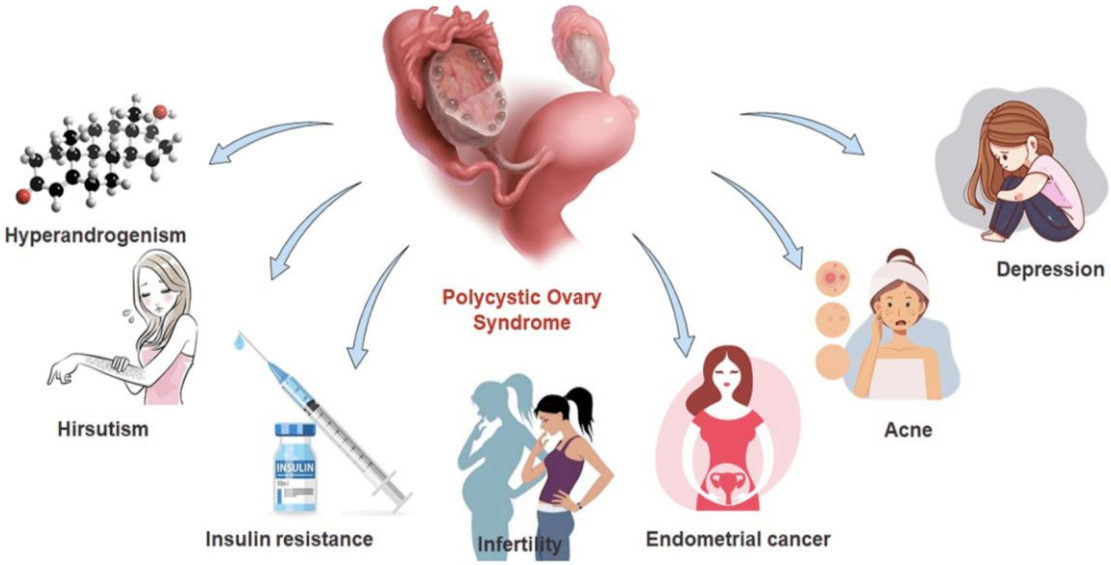
St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

What symptoms are associated with PMOS?

PMOS can manifest itself is several different ways, as outlined below.

- Excess hair: 'too much' thick hair on your upper lip, chin, forearms, chest, tummy, back etc
- Receding hairline +/- frontal baldness
- Acne
- Irregular periods (eg. 2 – 6 months between periods)
- Subfertility, due to not ovulating as often as women without PMOS
- Challenges maintaining a healthy weight, due to PMOS-related insulin resistance
- Anxiety and / or depression



How is PMOS diagnosed?

Strictly speaking, to be diagnosed with PMOS, you need to fulfil at least two of these three criteria:

- High levels of male hormones, or 'hyperandrogenism'. This leads to acne, excess hair, and male-pattern hair loss. If PMOS is suspected, your gynaecologist may recommend having blood tests to measure your male hormone levels
- Too many cysts on your ovaries, as seen on ultrasound: ≥ 12 follicles on each ovary, measuring 2 – 9mm in diameter and / or ovarian volume > 10mL
- Irregular periods: having > 35 days from the first day of one period, to the first day of the next. An alternative definition is having < 9 periods a year.

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

How is PMOS managed?

When thinking about ways to manage PMOS, it's important to consider your goal(s) of treatment. This is very patient-specific, in that different patients have different priorities. Your treatment goals may include any or all of the following.

Improvement of the symptoms of excess male hormones

There are several approaches to managing the symptoms of excess male hormones (eg. 'excess' hair, acne, frontal baldness). The combined oral contraceptive pill (COCP) is considered the best first-line approach for these symptoms.

If six months on the COCP has not a sufficient improvement in these symptoms, an anti-androgen medicine (such as the tablet 'spironolactone') can be considered.

With regards to preventing the regrowth of unwanted hair: unfortunately there aren't any quick fixes. Unwanted hair is best removed by using mechanical methods, such as: shaving, waxing, depilatory creams, electrolysis, or laser.

Prevention of overgrowth of the uterine lining

Stimulating the uterine lining to shed regularly is thought to reduce the risk of uterine cancer.

There are various ways in which overgrowth of the uterine lining can be discouraged, including:

- Taking the combined oral contraceptive pill, which stimulates a 'period' every 1 – 3 month(s)
- Taking progesterone tablets in the second half of your menstrual cycle
- Taking the progesterone-only pill
- Having a Mirena (progesterone-containing) intrauterine device inserted, which keeps the lining of the uterus thin

Unless there is a good reason not to take the COCP, it is considered first-line therapy for women with PMOS, in terms of both regulating the timing of your period, plus also preventing overgrowth of the uterine lining.

Second-line management to prompt regular periods is a tablet called 'metformin', which restores regular periods in approximately 40% of women with PMOS.

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

Contraception (for women not actively trying to get pregnant)

Some combined oral contraceptive pills are thought to be better than others, for helping women with PMOS who don't want to conceive. We generally recommend a Pill that contains norethisterone, desorgestrel, cyproterone or drosperinone as its progesterone ingredient.

In terms of contraception for women with PMOS, alternatives to the COCP include:

- Mirena progesterone-containing intra-uterine device
- Taking the progesterone-only contraceptive pill

Ovulation induction (for women who are actively wanting to get pregnant)

As noted above, having irregular periods means that you have fewer days per year when you are fertile, and able to conceive naturally. There are several management options for this 'oligomenorrhoea', which include:

- Achieving and maintaining a healthy weight. If you are over a healthy weight, losing 5% of your bodyweight can regulate your menstrual cycle, and improve your ability to conceive
- Ovulation induction, which is the technical name for the process of bringing on more regular ovulation using medications.
- Second-line approaches to stimulating ovulation include laparoscopic surgery to perform 'ovarian drilling'. If the above methods aren't successful, IVF may be needed.

Many women with PMOS who want to conceive eventually need to see a fertility specialist to undergo ovulation induction. If you'd like to talk about this in more detail, please consider making an appointment with Maven Centre's Dr Melissa Cameron.

Maintaining a healthy weight

There are no easy answers when trying to maintain a healthy weight: for many women with PMOS, their hormones are working against them, and it's an uphill battle to maintain a healthy weight. Regular aerobic exercise and maintaining a healthy balanced diet are vital: for more information on dietary management of PMOS, please consider making an appointment with a Maven Centre dietician.

In addition to diet and exercise, approaches to maintain a healthy weight include medicines (such as 'Ozempic') and bariatric surgery.

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

Suite 5.3, Level 5,
Sunshine Private Hospital
145 Furlong Road, St Albans VIC 3021

St Albans | Coburg | Epping

P 03 9958 5636 F 03 9958 5635 E reception@mavencentre.com.au W mavencentre.com.au

Screening for complications of PMOS

Women with PMOS are more likely to run into problems with: diabetes, cholesterol, and / coronary heart disease. If you are diagnosed with PMOS, your GP should consider:

- Measuring your blood pressure, body mass index and waist circumference
- Testing your blood for cholesterol, using a 'fasting lipids' blood test
- Checking whether or not you already having diabetes, using a 'glucose tolerance test'. This test should be done at least every two years thereafter

Frequently asked questions

Can PMOS be diagnosed in teenagers?

Many 'normal' teenagers have polycystic ovaries, which can persist for several years after their periods start to occur. It is considered best practice not to diagnose PMOS within eight years of a woman's first ever period.

My ultrasound shows polycystic ovaries. Does this mean that I have PMOS?

To be diagnosed with PMOS, you have to have at least two of the following:

- Polycystic ovaries
- Irregular or absent periods
- Symptoms or blood tests suggestive of excess male hormone levels

Hence, if polycystic ovaries are seen on ultrasound, but you don't have either of the other criteria noted above, you do not have PMOS.

Can PMOS be reversed?

Achieving and maintaining a healthy bodyweight (which is easier said than done!) can help to reverse most (if not all) of the symptoms and signs of PMOS.

This pamphlet is a general overview of PMOS, and may not apply to everyone.
If you have any further questions, please speak to your gynaecologist.