

PMOS

Polyendocrine Metabolic Ovarian Syndrome

An Evidence-Based Guide for Women & Their Families

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This guide is written from a psychologist's perspective. PMOS affects not only your body, but your mind, emotions, and relationships. You deserve to understand all of it.

1. What Is PMOS?

PMOS — Polyendocrine Metabolic Ovarian Syndrome — is the new, evidence-based name for what was previously called PCOS (Polycystic Ovary Syndrome). This renaming was the result of a worldwide collaboration led by Professor Helena Teede and supported by more than 50 medical and patient organizations globally.

The name change is significant. "PCOS" focused attention only on the ovaries and cysts — missing the full picture. PMOS correctly identifies this as a whole-body, polyendocrine (multi-hormonal) and metabolic condition.

2. Why the Name Change Matters

Names shape how we understand, treat, and live with a condition. The old name led to misdiagnosis, dismissal, and shame. Women were told their symptoms were "just hormones." Partners and families didn't take it seriously. Doctors focused only on reproductive outcomes.

Old name (PCOS) implied

New name (PMOS) recognises

Ovary and cyst problem only	Multi-hormonal (polyendocrine) system
Primarily a fertility issue	Metabolic and whole-body condition
Symptoms are minor or manageable	Significant impact on quality of life
Affects reproductive years only	Lifelong health implications

3. How PMOS Affects the Whole Person

PMOS is not just a reproductive condition. Research shows it affects multiple systems simultaneously. As a psychologist, I see this daily in my practice.

Hormonal & Metabolic

Insulin resistance affects up to 70–80% of women with PMOS, regardless of weight. Elevated androgens contribute to physical symptoms and mood dysregulation. Chronic low-grade inflammation is common and affects brain function.

Psychological & Emotional

Women with PMOS have significantly higher rates of depression, anxiety, and body image distress than the general population. This is not a personality trait — it is a physiological response to hormonal dysregulation. Evidence shows that psychological support is as important as medical treatment.

Relationships & Social Life

Symptoms like fatigue, mood changes, weight fluctuation, and fertility concerns put strain on intimate relationships. Partners often do not understand why mood and energy are unpredictable. Education and couples' communication support are evidence-based strategies that help.

Long-Term Health

If unmanaged, PMOS is associated with increased risk of Type 2 diabetes, cardiovascular disease, endometrial cancer, and sleep disorders. Early intervention — medical, nutritional, and psychological — significantly reduces these risks.

4. Evidence-Based Psychological Strategies

The following strategies have strong research support for women living with PMOS. They are not substitutes for medical care but powerful complements to it.

1. Cognitive Behavioural Therapy (CBT)

CBT is the most researched psychological intervention for PMOS. It helps identify and restructure negative thought patterns around body image, self-worth, and health anxiety. Multiple RCTs show significant reductions in depression and anxiety.

2. Mindfulness-Based Stress Reduction (MBSR)

Chronic stress elevates cortisol, which worsens insulin resistance and androgen levels. MBSR is evidence-based for reducing physiological stress markers. Even 8 weeks of practice shows measurable hormonal improvements.

3. Acceptance and Commitment Therapy (ACT)

ACT helps women move from fighting their diagnosis to living meaningfully alongside it. Particularly effective for body image distress and chronic illness adjustment, which are common in PMOS.

4. Psychoeducation & Self-Compassion

Understanding your condition reduces shame and increases treatment adherence. Self-compassion practices (Neff, 2003) reduce self-criticism, which is elevated in women with PMOS due to visible symptoms and societal pressure.

5. Sleep Hygiene

Sleep disorders affect up to 40% of women with PMOS. Poor sleep worsens insulin resistance and mood. CBT for insomnia (CBT-I) is more effective than medication for long-term sleep improvement.

6. Movement as Medicine

Exercise is one of the strongest interventions for PMOS — not for weight loss, but for insulin sensitivity and mood regulation. Even 150 minutes of moderate activity per week produces measurable hormonal and psychological benefits.

5. For Partners, Families & Loved Ones

PMOS affects relationships. If someone you love has PMOS, this section is for you.

What helps	What hurts
✓ Educate yourself — this guide is a start	✗ Say "just eat less and exercise more"
✓ Validate her experience without minimising	✗ Attribute all emotions to "hormones"
✓ Ask "how can I support you?" rather than assuming	✗ Make body-related comments, even positive ones
✓ Attend medical appointments when invited	✗ Push fertility conversations before she is ready
✓ Be patient with energy and mood fluctuations	✗ Assume she is exaggerating symptoms
✓ Celebrate non-scale health wins together	✗ Compare her journey to others with PMOS

6. When to Seek Psychological Support

You do not need to be in crisis to benefit from therapy. Consider reaching out if you:

- Feel persistent sadness, numbness, or emptiness
- Struggle with anxiety about your health or body
- Avoid social situations because of PMOS symptoms
- Find your relationship is being affected
- Have difficulty accepting your diagnosis
- Experience intrusive thoughts about your body or fertility

- Feel alone or misunderstood — by doctors, family, or partners

Therapy is not a last resort. It is a first-line evidence-based treatment for the psychological dimensions of PMOS — just as important as your GP or endocrinologist.

Key References

- Teede et al. (2023). Recommendations from the 2023 international evidence-based guideline for PCOS. *Journal of Clinical Endocrinology & Metabolism*.
- Cooney L.G. & Dokras A. (2018). Depression and anxiety in polycystic ovary syndrome. *Current Psychiatry Reports*, 20(11).
- Neff K.D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101.
- Kabat-Zinn J. (1990). *Full Catastrophe Living*. Delacorte Press.
- Lim S.S. et al. (2019). Lifestyle changes in women with PMOS. *Cochrane Database of Systematic Reviews*.
- Stefanaki C. et al. (2015). Cognitive behavioural treatment for PCOS. *Psychoneuroendocrinology*, 64, 82-90.

Ready to work together?

Book a session with Dr. Harshmeet

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