

PCOS Has a New Name; Doctors Hope It Will Improve Care for Millions

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STORY AT-A-GLANCE

- › Doctors officially renamed polycystic ovary syndrome (PCOS) to polyendocrine metabolic ovarian syndrome (PMOS) because the old name focused too narrowly on ovarian cysts while ignoring the condition's widespread metabolic and hormone disruption
- › Researchers found that insulin resistance affects about 85% of women with PMOS, including many women with normal body weight, helping explain why symptoms like acne, irregular periods, facial hair growth, and weight gain often appear together
- › The condition is associated with increased risk of serious long-term health problems, including Type 2 diabetes, fatty liver disease, high blood pressure, heart attack, and stroke, showing that PMOS extends far beyond reproductive health
- › Gut dysfunction and chronic inflammation are linked to hormone imbalance in PMOS. Postbiotics from beneficial bacteria such as *Akkermansia muciniphila* may help strengthen the gut barrier, support insulin sensitivity, and calm inflammatory stress
- › Daily movement, whole-food carbohydrates, stress reduction, sunlight exposure, and lowering exposure to seed oils and hormone-disrupting plastics may support metabolic health in women with PMOS

For decades, women suffering from a constellation of baffling symptoms — irregular periods, stubborn weight gain, acne breakouts, thinning scalp hair, unexplained fatigue, mounting anxiety — were handed a diagnosis that often left them more confused than

informed: polycystic ovary syndrome (PCOS). The name pointed at their ovaries. Their actual experience pointed everywhere else.

That disconnect is finally being acknowledged. An international team of researchers, working with dozens of medical organizations and thousands of patients, has formally retired the old label. The condition now carries a new name, polyendocrine metabolic ovarian syndrome (PMOS), that reflects what doctors and patients have long suspected: this disorder reaches well beyond the reproductive system, pulling hormone signaling, blood sugar regulation, cardiovascular health, and mental well-being into its grip.

The renaming is more than cosmetic. Patients have spent years bouncing between specialists who treated each symptom in isolation, missing the metabolic engine driving the whole picture. Women without visible cysts were told they did not qualify for the diagnosis. Lean women were dismissed because they didn't fit the assumed body type.

Adolescents were waved off as hormonal teenagers while damage accumulated. The new framework changes the conversation entirely, and the findings behind it reveal just how interconnected the breakdown really is and why the old name held so many women back from getting help.

Doctors Finally Admit This Condition Wasn't Just About Ovarian Cysts

Published in *The Lancet*, an international policy paper brought together 56 medical organizations, patient advocacy groups, and clinical experts from around the world to address a problem patients had complained about for years — the name **polycystic ovary syndrome** did not describe the disease accurately at all.¹ Researchers collected 14,360 survey responses from women with the condition and health professionals across multiple countries and disciplines.

According to the paper, the old name interfered with diagnosis, delayed treatment, and created confusion among both patients and clinicians. Many women spent years chasing isolated symptoms like acne, infertility, or weight gain without realizing they

were connected through the same endocrine and metabolic disorder.

Your endocrine system is your body's hormone messaging network. Your metabolic system controls how you turn food into energy. In PMOS, both systems start malfunctioning together. Researchers specifically noted that the current name "obscur[ed] diverse endocrine and metabolic features" and contributed to fragmented care.

- **The study focused heavily on real-world patient experiences** — Women with the condition repeatedly described frustration with doctors focusing narrowly on ovarian scans while ignoring fatigue, [insulin resistance](#), depression, cardiovascular risk, and metabolic dysfunction. Researchers explained that the condition affects far more than fertility, yet many women continue to receive symptom management instead of root-cause metabolic care.
- **The researchers found overwhelming support for replacing the old name** — About 86% of patients and 71% of health professionals supported moving toward a new "accurate name" instead of preserving the PCOS acronym. Patients prioritized stigma reduction while clinicians prioritized scientific accuracy. Both groups agreed the old terminology failed women.
- **The new name intentionally highlights multiple hormone systems** — Researchers selected "polyendocrine metabolic ovarian syndrome" because it better reflects what actually goes wrong inside the body. "Polyendocrine" means multiple hormone systems malfunction simultaneously. "Metabolic" acknowledges insulin resistance and blood sugar dysfunction. "Ovarian" recognizes reproductive hormone disruption without falsely implying ovarian cysts.
- **Experts removed the word cyst because the condition does not actually involve dangerous ovarian cysts** — The paper explained that many women diagnosed with the disorder don't develop pathological cysts at all. Instead, ultrasounds often show

many immature follicles — tiny egg-containing sacs that failed to mature normally because hormone signaling became disrupted. Countless women previously believed they did not have the condition if doctors failed to see cysts on imaging.

- **The paper revealed how deeply insulin resistance drives the disorder —**

Researchers reported that insulin resistance affects about 85% of women with PMOS, including approximately 75% of lean women with normal body weight. Insulin resistance means your cells stop responding properly to insulin's signal to absorb sugar from the bloodstream.

Your pancreas compensates by pumping out more and more insulin, trying to force the message through. Blood sugar may look normal on a standard test for years, even while insulin levels climb.

Elevated insulin levels increase androgen production from the ovaries and adrenal glands. Androgens are commonly called "male hormones," though women naturally produce them too. When those hormone levels rise too high, women experience facial hair growth, scalp hair thinning, acne, and menstrual disruption.

Metabolic Dysfunction Extends Far Beyond the Ovaries

Insulin resistance increases androgen production, while elevated androgens worsen abdominal fat accumulation and metabolic dysfunction. The result becomes a self-reinforcing cycle. Many women feel trapped because symptoms intensify each other over time instead of staying isolated.

- **The paper also linked the disorder to serious long-term disease risk —** Researchers described increased rates of [obesity](#), fatty liver disease, Type 2 diabetes, high blood pressure, and unhealthy cholesterol and triglyceride patterns in women with PMOS. Women with PMOS also faced higher odds of composite cardiovascular disease, heart attack, and stroke compared to women without the disorder.

The communication system between your brain and ovaries also becomes dysregulated. Your brain releases hormones in carefully timed pulses, like a metronome keeping rhythm with your ovaries. In PMOS, that rhythm speeds up and distorts, causing the ovaries to overproduce androgens. Androgens drive traits typically associated with male puberty, like body hair, oil production, and muscle development. In women, even modest excesses can reshape the skin, scalp, and menstrual cycle.

- **The metabolic damage often starts early** — Adolescents can develop the condition during their teenage years, with irregular cycles and androgen excess appearing before major metabolic disease becomes obvious. Researchers explained that adolescents require different diagnostic criteria because ovarian ultrasound findings alone are unreliable during puberty. Many young girls get dismissed as "normal teenagers" while metabolic dysfunction worsens underneath the surface.
- **The ovaries themselves become metabolically stressed** — Excess insulin damages the specialized cells inside the ovary responsible for ripening eggs and producing estrogen and progesterone in the right amounts. Once disrupted, follicles fail to mature normally, ovulation becomes irregular, and menstrual cycles become unpredictable.
- **Inflammation and fat signaling also worsen the condition** — Body fat doesn't just store calories. It also releases chemical signals that influence inflammation, insulin sensitivity, and hormone balance. When abdominal fat accumulates, these signals become distorted and worsen insulin resistance and ovarian dysfunction.
- **Mental health complications emerged as another major feature** — The paper listed depression, anxiety, eating disorders, and reduced quality of life among the disorder's broader manifestations.

Many women blamed themselves for symptoms that actually stemmed from underlying hormonal and metabolic disruption. Insulin resistance, inflammation, and disrupted hormone signaling may affect neurotransmitter production and mood

regulation, suggesting these mental health symptoms aren't separate from the metabolic disorder — they're part of it.

- **The renaming strategy includes a three-year transition period** — Researchers outlined a coordinated implementation plan involving electronic medical records, global disease coding systems, universities, journals, and clinical guidelines. That gradual transition aims to prevent confusion while helping doctors, researchers, and patients adapt to the new terminology.²

Aligning the name with modern science strives to improve awareness, diagnosis, care quality, patient satisfaction, and research coherence worldwide. For many women, that shift validates what their bodies have been telling them for years. The fatigue wasn't laziness. The weight wasn't a willpower problem. The anxiety wasn't unrelated. They were all signals from the same disrupted system, finally being recognized as such.

Addressing the Metabolic Factors Linked to PMOS

So, if the diagnosis itself has been overhauled, what should women actually do differently? The answer starts upstream of the symptoms at the metabolic level, where the cascade begins. A name change doesn't alter the underlying hormone and metabolic dysfunction associated with PMOS.

Much of the focus centers on supporting insulin sensitivity, inflammatory response, and healthier communication between your gut, metabolism, and reproductive hormones. Once those systems begin working together again, symptoms may stop spiraling in multiple directions at once.

1. Support your gut environment, which plays a role in hormone balance —

Microbiome disruption and intestinal inflammation have both been linked to PMOS. Your gut bacteria influence insulin sensitivity, inflammation, estrogen metabolism, and even ovarian hormone signaling. When that ecosystem becomes damaged, the entire hormonal cascade may start drifting out of balance.

Postbiotics deliver the beneficial compounds your gut bacteria would produce if your microbiome were healthy, skipping the unreliable middle step of trying to recolonize with live bacteria that may or may not survive the journey.³ Unlike probiotics, which contain living bacteria, postbiotics contain the beneficial compounds healthy bacteria produce. Research suggests those compounds may help calm inflammation, support insulin sensitivity, and strengthen the gut barrier.

One of the best-studied options comes from [Akkermansia muciniphila](#), and a sensible starting point is using the pasteurized, postbiotic form. Research suggests that when pasteurized, this bacterium retains a beneficial protein called Amuc_1100 that may help tighten the gut lining and reduce inflammatory stress. Some products are formulated with enteric coating or microencapsulation to survive stomach acid.

Since everyone's gut is different, it's worth checking with your health care provider about whether a postbiotic like this is a good fit for you. At the same time, stop feeding the harmful gut species that worsen inflammation. Processed foods, excessive antibiotics, and seed oils keep your microbiome trapped in a stressed state.

- 2. Rebuild your diet around stable energy production instead of processed convenience foods** — PMOS is deeply tied to metabolic dysfunction. That means your [food choices](#) directly influence your hormones every single day. Focus on steady blood sugar regulation and cellular energy production instead of extreme dieting. Severe carbohydrate restriction often worsens stress hormones and metabolic dysfunction in the long term. Your body needs carbohydrates to produce energy efficiently.

Start with easier-to-digest whole foods, like fruit and white rice, if your digestion feels compromised with frequent bloating or bowel movement irregularities. Avoid the foods that drive inflammatory overload, including ultraprocessed foods, restaurant meals, and seed oils such as:

- Soybean oil

- Corn oil
- Canola oil
- Sunflower oil
- Cottonseed oil

Linoleic acid (LA) from seed oils can accumulate in tissues and disrupt mitochondrial energy production. Your mitochondria act like microscopic power plants inside your cells. When they struggle to produce energy efficiently, hormone signaling, blood sugar control, and inflammation all worsen. That metabolic stress may worsen the same insulin and hormone dysfunction associated with PMOS symptoms. Replace seed oils with healthier options like grass fed butter, tallow, or ghee.

3. Use movement every day to improve insulin sensitivity naturally — Your muscles become one of your most powerful metabolic tools once you start using them consistently. Daily movement helps improve glucose handling, lower insulin levels, and stabilize hormone signaling. Walking works especially well because it supports blood sugar regulation without overloading your stress response. If your energy feels low or workouts leave you exhausted, start simpler. Aim for:

- About 60 minutes of walking daily
- Strength training two or three times weekly
- Frequent movement throughout the day instead of prolonged sitting

As your muscles use glucose more efficiently, your body stops needing such high insulin output. That lowers one of the major metabolic drivers behind androgen excess and ovarian dysfunction.

4. Lower chronic stress before it keeps disrupting your hormones all day — Your brain and ovaries constantly communicate through hormone signals. Chronic stress can interfere with that communication system and keep cortisol elevated for long stretches of time. When cortisol stays chronically high, insulin resistance worsens, sleep quality drops, cravings intensify, and hormonal rhythms become less stable.

If your schedule feels nonstop, start creating small pockets of nervous system recovery throughout the day instead of waiting for a perfect wellness routine.

Helpful strategies include:

- Morning sunlight exposure, which supports mitochondrial energy production and helps regulate circadian rhythms tied directly to hormone balance
- Mindfulness or meditation
- Better sleep timing
- Counseling or emotional processing work
- Reducing excessive screen exposure late at night

5. Reduce the environmental hormone disruptors surrounding you every day — Many women focus only on food while overlooking another major hormonal stressor — environmental xenoestrogens. These are synthetic compounds that mimic estrogen inside your body.

Microplastics act like artificial hormones by binding to estrogen receptors and disrupting normal signaling patterns. That interference may compound the same estrogen-androgen imbalance already driving PMOS symptoms. The following changes help reduce the constant background hormone interference many women experience every day without realizing it.

- Switch to glass food containers
- Avoid plastic water bottles

- Don't microwave food in plastic
- Choose natural fiber clothing when possible
- Avoid synthetically fragranced personal care products and cleaning supplies

For the millions of women who spent years being told their symptoms were unrelated, the new name is more than terminology. It's the first formal acknowledgment that what they felt in their bodies was real, connected, and finally addressable.

These findings come from clinical and observational research, including studies of supplements in specific populations. Results may not apply to all individuals.

FAQs About PCOS' New Name

Q: Why did doctors change the name from PCOS to PMOS?

A: Researchers concluded that the term "polycystic ovary syndrome" misrepresented the condition because many women don't develop actual ovarian cysts. The new name, polyendocrine metabolic ovarian syndrome, reflects the broader hormone and metabolic dysfunction involved, including insulin resistance, inflammation, and cardiovascular risk.

Q: What symptoms are linked to PMOS?

A: PMOS is associated with irregular menstrual cycles, infertility, acne, facial hair growth, scalp hair thinning, abdominal weight gain, fatigue, anxiety, and insulin resistance. Many women also experience depression, metabolic dysfunction, and chronic inflammation that affect far more than reproductive health.

Q: Why is insulin resistance such a major part of PMOS?

A: The research showed that insulin resistance affects most women with PMOS, including many women who aren't overweight. Elevated insulin increases androgen production, which worsens acne, irregular ovulation, facial hair growth, and fat accumulation around the abdomen. That creates a self-reinforcing metabolic cycle that intensifies symptoms over time.

Q: How does gut health influence PMOS symptoms?

A: Your gut microbiome helps regulate inflammation, hormone metabolism, and insulin sensitivity. When the microbiome becomes disrupted, hormone signaling also becomes dysregulated. Research suggests postbiotics from beneficial bacteria such as *Akkermansia* may help strengthen the gut barrier, support insulin sensitivity, and calm inflammatory stress associated with PMOS symptoms.

Q: What lifestyle changes may help address the metabolic factors linked to PMOS?

A: Focus on improving insulin sensitivity and lowering inflammatory stress instead of only on symptom management. Helpful strategies include removing seed oils and ultraprocessed foods, rebuilding tolerance to whole-food carbohydrates, walking daily, adding strength training, reducing chronic stress, and lowering exposure to hormone-disrupting plastics and synthetic chemicals.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified health care provider before making changes to your health regimen.

Sources and References

- ¹ [The Lancet May 12, 2026](#)
- ² [The New York Times May 12, 2026](#)

- ³ ACS Nutrition Science February 12, 2026