PCOS Is Now PMOS: What Women Need to Know Transcript

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Introduction to the PMOS rebrand

I would say the ovaries involvement in PCOS, PMOS is more of a response to the other dysfunction going on. It's not, oh, your ovary's caused this. The ovariies are very dense with mitochondria.

I always say longevity and wellness is ovarian health. Your health is shaped by more than symptoms. Through real stories and expert insights, we explore how your genetics, environment, and daily choices affect your wellbeing.

We uncover root causes and share practical tools to help you find the healing you need. Welcome to the Forum Health Integrative Medicine Podcast. Welcome back to the Integrative Medicine podcast.

My name is Amanda and today we're discussing a major shift in women's health. The official renaming of PCOS to PMOS, polyendocrine metabolic ovarian syndrome.

Experts say the new name better reflects the reality of this condition, which impacts far more than just the ovaries, including hormones, metabolism, inflammation, fertility, and overall health.

To help break down what this change means for women and why it matters, we're joined by Emily Rodriguez, a nurse practitioner based in Madison with a focus on hormones and metabolic health, let's dive in.

Did you get a chance to look at the article that was published on the, well, it was on The Health Stat, Yeah. Yeah, like I think they published it under health policy in the Lancet.

Okay. And so, yeah, I actually did. I had a chance to glance through it yesterday, which it's interesting because all of a sudden this pops up that they've been working on this for years and going through this and that it has been worked on by people from multiple different countries, Which is cool, but it was funny.

The first thing I thought of when it came out was like, well, this is what functional medicine has for a very long time. With many things, it's like, oh yeah, thanks for catching up guys.

We see a lot of patients with PCOS. I mean, the current stats say one in eight women have it in the United States, and I think that's probably similar worldwide.

And I would say it's funny because I have a lot of women come in and they're like, I think I had this. And it seems like they are almost afraid to diagnose them.

Why PCOS was misunderstood

The problem I thing is that when females periods start when they were younger, with PCOS they tend to have really irregular cycles and when it comes it can be really heavy.

step one treatment for them has always been birth control, usually the birth-control pill. And so then they get put on the pill for several years, and then the real root cause behind what was going on just kind of gets ignored until they to an age where they're either, I want to get off this, or they are thinking about maybe starting a family.

Then it's like, oh, let's stop it and see what happens. And see what happens. And that's really what they get told. A lot of times, the treatment is, and with PCOS, one of the hallmarks from a hormonal side is that a lot them have low progesterone.

That can make it difficult to get pregnant. It can be difficult maintain a pregnancy. PCOs women are at a higher risk of miscarriage, but typical fertility support for them is once you've had two misCarriages, we'll start diving a little

deeper into what's going on.

And I was never comfortable. I had a friend go through that just recently, and I don't know if she has PCOS or not, but she just went through, she was trying with her husband and she lost her first baby.

And she wanted to dig in because she knew something wasn't right. Like she had this gut feeling where it's like, no, I want to know more. And the provider that she was seeing was like no we have to wait until you have at least two miscarriages before we dig any further.

That did not sit right with her. It didn't sit with me. If you want explore more, but mischarriages today are just like oh well they're so common. That shouldn't be the conversation.

It shouldn' And she ended up having a second miscarriage and she was like, okay, screw this. I'm going somewhere else, I know something isn't right. And they did, she might have had some cysts and stuff like that.

The fact that she was dismissed right then and there because she had a traumatic event, but according to traditional medicine, according the system, it wasn't traumatic enough.

You have to have two or more traumatic events in order for us to dig a little bit deeper. At Forum Health, we uncover the why behind your symptoms. With advanced lab testing, hormone optimization, and cutting-edge therapies, We help you heal and perform your best.

And now, through shopforumhealth.com, you can access physician-grade supplements trusted by our providers, supporting everything from adrenal health to focus and longevity.

Learn more at forumhealth.com and explore supplements at shopforumhealth dot com. I never understood that. When you're sitting in an office with someone in tears because they've had a miscarriage, it's like, I'm not going to tell them, well, let's wait and see if it happens again.

Let's get some lab work. I was doing that even in traditional medicine, like let check some labs. And if I had patient that we knew had PCOS who was trying to get pregnant, and I still tell even our clinic patients now, if you get pregnancy, then let me know right away.

Because if you're not on progesterone, a lot of times I will either start it while we wait for labs, or I'll say, come in right away. Let's check your pro gesterones level.

And if it's not good, let's start something ahead of time so that we can prevent the miscarriage maybe. That's not how the guidelines are, but to me, that's what makes sense.

And that is what functional medicine is getting to that route of like, well, let's look deeper. Let's try to prevent things before they become a problem.

But yeah, PCOS, I know it's very misunderstood. I have patients who come in who are like well I've had an ovarian cyst, do I PCS? And then I patients are who like they told me I didn't have it because my ovaries look normal.

So the name change is, I think, just finally catching up. It's not polycystic ovarian, like not everyone with this condition has poly cystic ovaries. And the whole concept of it being a cyst in there is actually misleading.

Ovarians cysts can form for a variety of reasons, but when you see the poly kind of pattern on a ultrasound, but they also often call it a string of pearls.

A lot of times those are just follicles that didn't develop. And that's another thing that I think that is misleading too. When you see all of those follicle, sometimes they think, oh, you've got a lot And that's good.

Hormones, ovulation, and fertility

But sometimes too many, like that is, can also be a sign too. So PCOS is dead. Long live PMOS. PCO stood for polycystic ovarian syndrome. Now the revised name stands for Polyendocrine Metabolic Ovaria Syndrome, now known as PMO.

This was revealed on Tuesday. May 12th, 2026, and it is just one letter change, but it's going to change so much. It's gonna validate a lot of women. I think that it also going help clinicians diagnostically because I thing having that term in their cyst also just created some confusion for diagnosis.

Yeah, completely. And I'm hoping this will help more women get help and get better treatment because we're acknowledging that it's more than a gynecologic issue.

Unfortunately, most women would go see an OB-GYN for this. Like it said, that polyendocrine, it has a multiple endocrin system involved. There's insulin resistance in some of these patients, there's androgen excess, and it is not always just testosterone.

A lot of times testosterone levels on a lot my patients with BCoS when I've checked labs actually doesn't look too bad. But that DHEA sulfate can be high, or it can a problem with kind of downstream metabolism, which is why, you know, in functional medicine, sometimes with these patients, a Dutch test can really beneficial because it shows us that hormone metabolism down into the tissue level.

Whereas, if they got told, well, they checked my testosterone, and they said it was fine. I don't have PCOS. Well, there's a whole complex pathway of those androgens going through your body.

And that might not be the whole picture, just looking at that serum test. So it's nice to have nice options, I would say, to kind of dive into this a little deeper.

And it can, again, like everything, every woman's unique, everybody's different. Some people have a gut health component to this that affects their hormone health.

We know the research on the microbiome is just fascinating, and we know that connections between microbiomes and insulin sensitivity and diabetes risk, which is obviously an endocrine system as well that plays into effect with PMOS.

So it's exciting to see that people are going to be talking about this more mainstream because a lot of these women struggle a lots. I mean, weight gain, fatigue, hair growth where you don't want it.

And then yeah, the fertility concern as for a of them, for which it is very heartbreaking for people to deal with. What, when we look at the name polyendocrine metabolic ovarian syndrome, what a mouthful.

That said, poly endocrin, you kind of said it, multiple endocrine. Can you break that down and what does that look like? Polyendocrin, if we were to take this PMOS apart, because now it's gotten closer to what this condition actually is.

Yeah, correct. Yeah. So that polyendocrine just means multiple systems are involved, multiple hormone systems. And in functional medicine, we kind of have this hierarchy of our endocrin system with cortisol being at the base.

I always say cortisol is one of those most important hormones. We think of it in fight or flight stress, which there's a lot of things that cause dysfunction in that system, but it does play a role in PCOS as well.

And then, you know, on top of that we have our sex hormones, in PCOS we really think about the androgens, excess testosterone, which is causing a lot of those kind of visible symptoms that people will see.

If they have facial hair growth, they can have hair loss on their head on the top. And then we also know that these systems all can affect our thyroid, which is also an endocrine system involved in hormone cycle.

Yeah. Okay. There's a fourth one. Yes. Oh, I was going to talk about actually with the other hormones like the sex hormones, you know, progesterone plays an important role because they tend to have issues with pro gesterones because in PMOS, a lot of times regular ovulation is not happening.

And ovulations is the, the key event of a menstrual cycle that's going allow your body to make a good amount of pro testosterone. So when you are not ovulating regularly, you can't make progesterone well.

And that's what will drive a lot of the dysfunction in irregular cycles. Sometimes when they do have a cycle, even if it's once a year or twice a, they're having significant heavy bleeding that is disrupting their life.

So these all have very complex interplay with each other. I would say nothing in the body is a silo. Every single system here that we just mentioned is interrelated.

They all affect each. It is cool that they are acknowledging this is multi-system problem.

Metabolic and endocrine factors

And then that second letter, metabolic, obviously, that's what we think of, you know, a lot of cases of PCOS, there's some level of insulin resistance, they have trouble with weight.

They're at a higher risk of type 2 diabetes, we know all these things. And I think there is a subset of population with PCS that does not have insulin resistances, sometimes gets called lean PCOs.

What I tend to see in those patients is more of that kind of adrenal driven dysfunction from those adrenal glands with the issues with cortisol. But cortisol can cause a lot of the other downstream effects that we see in all forms of PMOS.

And then ovarian syndrome, it keeps that reproductive connection there. I would say the ovaries involvement in PCOS, PMO, is more of a response to the dysfunction going on.

It's not, oh, your ovary's caused this. The ovaries are very dense with mitochondria. I always say longevity and wellness is ovarian health. It really is.

And I have seen actually in some of the discussion on this paper, they're actually talking about this a little bit with the men's health too, in that you can actually see patterns of this come from both sides of a family.

Like male, it could be passed on maternal and paternal. And the ovaries and the testes developed from the same tissue. The things we see in men health with androgen issues and other things like that, its very similar metabolic processes going on.

So I think we talk about the hormone crisis in this country and yes, there's lots of external factors involved in this. Endocrine disrupting chemicals in the environment.

I think our use of plastics plays a role. Artificial fragrances, all those things that are playing a roll as well, but it's nice that we're finally going to talk about there are multiple things playing role here and that, we need to consider them as this kind of collection of Syndrome symptoms that we're seeing in these patients to hopefully get them some better answers Yeah, actually keeping the word ovary in there or a variant in.

There was one of the Like controversies because they are like you said seeing this in men I don't think they made a mistake, but I think there's going to be another renaming of this this journey getting us to PMOS and started back in October of 2015. So this was an 11 year cycle of renaming the syndrome.

And they did, there were a few voices out there who didn't agree of keeping ovary in there because there is more research coming out on considering men in this.

I like what they said in the article that keeping ovary there for right now, we need to keep the focus on women. Women have been so dismissed for, and we haven't had the appropriate research done on woman that if we just like make this, oh, it affects men and women, I do think men need a place.

They need understand this. I think doctors, clinicians have to understand that men can have this syndrome too. But I do agree keeping it with ovary, at least for now.

Yeah, no, totally. And I mean, this is, you know, as a hormone health provider, especially looking at mostly, women's health, menopause, perimenopaus, I know time and time again, how much women have been dismissed.

How many times they come into our office after seeing multiple different providers, just completely getting blown off. I don't know how many people tell me that.

My doctor told me I'm just getting old. And it's like, no, you're not old. I had a 40-year-old whose doctor told her that. And you should not be feeling this way.

The women, it is their turn. It's their time to get some help and to not to be ignored. Yes, I love our men's health. That's important too. When you are looking at the health of a country, we need healthy people.

We need healthy families, we need to help the partnerships, you know, men's health and women's help, they all affect, We are all interconnected. We definitely need To pay attention to that.

But I think right now, You know we do know this does affect a lot of women. It does effect a Lot of woman who have been ignored. So I Think keeping the ovarian there is I guess if you were going to talk maybe gonadal, gonads, that is what the ovary and the testes are.

So it may be a polyanucrine metabolic gonadel. Maybe they can have their own names. Yeah, exactly. I like what you said. PCOS had several limitations due to its name providing an inaccurate description of the condition because it doesn't just manifest through cysts on ovaries and this led to patients attributing ovarian cysts to PCOS and the risk of being underdiagnosed for other conditions.

As a result, the Lancet published that while the condition is believed to affect up to 13% of reproductive age women, now you don't have to be reproductive aged to have this either.

take that out, but this is believed to have affected up to 13% of reproductive women causing symptoms like weight gain, acne, irregular and painful periods, mental health.

The World Organization estimates that 70% percent of people with the condition are undiagnosed. I believe it. I mean, we see it every day. We see that every week.

There's, I see women who were the ones diagnosing it and I talk to them about it with any disease process. And like, you don't just wake up one day and like a switch flipped.

This is usually a process over years. And so when I have a woman in front of me who's telling me, well, I think I had this, but they told me I didn't.

I always say, health is kind of on this gradient where it's like, if we do not intervene, every day things can get a little bit worse. This disease can progress a bit more.

So the traditional criteria used by most providers to diagnose PCOS, yes, has a set, like you have to have this.

Environmental and gut health influences

You have two out of three criteria to meet it. And I always tell these women that maybe you don't meet their perfect standard of this diagnosis at this time.

But you're on your way. And why don' we stop it before it gets worse? It's harder to stop when you can. So I have a question. It is a slow progress, but there are young women who are getting their periods.

I was one of those kids too. I was never diagnosed with PCOS. Probably could have assumed I had it. And the solution was to go on birth control. So I no longer had painful periods, so I never explored further.

What would you tell somebody who is maybe younger, just getting their period, it's super painful? Was that progressing over time and then they just got their period or what's going on in that age?

Yeah. So one of the things that is really hard to study with health and medicine is kind of that intergenerational health effects. What was my grandma exposed to?

What my mom was exposed too? And she was pregnant with me. There was a study I believe around 2010 era that did chemical toxin testing on umbilical tissue.

And they found, I think, over 200 different chemicals in the umbillical tissues. I've heard 997 neurotoxins in umbalical cords alone. Yes. Depending on what sample, yeah, it was an average.

So we're exposed to a lot. A lot, a lots. Each generation since then has been exposed a whole lot more. You know what, even with hormone health in general, women, all women come in and be like, my grandma was fine.

My great grandma, why do I need this? And I'm like well, we live in a different world than they did. we're eating more processed foods, we are exposed to a lot more chemicals that didn't even exist in their world.

We're inside a little more. we don't grow our own food. were not working physically the way people did. A lot of us are at fairly sedentary jobs inside on computers.

All of that is a very rapid change when you look at the history of human evolution and what has affected health. When we see an average period go from like 14 to 12, 11 in a very short period of time, that's environment.

That's not genetic mutations. We just watched the Netflix documentary, The Plastic Detox, and they talked about the generational impact of… What you do today follows your family lineage for at least three generations.

So what my grandma was exposed to, like you said, what, my mom, probably what. My great grandma. That's all something that came into me. Yeah, absolutely.

Okay. And I am loving that I'm seeing more younger women in the clinic. I, you know, I see a lot of their moms for peri-menopause, menopausal stuff, and they, we get talking and you what mom isn't going to say, You know I concerned about my daughter, her periods are terrible, i don't want her in birth control right now.

i've read about the risks, she doesn't really need it right, now she's not, not trying to prevent pregnancy. We're getting more and more educated people and it is It's awesome.

And the thing is too, with a girl starting her period at age eight, nine, I mean, what I was seeing in clinical practices by age 14, some of these girls were coming in not only on a pill for a few years, but they would be on Prozac and other depression anxiety meds because we know that the pill increases the risk of depression and anxiety.

So it was starting them on this cascade of dependence on these med that are very hard to get off of. And so I would tell young women, your period should not be scary, it should be causing you suffering.

It is a part of your biology and we call it the fifth vital sign. And it's a very important indicator that there's something going wrong in your health and it is not always something you did wrong.

But what I always talk to my young patients about is, how are you eating? Because our nutrition and our What nutrients we're getting affects our ability to ovulate well and to have good progesterone production.

How are you sleeping? Are you laying on your phone at night and scrolling TikTok? That's a common thing. It's part of their society and their world and social network.

We talk about the effect of sleep on our cortisol and how that affects other hormones. I talked to them about, you know, what are they involved in? What are the doing with their day-to-day life?

Are they feeling really burnt out? I'm like, if you're 16 and you feel like you have no time to yourself and your running from one thing to the next. I mean, I sometimes tell them like.

You know what? Let's think about something we can maybe cut out and slow down a little bit so that you'll feel you like have some time. We don't need to stress out that early.

Like we get enough stress. Yeah. are independent and go out on our own. We don't have to start that stress cycle that early. Yes, completely. And there are a lot of societal things going on right now, I think for teenagers and even pre-teens, middle school, especially with technology and trends and food, and that I feel is so damaging to health and our hormone health.

So I important to have these conversations and let people know like, yes, it's okay to step back. Let's slow down for meals, let's make sure we're not skipping meals.

A lot of, you know, I see a lot teenage girls that they don't have breakfast, they stop at Starbucks and have like a pretty sugary drink in the morning, which is one of the worst things we could probably do.

The new pink and purple one. I mean, their making these drinks so that like. Oh, yeah, for sure. Guava meets passion fruit. That's cool. Put that sparkly dust in my drink.

Oh God. Yeah, but I mean, the hormone health starts early and I think it's a good thing to talk about. I always say one of the good things about the internet is it gets data into people's hands, information to them, and it lets people share experiences and talk.

Hey, I didn't go on birth control. Here's some things I worked on. There's great books out there. Dr. Jolene Brighton was one the early ones when she wrote her book, Beyond the Pill.

talking about hormone health more in depth for women and you have other options besides the pill, which is not how we're trained in traditional medicine.

It's very heavily focused on here are the different birth controls, here's different options. And then it was kind of like, oh, you've a bad period, and here is a pill.

Oh, that didn't work, let's try a different one. Now we can try this. So it's… And I always say, if someone chooses that, it should be a truly informed consent of knowing here other risks.

If you go on a birth control pill during your teenage years, you're at a higher risk of osteoporosis later in life because we're disrupting your estrogen and progesterone during a critical period of bone formation.

These are things we know, but that doesn't get talked about in these doctors' offices a lot of times. A lot it is just the way the system is set up. You don't have a whole lot time with your patients and you don' t get a ton of time to go into this stuff.

Supporting younger patients and prevention

There's so many areas that need to be improved for health in general, but especially in women's health. But I think that this hopefully will give some more guidance where we are going to start thinking about this in more of that metabolic way of how do these systems come into that complex interplay.

Most people don't think about their sleep affecting their menstrual cycle, but it does. Or their blood sugar. Yeah, absolutely. Blood sugar doesn't get paid attention at all.

But now I think, gosh, in recent years, what did they say? About a third of preteens are pre-diabetic. I mean, we should be scared. Hey, you guys, type one, two, the new type 1.5. Yeah.

And I mean, this metabolic health is foundational to everything in our body, everything, our hormone health, you know, cancer risk. It's really, it's driving a lot of dysfunction.

in so many different ways. So I'm hoping this will maybe be a big shift for us, especially in women's health, to start looking deeper and talking to people about these systems and getting them, you know, some extra support of how can I tweak things with how I am eating.

Sometimes I just tell people on that first visit, I want you to just start eating breakfast and I don't want to you just started drinking more water. I mean, that's not, it doesn't have to be crazy.

It's building sustainable changes. And then, you know, as far as approaching this, PMOS, PCOS. We always in functional medicine, I'm like, we test a lot of labs.

we check a lots of things that never get checked. So it's diving in and looking at, You know you might not have high testosterone, but you still have this condition.

so we're looking your fasting insulin, We're going to calculate your home IR. You're gonna look at You know, those metabolic markers that we know are going to tell us early on, is there dysfunction going on?

Not just going check your A1C. We're going try to catch things a lot earlier. And this is a complex syndrome, right? Polyendocrine metabolic ovarian. You've got your reproductive, you've metabolic health, and you got at least three different, you've got your stress hormones, your sex hormones and you got thyroid hormones.

There is a lot of complexity to this and should take it seriously. It's going to take some testing to understand what aspects are affecting you. But you want to do that.

Yeah, absolutely. No, I think for, you know, a patient coming in, especially into a functional setting, yeah, we're definitely, We're going to be looking at blood sugar markers in depth.

We are going be at some inflammation markers. we are gonna be look at your sex hormones and yes we can check them. If you are cycling, yes, time them around the cycle, but if we aren't cycling we will still look them and talk about, well here's what I see in your lab work.

This is probably what's going on with why you aren t getting a period. You know it's then diving even deeper into what is causing If, you know, I've had patients who fit a very classic PCOS picture.

You know I think of one patient in particular, she hadn't had a period in almost two years when I saw her and she would have fit like that lean PCS picture and when i actually dove into her labs, the initial blood work didn't look too bad actually.

Well she ended up having significant mold illness. She lived in a moldy dorm her sophomore year of college. And when we started doing some mold detox and supporting her body's liver and gut, her period came back and it came every month.

Her hormones regulated. So it's, you know, I always say there's actually, there are studies looking at the chemicals in plastic and causing insulin resistance.

Taking a look at what are those environmental exposures and how do we support our body ability to detox? I would say the body is amazing. Yes, we live in this environment with a lot of things we can't control, but You know, we

can control what we put on our skin, what you put in our mouth, how we sleep, How we move our body.

There's a lot of things we control. And I, you know food is medicine. I just read a really cool stuff out of, I think it was an engineering journal. Have to find you the link.

They were looking at a probiotic strain out of kimchi and they found, they believe it, combined nanoplastics in the gut and help us detox. So, I mean, there's really cool studies on modified citrus pectin and detox and even oat beta-glucan and detoxing PFAS, the forever chemicals.

You know, food is so powerful and our bodies are pretty incredible when we give it a little bit of love and support to just kind of help clean things out.

It wants to heal. Your body wants. Yeah, absolutely. Given, take away the stressors and give it what it needs and the body wants to heal. But you have to identify your stressor.

You have identify what you need to give your body. Yeah, absolutely. And I think functional medicine, like I said, a lot of this is the model in the framework we use.

We can't talk about this without considering your gut. The gut is so key to every system in our body and health. I love stool testing when I have women coming in with hormonal issues, especially PCOS.

a functional gut test on them because it gives us so much information.

Testing, treatment, and patient advocacy

And sometimes seeing those results is really motivating for people to make some good changes with diet, maybe some targeted supplementation for a while.

I usually say with gut, nothing's forever. Oh, I would love you to just be healing with food and sleep and lifestyle changes and stuff. But we will use some supplements when we need to to kind of get things turned around.

That's a lifelong process of nourishing our body too. And right now, if you don't have access to the food, the nutrients, like supplementation, it's important until you understand how to cook, until understand what kind of foods you need to introduce in your diet.

They're temporary solutions while you're getting your foundation underneath you, while understand you what you put into your body. This was such an excellent conversation, such good timing.

PMOS, we now have a new acronym. Emily, if somebody was out there listening to this, they felt dismissed before, what would you tell them? I would tell Number one, you have a right to get some answers.

You have the right be heard. whether it's Forum or another practitioner, I mean, there are some great providers out there, both in, you know, coming out of kind of mainstream medicine like I did, and naturopathic providers.

There are awesome dieticians and nutritionists talking about this that can get you started on a really good path of just nourishing your body well to support your hormone health.

Um, There's so many people out they're looking, looking to help. And, if you're not in a position where You can seek out this care because I know it's outside of the insurance model.

There are some awesome books, like I said, Dr. Jolene Brighton, Beyond the Pill. Aviva Rahm, she's written some great books about hormone health. Laura Bryden, She's a naturopath out of Australia, I believe.

She had a book a long time ago called The Period Repair Manual. Like there are awesome resources that you can get from a library and just start reading and educating yourself.

You can make a lot of changes on your own to help your body. And then if you are feeling like, feel like I'm not feeling as good as I could, I am hitting a roadblock.

I want to get some labs, come see us, like come and see and we will check. We'll check the labs. Get started on. Start feeling better. When you hit that plateau, there's people here to.

Yeah, absolutely. Good. Well, thank you so much. This was such an informative conversation. I know there's tons of takeaways in here. If you liked this episode, if you found this helpful, share, like, and send to a friend who needs to hear this.

You can find us at formhealth.com and get signed up with a provider today. And we will see you next week. Thank you, so, much for joining us, Emily. It was a great conversation You're welcome.

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