SYMPTOMS GUIDE.

The full picture of PCOS & PMOS symptoms — from the ones every doctor checks for, to the ones nobody talks about. If you've been dismissed because your obvious symptoms weren't there, this is why.

⚠️ **Note:** Not every woman with PCOS & PMOS will experience every symptom. This condition presents differently in every person — which is exactly why so many go undiagnosed. This list is for educational and awareness purposes only, not for self-diagnosis.

📝 Placeholder document — skeleton content to be reviewed, personalised and expanded by Caitlyn Stock before publishing.

📋 THE TEXTBOOK SYMPTOMS

What doctors check for — the ones that get you diagnosed if you're lucky

- **IRREGULAR OR ABSENT PERIODS**
  Unpredictable cycles with no consistent pattern, or no period at all. The key issue is irregularity and the absence of ovulation — not cycle length. A cycle in the 31–37 day range with confirmed ovulation is a healthy cycle. Fewer than 9 periods a year, or cycles that vary wildly in length, are the real concern.
- **POLYCYSTIC OVARIES ON ULTRASOUND**
  Multiple small follicles visible on the ovaries. Critically — you can have PCOS & PMOS without cysts, and cysts alone do not confirm the diagnosis.
- **ELEVATED ANDROGENS (HIGH TESTOSTERONE)**
  Shown in blood tests as high free or total testosterone, or DHEAS. Drives many other symptoms including acne, hair loss and excess hair growth.
- **HIRSUTISM — EXCESS HAIR GROWTH**
  Unwanted hair on the face, chest, back, abdomen, or inner thighs. Caused by elevated androgens stimulating hair follicles.
- **HORMONAL ACNE**
  Typically around the jawline, chin and neck. Often cystic, deep and painful. Linked to elevated androgens and insulin resistance.
- **SCALP HAIR THINNING OR LOSS**
  Male-pattern hair loss in women — thinning at the crown or temples. Caused by high androgens converting to DHT which shrinks hair follicles.
- **WEIGHT GAIN OR DIFFICULTY LOSING WEIGHT**
  Particularly around the abdomen. Driven by insulin resistance and hormonal imbalance — but critically, not present in all PCOS & PMOS cases.
- **INFERTILITY OR DIFFICULTY CONCEIVING**
  PCOS & PMOS is one of the leading causes of female infertility, caused by irregular or absent ovulation. Many women conceive naturally with lifestyle changes.

🔍 THE HIDDEN SYMPTOMS

The ones nobody tells you about — but thousands of women experience

- **EXCESSIVE SWEATING & BODY ODOUR** NICHE
  High androgens activate apocrine sweat glands in the armpits and groin, increasing sweat production and changing its composition. Insulin resistance further disrupts the body's temperature regulation. Many women notice stronger, more pungent body odour — completely connected to hormones, rarely discussed.
- **NIGHT SWEATS** NICHE
  Hormonal fluctuations — particularly oestrogen and progesterone imbalances — disrupt the body's temperature regulation during sleep. Often mistaken for perimenopause.
- **ACANTHOSIS NIGRICANS — DARK SKIN PATCHES** NICHE
  Velvety, darkened patches of skin around the neck, armpits, groin or inner thighs. A direct sign of insulin resistance — excess insulin stimulates skin cell growth. Often completely missed as a PCOS symptom.
- **SKIN TAGS** NICHE
  Small growths of excess skin in skin folds — neck, armpits, groin. Caused by excess insulin stimulating skin cell growth. Common in the general population but significantly more common in insulin-resistant PCOS & PMOS.
- **SLEEP APNOEA & POOR SLEEP QUALITY**
  Up to 10x more likely in women with PCOS & PMOS than those without. Elevated androgens and insulin resistance disrupt breathing during sleep. Poor sleep then worsens insulin resistance — a vicious cycle.
- **CHRONIC FATIGUE**
  Not ordinary tiredness — a persistent, heavy exhaustion that doesn't resolve with sleep. Driven by insulin resistance preventing cells from using glucose efficiently, leaving the body energy-depleted at a cellular level.
- **OILY SKIN**
  Elevated androgens stimulate sebaceous glands to produce excess sebum. Often occurs alongside hormonal acne but can present without it.
- **BLOATING & DIGESTIVE ISSUES** NICHE
  PCOS & PMOS is linked to gut microbiome dysbiosis and low-grade inflammation — both of which disrupt digestion. Bloating, IBS-like symptoms and food sensitivities are commonly reported but rarely connected to the condition.
- **DECREASED LIBIDO** NICHE
  Despite elevated androgens (which typically increase libido), hormonal imbalance, fatigue, and low mood in PCOS & PMOS frequently result in reduced sex drive. Rarely discussed in clinical settings.
- **PELVIC PAIN**
  Cramping and pelvic discomfort outside of periods, or significantly worsened period pain. Related to inflammation and hormonal fluctuations rather than the cycle itself.
- **HEADACHES & MIGRAINES** NICHE
  Hormonal fluctuations — particularly oestrogen drops — trigger headaches and migraines. Often cyclical and dismissed as unrelated to PCOS & PMOS.
- **JOINT PAIN & INFLAMMATION** NICHE
  Chronic low-grade inflammation — a hallmark of PCOS & PMOS — manifests as joint aches and general body pain. Frequently goes uninvestigated as a hormonal symptom.

🌙 LEAN PCOS & PMOS SPECIFICALLY

"The ones that get missed because you don't fit the "typical" picture

- **INSULIN RESISTANCE WITHOUT WEIGHT GAIN** KEY
  Up to 70% of women with PCOS & PMOS have insulin resistance — including lean women. Standard NHS blood tests frequently miss it. Private fasting insulin and HOMA-IR testing gives a much clearer picture.
- **NORMAL WEIGHT WITH ALL OTHER SYMPTOMS** KEY
  The most common reason lean PCOS & PMOS is dismissed. "You're not overweight so it can't be that bad." It can. Weight is not a measure of hormonal health.
- **ELEVATED LH:FSH RATIO** KEY
  A higher ratio of LH to FSH is a key marker of PCOS & PMOS that disrupts ovulation. Often present in lean PCOS where other markers look normal — rarely tested on the NHS.
- **BLOOD SUGAR CRASHES & CRAVINGS** NICHE
  Despite being lean, insulin resistance causes blood sugar dysregulation — intense sugar cravings, energy crashes after eating, shakiness when meals are delayed. Dismissed because "you don't look insulin resistant."
- **CORTISOL DYSREGULATION** KEY
  Particularly prominent in lean PCOS & PMOS. The HPA axis (stress response system) is dysregulated, leading to elevated cortisol which directly suppresses ovulation. Stress has a disproportionate impact on cycles compared to women without the condition.

🧠 MENTAL HEALTH & MOOD

The emotional load of a condition the system doesn't understand

- **ANXIETY**
  Significantly higher rates of anxiety in PCOS & PMOS — driven by hormonal imbalance, cortisol dysregulation, blood sugar swings, and the emotional toll of being dismissed by healthcare.
- **DEPRESSION & LOW MOOD**
  Directly linked to hormonal imbalance affecting neurotransmitter production. Not just circumstantial — a biochemical symptom of the condition itself.
- **BRAIN FOG** NICHE
  Difficulty concentrating, poor memory, mental sluggishness. Linked to insulin resistance, inflammation, and hormonal fluctuations affecting brain function. Often dismissed as stress or poor sleep.
- **MOOD SWINGS**
  Disproportionate emotional responses driven by hormonal imbalance — particularly low progesterone and fluctuating oestrogen. Frequently dismissed as personality traits rather than symptoms.
- **ADHD-LIKE SYMPTOMS** NICHE
  Emerging research links PCOS & PMOS to higher rates of ADHD diagnosis. Hormonal fluctuations — particularly oestrogen — directly affect dopamine and attention regulation. Many women are diagnosed with ADHD before their PCOS & PMOS is identified.