Provincial Polyendocrine Metabolic Ovarian Syndrome (PMOS) (Previously Polycystic Ovarian Syndrome - PCOS) Primary Care Clinical Pathway

This pathway applies to adults and adolescents **> 3 years post menarche**

See 'Introduction' link above for details

Suspect PMOS with a patient who has any of the following symptoms:

- Clinical or Biochemical Hyperandrogenism (hirsutism, acne, and hair loss)
- Irregular or no menstrual cycles
- Suggestive pelvic ultrasound

See 'Introduction' link above for details

1. History

- Evaluate menstrual pattern (abnormal is <21 days or >35 days)
- Reproductive history and plans for pregnancy
- Hyperandrogenism
  - Hirsutism (consider ethnic variation and hair removal treatments)
  - Severe acne in youth and if acne is treatment resistant
  - Scalp hair loss
- Metabolic history:
  - Weight gain or difficulty losing weight, obesity, dyslipidemia, high blood pressure, impaired glucose tolerance and Type 2 Diabetes
- Review of prior or current medications that impact symptoms: (i.e., hormone containing contraceptive, anti-androgen and metformin)
- Family history of PMOS, hirsutism, Type 2 or gestational diabetes, Congenital Adrenal Hyperplasia

2. Physical Exam

Weight bias resource

- Height, weight, blood pressure
- Physical exam to assess for clinical hyperandrogenism and insulin resistance (skin tags and acanthosis nigricans)

3. Red Flags

- Severe and abrupt onset of hirsutism
- Signs of Cushing's (wide purple stretch marks, round face, central fat deposition with thin arms and legs)
- Virilization (unexpected deepening of voice or clitoromegaly)

Red flags present → **7. Urgent Advice or Referral.** See referral guideline tab for details

No red flags

4. Investigations

Bloodwork: Timing of testing and concurrent hormone therapy is important, see expanded details at link above.

- Prolactin
- TSH
- FSH/ LH/ Estradiol
- Lipids
- β-hCG
- Testosterone, Free, Calculated
- OGTT

If unusual or unexpected results, or difficulty in interpretation → **7. Non-Urgent Advice.** See referral guideline tab for details

Transvaginal ultrasound:
If **only one** of the following is present, complete transvaginal ultrasound in adults (if not available/appropriate complete trans abdominal pelvic ultrasound):

- Hyperandrogenism **or**
- Irregular or no menstrual cycles

5. Confirm PMOS diagnosis if other disorders ruled out and if at least two of the following are present:

- Clinical or biochemical hyperandrogenism
- Irregular or no menstrual cycles
- Polycystic ovarian morphology

If uncertain about PMOS diagnosis → **7. Non-Urgent Advice.** See referral guideline tab for details

8. Consider referral to appropriate provider(s). See referral guideline tab for details

6. PMOS Management: *Ask the patient about their perception of PMOS related symptoms, impact on quality of life, key concerns, and priorities for management*

a. For all PMOS patients offer nutrition, exercise, and lifestyle counselling:

- A balanced, healthy diet following Canada's Food Guide.
- Encourage daily physical activity.
- Encourage weight maintenance, moderate weight loss, and prevent weight gain.
- Encourage reduction or quitting of smoking and alcohol use.

b. Specific symptom management

- **Menstrual regulation (amenorrhea/oligomenorrhea)**: Consider hormonal contraceptive options, metformin, and progesterone therapy.
- **Hirsutism, acne or alopecia:** Consider hair removal options, use of combined oral contraceptive pill (COCP), antiandrogens and encourage management outlined in 6a.
- **Pre-diabetes**: Consider 6a, metformin and other insulin sensitizers.
- **Fertility**: Assess reproductive plans. Determine if referral is appropriate.
- **Weight management**: Continue and intensify 6a. Addition of anti-obesity medications can be considered.

c. Consider other associated health risks

- **Prediabetes/ Diabetes/ Hypertension/CVD risk.**
- **Metabolic dysfunction-associated fatty liver disease (MAFLD).**
- **Endometrial hyperplasia and cancer.**
- **Psychological:** Anxiety, depression, body image, and eating disorder.
- **Obstructive Sleep Apnea.**