POLYENDOCRINE METABOLIC OVARIAN SYNDROME (PMOS): A GLOBAL CONSENSUS PROCESS AND SCIENTIFIC REDEFINITION

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Abstract

The present study is characterized as a narrative literature review, of a descriptive, analytical, and interpretative nature, whose objective was to discuss and problematize the available scientific knowledge regarding the redefinition of Polycystic Ovary Syndrome (PCOS) into Polyendocrine Metabolic Ovarian Syndrome (PMOS). Considering the high global prevalence of the condition and its clinical, metabolic, reproductive, and psychosocial impacts, the study sought to understand how the change in nomenclature may contribute to greater diagnostic accuracy, reduction of stigma, and improvement of care practices. To this end, sources were selected from recognized scientific databases, including articles, systematic reviews, international guidelines, technical reports, and complementary documents, prioritizing studies published between 2022 and 2026. The analysis allowed the identification of recurring categories, such as diagnostic criteria, clinical and metabolic outcomes, therapeutic strategies, and social participation in the consensus process. Convergence was observed regarding the need for more inclusive criteria, while divergences emerged in therapeutic approaches, highlighting both the use of pharmacological agents and bariatric surgery. The discussion revealed practical implications for clinical practice and theoretical implications for research, emphasizing the importance of interdisciplinarity and the integration between science and society. It is concluded that the redefinition of PCOS to PMOS represents a significant advancement, but still requires multicenter studies, economic analyses in different contexts, and greater community involvement, establishing itself as a fertile field for future investigations and for the consolidation of a global scientific consensus.

Keywords: Scientific evidence, Pathophysiology, Clinical management, Quality of life, Women's health.

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INTRODUCTION

Polycystic Ovary Syndrome (PCOS), recently redefined as Polyendocrine Metabolic Ovarian Syndrome (PMOS), constitutes one of the most prevalent endocrine conditions among women of reproductive age, with an estimated impact on more than 170 million people worldwide (Endocrine Society, 2026). It is a multifactorial disorder that transcends the gynecological sphere, involving metabolic, cardiovascular, inflammatory, and psychosocial aspects (Joham; Teede, 2022; Su; Chen; Sun, 2025). The scientific and social relevance of the topic is evidenced both by its high global prevalence (Neven et al., 2026) and by its associated economic and public health burden (Riestenberg et al., 2022). In this context, the terminological and conceptual redefinition of the syndrome emerges as a scientific milestone, seeking greater diagnostic accuracy and improved patient-centered care (Teede et al., 2026; Norman; Morman; Teede, 2023).

The central problem motivating this review lies in the need to understand how the transition from the nomenclature PCOS to PMOS may contribute to improving diagnosis, clinical management, and the social perception of the condition. Recent studies indicate that the traditional terminology generates confusion, stigmatization, and limitations in clinical practice (Cohut, 2026; Teede et al., 2025). In addition, the heterogeneity of phenotypes, influenced by ethnic and environmental factors (Bizuneh et al., 2025), reinforces the urgency of more robust and inclusive diagnostic criteria, such as those discussed in systematic reviews on hirsutism (Bizuneh et al., 2025) and ultrasonography (Pea et al., 2024).

The importance of this research is justified by the need to integrate recent scientific evidence into a narrative and critical body of work capable of offering a comprehensive and interpretative view of the syndrome. The choice of a narrative and critical review methodology makes it possible not only to gather and synthesize studies published in high-impact journals (Joham et al., 2022; Goldberg et al., 2024; Tay et al., 2024), but also to analyze technical documents (Mousa; Tay; Teede, 2023), experience reports, and international guidelines (Teede et al., 2023; Peña et al., 2025). This approach favors the construction of a

solid theoretical overview that articulates clinical, epidemiological, and social data, while also considering community participation and patient involvement in processes of scientific redefinition (Ng et al., 2025).

Recent advances in understanding the pathophysiology of the syndrome, including its association with adiposity at different stages of life (Dobbie et al., 2023), the impacts of bariatric surgery on ovulation and fertility (Li et al., 2025; Samarasinghe et al., 2024), and the genomic implications identified in multi-ancestry analyses (Zhao et al., 2025), reinforce the need for an integrated approach. Furthermore, the development of anti-obesity pharmacological therapies (Goldberg et al., 2024) and the updating of international recommendations (Teede et al., 2023) demonstrate the dynamic and interdisciplinary nature of research on PCOS/PMOS.

Given this scenario, the general objectives of this article are to investigate the scientific, clinical, and social impacts of redefining PCOS as PMOS, analyzing how this change may improve diagnostic accuracy, therapeutic applicability, and the global perception of the condition. The specific objectives are: (i) to map the historical and conceptual evolution of the syndrome; (ii) to compare traditional diagnostic criteria and new parameters; (iii) to analyze evidence on clinical and metabolic outcomes; (iv) to assess the economic and social impact; (v) to examine the participation of patients and scientific communities in the redefinition process; and (vi) to synthesize practical recommendations for clinical application and future research. Thus, the article seeks to offer a relevant contribution to the international scientific debate, grounded in a broad literature review and critical analysis of the available literature.

THEORETICAL FRAMEWORK

Polycystic Ovary Syndrome (PCOS), recently renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS), is recognized as a complex condition involving multiple endocrine and metabolic systems. Traditionally, PCOS has been characterized by clinical criteria such as hyperandrogenism, menstrual irregularity, and the presence of ovarian cysts (Joham et al., 2022; Piltonen et al., 2026).

However, recent studies demonstrate that the syndrome transcends reproductive aspects, being associated with obesity, insulin resistance, chronic inflammation, and increased cardiovascular risk (Su; Chen; Sun, 2025; Tay et al., 2024). This conceptual expansion underpins the proposal for terminological redefinition, seeking greater scientific accuracy and improved patient-centered care (Teede et al., 2026; Endocrine Society, 2026).

The international literature presents significant contributions from researchers such as Teede, Joham, and Norman, who discuss PCOS as a metabolic condition with global impact (Joham; Teede, 2022; Norman; Morman; Teede, 2023). Systematic reviews and meta-analyses reinforce the association of the syndrome with adverse pregnancy outcomes (Bahri Khomami et al., 2024), adiposity at different stages of life (Dobbie et al., 2023), and global prevalence (Neven et al., 2026). In addition, Bizuneh et al. (2025) highlight the importance of ethnic variation in diagnostic criteria, while Pea et al. (2024) discuss the accuracy of ultrasonographic parameters. These studies converge on the need for updated international guidelines, such as those developed by Mousa; Tay; Teede (2023) and Teede et al. (2023), which consolidate evidence-based recommendations.

Diagnostic and therapeutic approaches vary across different theoretical perspectives. While some authors emphasize the relevance of hormonal and ultrasonographic criteria (Bizuneh et al., 2025; Pea et al., 2024), others advocate an expanded view that includes metabolic and cardiovascular factors (Tay et al., 2024; Joham et al., 2022). In the therapeutic field, there are divergences between the use of anti-obesity pharmacological agents (Goldberg et al., 2024) and the indication of bariatric surgery as a strategy for restoring ovulation (Li et al., 2025; Samarasinghe et al., 2024). This plurality of approaches highlights the complexity of the syndrome and the need for integration among different areas of knowledge.

Despite advances, relevant gaps persist. The traditional nomenclature still generates stigmatization and confusion among patients and health professionals (Cohut, 2026; Teede et al., 2025). The heterogeneity of phenotypes, influenced by genetic and environmental factors (Zhao et al., 2025), makes

diagnostic standardization difficult. In addition, the economic impact of the syndrome, although already documented (Riestenberg et al., 2022), lacks comparative studies in different socioeconomic contexts. Another underexplored point concerns the active participation of patients and scientific communities in the redefinition process, a topic addressed by Ng et al. (2025), but still incipient on a global scale. These controversies reinforce the relevance of a critical and narrative review that integrates multiple perspectives.

METHODOLOGY

The present study is characterized as a narrative literature review, of a descriptive, analytical, and interpretative nature. The choice of this type of review is based on the need to gather, integrate, and problematize the available scientific knowledge regarding Polyendocrine Metabolic Ovarian Syndrome (PMOS), allowing for a broad and critical approach. This methodological strategy enables not only the systematization of the existing literature, but also the identification of gaps, controversies, and opportunities for scientific deepening, ensuring the relevance and applicability of the results.

The selection of sources followed explicit inclusion and exclusion criteria, ensuring transparency and reproducibility. Internationally recognized scientific databases were consulted, such as PubMed, Scopus, Web of Science, and Google Scholar, as well as institutional portals and technical documents from medical and scientific societies. The search included controlled and uncontrolled descriptors related to PCOS and PMOS, combined through Boolean operators (AND, OR, NOT, NEAR, and SAME), in order to ensure breadth and precision. The analyzed period was concentrated between 2022 and 2026, prioritizing recent and updated studies, without disregarding classic works of historical relevance for understanding the syndrome.

The types of documents included were diverse, encompassing scientific articles published in indexed journals, systematic reviews and meta-analyses, international guidelines, technical reports, dissertations, theses, book chapters, official documents from medical societies, as well as complementary

materials such as news items, social media posts, videos, and experience reports. This breadth of sources allowed the construction of a comprehensive overview, encompassing both formal scientific production and social and institutional manifestations on the topic.

In the analysis stage, the studies underwent a process of screening and methodological evaluation, considering criteria of relevance, scientific consistency, and quality of evidence. Potential biases, methodological limitations, and the consistency of the results presented were examined. The analysis prioritized the identification of convergences and divergences among the studies, highlighting points of consensus, controversies, and areas that remain underexplored. This process enabled the construction of a critical and integrated view capable of reflecting the complexity of the syndrome and its multiple dimensions.

Finally, the synthesis of the information was developed in a structured and interpretative manner, articulating the different approaches found in the literature. The result consisted of a critical narrative that highlights practical implications, theoretical contributions, and directions for future research. Thus, the adopted methodology ensures not only the systematization of existing scientific production, but also the generation of reflections capable of supporting advances in clinical practice, the formulation of public policies, and the development of new studies on PMOS.

RESULTS AND DISCUSSION

RESULTS

The literature review conducted made it possible to identify a significant set of findings that demonstrate the complexity of Polyendocrine Metabolic Ovarian Syndrome (PMOS) and the need for its scientific redefinition. The studies analyzed indicate that the condition has a high worldwide prevalence, with significant regional and ethnic variations (Neven et al., 2026; Bizuneh et al., 2025). In addition, there is consensus that the syndrome is not restricted to the reproductive sphere, but involves multiple

endocrine and metabolic systems, with cardiovascular, inflammatory, and psychosocial repercussions (Joham et al., 2022; Su; Chen; Sun, 2025; Tay et al., 2024).

In the diagnostic field, the results reveal divergences among clinical, hormonal, and ultrasonographic criteria. While Bizuneh et al. (2025) highlight the importance of accuracy in androgen measurement, Pea et al. (2024) discuss limitations and advances in ultrasonographic parameters. The heterogeneity of phenotypes, influenced by genetic and environmental factors (Zhao et al., 2025), reinforces the need for more inclusive criteria adapted to different populations. This discussion is expanded by Norman; Morman; Teede (2023), who problematize the inadequacy of the traditional nomenclature, pointing to the relevance of the proposed redefinition (Teede et al., 2026; Endocrine Society, 2026).

Regarding clinical and metabolic outcomes, the literature evidences the association of the syndrome with obesity, insulin resistance, and increased cardiovascular risk (Joham; Teede, 2022; Tay et al., 2024). Longitudinal studies and Mendelian randomization studies confirm the relationship between adiposity at different stages of life and a higher risk of developing the condition (Dobbie et al., 2023). In the reproductive sphere, Bahri Khomami et al. (2024) demonstrate negative impacts on pregnancy, while Piltonen et al. (2026) discuss the presence of ovarian cysts as a relevant clinical marker. These findings reinforce the need for an integrated approach that encompasses both metabolic and reproductive aspects.

With regard to therapeutic strategies, the results point to significant advances. The use of anti-obesity pharmacological agents appears promising in improving clinical parameters (Goldberg et al., 2024), while bariatric surgery has demonstrated a positive impact on the restoration of ovulation and fertility (Li et al., 2025; Samarasinghe et al., 2024). Updated international guidelines (Mousa; Tay; Teede, 2023; Teede et al., 2023; Peña et al., 2025) consolidate practical recommendations that integrate clinical evidence and patient perspectives, highlighting the importance of community participation in the redefinition process (Ng et al., 2025; Teede et al., 2025).

Finally, the results reveal relevant trends and patterns. There is a clear movement toward the conceptual and terminological redefinition of the syndrome, seeking greater diagnostic accuracy and reduction of social stigma (Cohut, 2026; Teede et al., 2026). There is also a growing effort to integrate different areas of knowledge—endocrinology, gynecology, cardiology, genetics, and public health—in order to understand the syndrome in its entirety. However, gaps persist regarding the economic impact in different contexts (Riestenberg et al., 2022) and the need for multicenter studies that assess the applicability of the new diagnostic criteria in diverse populations. These points reinforce the relevance of the present investigation and the contribution of the narrative review to scientific and clinical advancement concerning PMOS.

DISCUSSION

The critical interpretation of the results obtained shows that the proposed objectives were achieved, since it was possible to map the conceptual evolution of Polycystic Ovary Syndrome (PCOS) up to its redefinition as Polyendocrine Metabolic Ovarian Syndrome (PMOS). The reviewed literature demonstrates that the change in nomenclature is not merely semantic, but reflects an attempt to broaden the understanding of the condition by incorporating metabolic, endocrine, and psychosocial aspects (Teede et al., 2026; Endocrine Society, 2026). This redefinition directly aligns with the general objectives of the study, as it seeks greater diagnostic accuracy and reduction of social stigma, while also favoring integration among different areas of health care.

When comparing the findings with previous studies, convergence is observed regarding the need for more robust and inclusive diagnostic criteria. Systematic reviews on hirsutism and ultrasonography (Bizuneh et al., 2025; Pea et al., 2024) confirm the heterogeneity of phenotypes, while multi-ancestry genomic analyses (Zhao et al., 2025) reinforce the influence of genetic and environmental factors. On the other hand, there are divergences regarding therapeutic strategies: while Goldberg et al. (2024) highlight

the potential of anti-obesity pharmacological agents, Li et al. (2025) and Samarasinghe et al. (2024) emphasize the benefits of bariatric surgery. This plurality of approaches reveals the complexity of the syndrome and the need for integrated strategies.

The practical and theoretical implications of the results are broad. From a clinical standpoint, the redefinition of PCOS as PMOS may contribute to more accurate diagnoses, reducing errors and expanding the applicability of international guidelines (Mousa; Tay; Teede, 2023; Teede et al., 2023). In the theoretical field, the change in nomenclature opens space for new lines of investigation, especially concerning the metabolic and cardiovascular impacts of the syndrome (Joham et al., 2022; Tay et al., 2024). In addition, the participation of patients and scientific communities in the redefinition process (Ng et al., 2025; Teede et al., 2025) represents a methodological advance, by incorporating social and cultural perspectives into the construction of scientific knowledge.

However, it is necessary to recognize the limitations of the narrative review. Despite its breadth and critical character, this type of methodology involves a certain degree of subjectivity in the selection and interpretation of sources, which may influence how the results are presented. The absence of systematic evaluation protocols, such as those used in systematic reviews and meta-analyses, may limit the reproducibility and generalization of the findings. In addition, although the review included a broad diversity of documents, gaps still persist regarding the economic impact in different contexts (Riestenberg et al., 2022) and the applicability of the new diagnostic criteria in specific populations.

Thus, the discussion shows that, although the redefinition of PCOS as PMOS represents a significant advancement, there are still challenges to be overcome. The integration of different scientific perspectives, together with the strengthening of social participation and the conduct of multicenter studies, constitutes a promising path toward consolidating international consensus and expanding the clinical applicability of the new nomenclature. In this way, the results interpreted here not only confirm the relevance of the redefinition, but also point to future directions for scientific and practical deepening regarding the syndrome.

CONCLUSION

The present narrative literature review made it possible to revisit the initially proposed objectives, synthesizing the main contributions of recent literature on Polyendocrine Metabolic Ovarian Syndrome (PMOS). The study showed that the redefinition of the former Polycystic Ovary Syndrome (PCOS) is not limited to a terminological change, but represents a scientific and clinical advancement by incorporating metabolic, endocrine, and psychosocial dimensions that broaden the understanding of the condition. Thus, it was possible to critically discuss diagnostic criteria, clinical outcomes, and therapeutic strategies, as well as to highlight the relevance of social and community participation in the international consensus process.

Among the main contributions, the identification of recurring patterns in the literature stands out, such as the association of the syndrome with obesity, insulin resistance, and cardiovascular risk, as well as negative impacts on fertility and pregnancy. The heterogeneity of phenotypes, influenced by genetic, environmental, and ethnic factors, was also evidenced, reinforcing the need for more inclusive diagnostic criteria adapted to different populations. Furthermore, therapeutic advances were discussed, such as the use of anti-obesity pharmacological agents and bariatric surgery, which demonstrate promising results in clinical and reproductive improvement.

The relevance of this study to the field lies in its capacity to integrate multiple scientific and social perspectives, offering a critical and comprehensive view of PMOS. By bringing together evidence from different fields—endocrinology, gynecology, cardiology, genetics, and public health—the review contributes to consolidating the understanding of the syndrome as a multifaceted condition that requires interdisciplinary approaches. In addition, by problematizing the traditional nomenclature and highlighting the importance of redefinition, the study reinforces the need to reduce stigma and expand the clinical applicability of international guidelines.

However, it is important to recognize that the narrative review presents limitations, especially due to the subjectivity involved in the selection and interpretation of sources. Although a structured and transparent protocol was adopted, the absence of systematic evaluation criteria may restrict the reproducibility of the results. Even so, the breadth of the analysis and the diversity of documents consulted confer robustness to the conclusions, allowing the construction of a critical and interpretative overview.

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