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EDITORIAL

# Preventing public misinterpretation during the transition from polycystic ovary syndrome to polyendocrine metabolic ovarian syndrome

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In a recent correspondence to The Lancet, we presented a framework for the global implementation of renaming polycystic ovary syndrome (PCOS) to polyendocrine metabolic ovarian syndrome (PMOS). [1,2] The constraints of that format limited discussion to the essential implementation steps. Here, in Placenta and Reproductive Medicine, we further consider a related but underappreciated issue: how a scientifically more accurate name may be understood, simplified, or misinterpreted by patients, clinicians, and the wider public during the transition period.

The proposal to rename PCOS as PMOS is an important attempt to align disease terminology with contemporary biological understanding.[2] By moving away from the misleading emphasis on "cysts" and foregrounding endocrine, metabolic, and ovarian dysfunction, the new term may improve scientific precision and encourage life-course management beyond reproductive symptoms alone. However, the public consequences of such a terminology change require careful attention. Medical names do not merely classify diseases, they influence how patients understand their condition, seek care, communicate with family members and employers, and navigate health systems.[3–5]

A central challenge is that the word "metabolic" may be interpreted differently by clinicians, patients, and the general public. In specialist discourse, it reflects insulin resistance, adiposity-related risk, dysglycaemia, and broader cardiometabolic vulnerability. In public communication, however, it may be reduced to "a weight problem" or "a diabetes-like condition". Such simplification could unintentionally reinforce weight-related stigma, especially among patients who already experience blame regarding lifestyle, body size, infertility, acne, hirsutism, or menstrual irregularity. [6,7] It may also marginalize lean patients, including many East Asian women, in whom reproductive-endocrine manifestations can be prominent despite less obvious metabolic disturbance.[8,9] Framing PMOS exclusively as a metabolic condition risks diminishing the perceived significance of its non-metabolic features among affected individuals, while conversely generating unwarranted distress related to the implications of a chronic systemic disease.[10]

The transition therefore requires more than replacing one acronym with another. It needs a public-facing communication strategy that explains three key messages simultaneously. First, PMOS is not a new disease, but an updated name for a known condition. Second, the new name does not mean that every affected person has obesity, diabetes, or severe metabolic disease. Third, reproductive, dermatological, psychological, and long-term metabolic dimensions all remain clinically relevant and should be assessed according to individual phenotype. These messages should be consistently embedded in patient leaflets, clinical websites, social media materials, school and adolescent health education, and primary-care training.[11]

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The experience of other disease renaming efforts suggests that a gradual transition is safer than abrupt substitution.[12] During an initial period, patient-facing materials could use "PMOS, formerly known as PCOS" or "PMOS/PCOS" to preserve continuity, reduce confusion, and allow patients to recognise that existing medical records, prescriptions, and follow-up plans still apply. Clinical encounters should include a brief explanation of the reason for the change and should explicitly reassure patients that diagnosis and care will remain phenotype-based. This is particularly important in health systems where gynaecology, endocrinology, dermatology, psychology, and primary care are separated across different departments.

Implementation should be evaluated not only by the uptake of PMOS in guidelines, coding systems, publications, and educational materials, but also by patient-centred outcomes. These should include diagnostic delay, perceived stigma, health literacy, anxiety related to the new name, continuity of care, referral burden, and understanding of reproductive and metabolic risks. Ultimately, any future administrative decision to completely obsolete the historical "PCOS" or mandate "PMOS" across all healthcare sectors must remain strictly contingent upon empirical data generated during this transition, with a demonstration of a definitive net benefit to global clinical outcomes.

Although the evolution from PCOS to PMOS represents a major step forward, the implementation strategy must be measured, evidence-based, and equitable, with responsiveness to global diversity and health system realities. This will help ensure that the change in terminology meaningfully improves awareness, diagnosis, and care worldwide, thereby translating consensus into meaningful improvements in global health.

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### *Data availability statement*
No additional data..

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