

Editorial

Polyendocrine Metabolic Ovarian Syndrome: Time to Rename and Reframe

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INTRODUCTION

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is a complex disorder effecting multiple systems. It was previously well known as a Polycystic Ovary Syndrome (PCOS), mainly linked to women's reproductive health issues targeting ovaries. Patient suffering from this syndrome generally present with symptoms such as irregular periods, excess hair growth (hirsutism), weight gain, and fertility challenges.

This disorder leads to elevated androgen hormones levels, insulin resistance, and long term chronic inflammation, disturbing the hypothalamic-pituitary ovarian axis. This complex disorder affects the body long before it has an impact on the ovaries [1-4]. This disturbance of the hypothalamic-pituitary pathway leads to significant long-term health issues raising the risk of cardiovascular disease, type 2 diabetes, and endometrial cancer [5, 6].

Most of the symptoms related to PMOS closely resemble other endocrine disorders like Cushing's syndrome or congenital adrenal hyperplasia, hence making the diagnosis more challenging and often delayed or missed [4].

In the past as PMOS was only considered related to ovarian pathology therefore management including investigations and treatment was mainly geared towards ovarian morphology and was more focused on treating menstrual irregularities, however while these issues remain relevant but tends to overshadow the complete picture of this hormonal disorder and associated metabolic changes.

Based on these facts research was conducted, and a consensus was made by experts in the field to re-classify the condition as Polyendocrine Metabolic Ovarian Syndrome to accommodate its multisystemic nature in addition to ovarian component [7, 8]. Many females presenting with this disorder are often labelled as infertile or less /difficult chances of future conception due to symptoms of PCOS like ovarian cysts, weight gain, and menstrual issues. This labelling is closely linked to social stigma [9], which markedly increases their psychological burden and contributes to the development of anxiety and depression in them.

Despite of its connection to mental health issues, integration of anxiety and depression screening and management has been missing in overall consultation [10]. Most of the women were advised lifestyle modification including weight reduction either through dietary modifications and exercise only or starting them on low dose tablet Metformin to improve weight and menstrual irregularities along with contraceptive pill as a default solution.

While these approaches do help to improve weight to a certain extent and improve other symptoms like menstrual irregularities and hirsutism etc., however, they often fall to address the long-term metabolic, inflammatory, and cardiovascular risks in management.

MOVING FORWARD

The next plan of action is to fully accept and implement re classification of PMOS as a complex disease with an underlying metabolic and endocrine pathophysiology. Clinical guidelines related to management of this disorder needs to be updated based on recent research. Primary health care providers and other allied health care professionals in addition to reproductive health issues needs to incorporate routine screen for metabolic diseases and associated complications including mental health. A holistic care should be provided where a multidisciplinary team involving endocrinologists, cardiologists, dietitians, and mental health professionals work together as a team to improve symptoms [11]. In the light of the recent use of technology; artificial intelligence and digital tools should also be integrated in the management plan for regular monitoring update regarding patients' health status [12].

The most important part of this management plan would be to educate patients about this recent update of PCOS classification to PMOS and its strong link to Diabetes and cardiovascular diseases etc. They also need to be counselled for regular screening and monitoring for these diseases and life style modifications and medications if required along with management of menstrual irregularities and conception.

CONCLUSION

In conclusion the overall management focus needs to move from reactive, symptom-based treatment approach to preventive, life-long support to strengthen and empower women across all age groups.

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CONFLICT OF INTEREST

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