

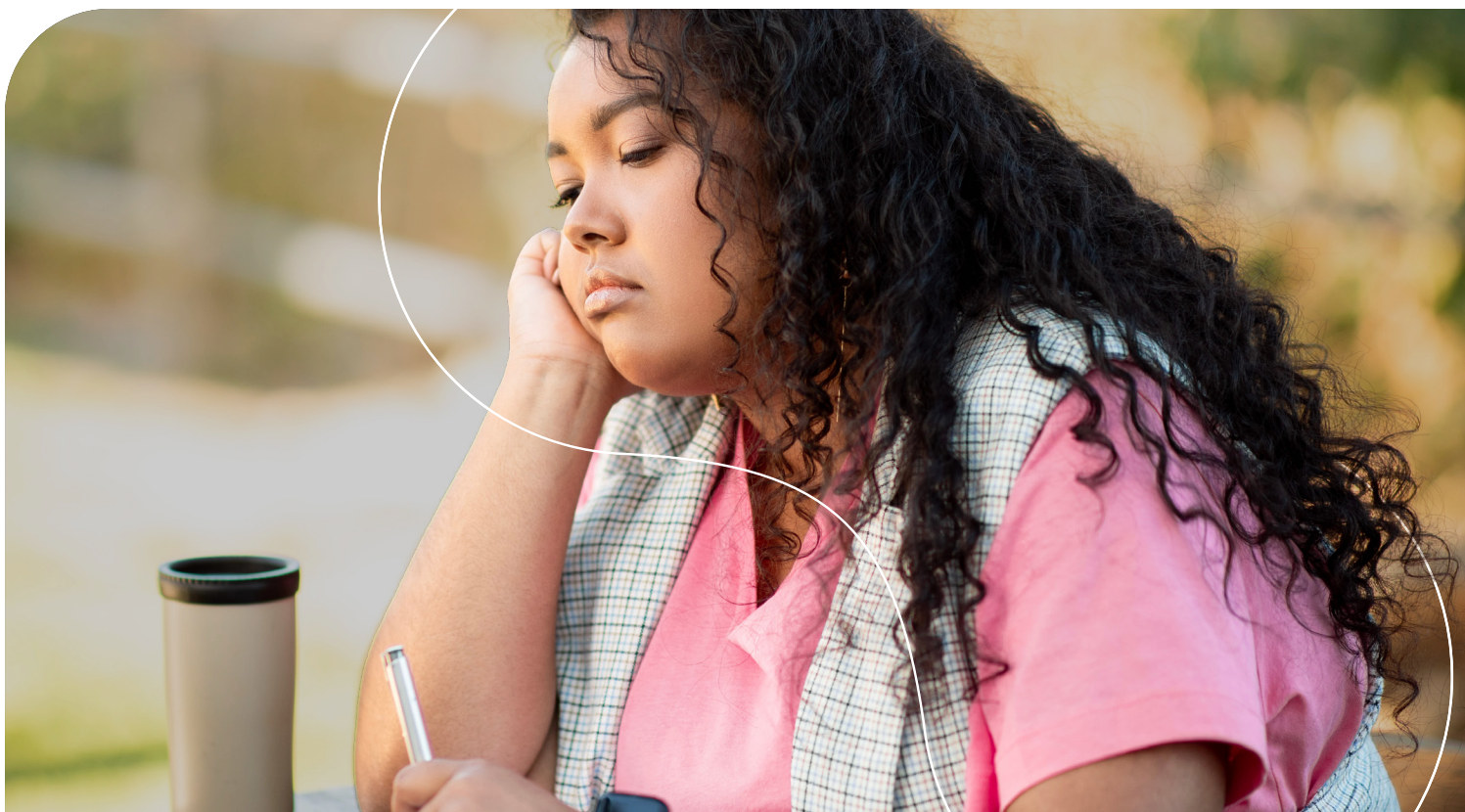
PMOS: What it looks like, how it's diagnosed, and what can help

Irregular periods, symptoms that come and go, and often years of not quite getting answers. For many people, that is what PMOS feels like long before it has a name.

Polyendocrine metabolic ovarian syndrome (PMOS), previously named polycystic ovary syndrome (PCOS), affects one in eight women. It is one of the most common hormonal conditions in people with ovaries. It can affect your periods, skin, hair, mood, weight and how your body uses energy. For many people, it shapes daily life in ways that are easy to miss from the outside.

PMOS is also often misunderstood. Symptoms can be put down to other things, and a diagnosis can take time. Many people spend years wondering what is going on before they have a name for it. If that sounds familiar, you are not alone.

This guide explains what PMOS can look like, how it is diagnosed, and the options that can help you manage it. It also looks at the emotional side of living with PMOS, which matters just as much as the physical.





What is PMOS?

PMOS is a hormonal condition. In PMOS, the balance of hormones that control the menstrual cycle is affected. This can stop the ovaries releasing an egg each month, which is why periods often become irregular or stop.

Many people with PMOS also have higher levels of hormones called androgens. These can lead to symptoms like acne, or extra hair growth on the face or body. PMOS is linked to how the body handles insulin as well, the hormone that manages blood sugar. For some people, the body responds less well to insulin, which can affect energy, weight, and symptoms over time.

The name itself can be confusing. Despite the word “cysts,” PMOS does not mean your ovaries are full of cysts. The “polycystic” appearance on a scan is really several small, harmless follicles. You can have PMOS without this appearance, and you can have it without every symptom.

No two people experience PMOS in the same way. Some notice many symptoms. Others notice only one or two.



What PMOS can look like

PMOS affects people differently, and symptoms can change over time. They often begin around puberty, but they can appear or shift later in life too.



Your cycle. Periods may be irregular, less frequent, or stop altogether. Some people have unpredictable bleeding. For others, difficulty getting pregnant is the first sign.



Skin and hair. Higher androgen levels can cause acne, oily skin, or extra hair growth on the face, chest, or body. Some people notice thinning hair on the scalp.



Energy and weight. Some people feel more tired than usual or find their weight harder to manage. These changes are linked to how the body handles insulin, and are not a matter of willpower.

PMOS can affect mood and confidence too, which we come back to later. If some of these feel familiar, it may be worth speaking to a doctor, who can look into what is going on.

Signs worth noticing

- Periods that are irregular, infrequent, or missing
- Acne or oily skin that is hard to shift
- Extra hair growth on the face or body
- Thinning hair on the scalp
- Difficulty getting pregnant
- Feeling more tired than usual

Having one or two of these does not mean you have PMOS, but it can be worth a conversation with a doctor.



How PMOS is diagnosed

There is no single test for PMOS. Instead, a doctor looks at the wider picture, and rules out other conditions that can cause similar symptoms.

A diagnosis is usually based on two of these three features:

- Irregular or absent ovulation, often seen as irregular or missing periods.
- Signs of higher androgen levels, either from symptoms like excess hair or acne, or from a blood test.
- A particular appearance of the ovaries on an ultrasound scan.

Because only two of the three are needed, you do not need every feature, or even an ultrasound, to be diagnosed.

Getting there usually involves a conversation about your symptoms and history, and often some blood tests. This process can take time, and it can feel frustrating, especially if symptoms have been dismissed before. That experience is common, and it does not mean your symptoms are not real.

If you think you may have PMOS, keeping a note of your symptoms and your cycle can make that conversation with a doctor more useful.



Options that can help

There is no cure for PMOS, but there is a lot that can help. Because it affects people differently, support works best when it is matched to your symptoms and to what matters most to you. Most options are decided together with a doctor.



Everyday changes. Regular movement and balanced eating can ease some symptoms and support how your body handles insulin. Small changes you can keep up tend to help more than strict routines, and what works looks different for everyone.



Medical treatment. Treatment focuses on managing symptoms rather than curing the condition. A doctor might discuss options to help regulate periods, manage skin or hair symptoms, support fertility, or address insulin. What is right depends on your symptoms and goals.



Support for specific symptoms. Some symptoms, such as skin, hair, or heavy periods, can be treated. You don't have to accept them as something you simply live with.



Looking after how you feel. PMOS can affect mood, body image, and confidence. Emotional support is a real part of managing it, not an afterthought.

You do not need to manage everything at once. Starting with what affects you most is often the best place to begin.



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Looking after your longer-term health

PMOS is a long-term condition, and it can affect more than your day-to-day symptoms. Knowing this early is not a reason to worry. It means the right things can be watched for and managed over time.

Because PMOS is linked to how the body handles insulin, it can raise the chance of developing type 2 diabetes later in life. Regular check-ins with a doctor help keep an eye on this, and there is a lot that can be done to lower the risk.

PMOS is linked to heart health over the longer term as well. The same things that help with insulin, like regular movement and balanced eating, support your heart too.

If your periods are very infrequent or absent for long stretches, a doctor may suggest ways to protect the womb lining. This is a routine part of managing PMOS, not a cause for alarm.

None of this is set in stone. Understanding your own PMOS and staying in touch with a doctor who knows your history, is the best way to look after your health over time.



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PMOS and how you feel

Living with PMOS is not only physical. Unpredictable symptoms, changes to your skin, hair, or weight, and worries about fertility can all affect how you feel about yourself.

PMOS is also linked with higher rates of anxiety and low mood. This is not a sign of weakness. It reflects both the hormonal changes involved and the ongoing effort of managing a long-term condition. Looking after your emotional wellbeing is part of looking after your PMOS, not separate from it.

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At HealthHero, we often speak to people who spent years being told their symptoms were nothing, or who feel worn down by managing PMOS on top of everything else. The physical side is often treated, while the emotional side goes unspoken. Both matter. When people feel supported with how PMOS affects their mood and confidence, managing the condition day to day becomes easier. You do not need to have everything under control to ask for support.



When to reach out, and how HealthHero can help

It may help to reach out if PMOS is affecting your mood, sleep, or confidence, if worries about symptoms or fertility feel hard to carry, or if you are managing it all on your own and it is wearing you down.

How HealthHero can help

PMOS is diagnosed and treated through medical care, and the emotional side deserves support too.

Through your EAP, you can speak to a qualified counsellor in confidence, at a time that suits you. You can talk about how PMOS is affecting you, work through stress or low mood, and think about ways to look after yourself alongside any medical care.

You do not need a crisis to reach out. Support is there to help you feel more able to manage, in body and mind.

Speaking to your EAP is confidential, and it takes just a few minutes to arrange.



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Contact HealthHero today for more support and advice. We're with you every step of the way.

All information correct as of July, 2026