SAMPLE PREVIEW

PCOS is now *PMOS*. The nutrition has been ready since 2023.

Insulin sensitivity, inflammation & Mediterranean-style eating, aligned to the 2026 Lancet rename.
Built on Lancet 2026 rename · Teede 2023 Guideline · ESHRE · ASRM · ESE.

Inside this preview: the Clinical Guide cover, contents page and a chapter sample, the Patient Handout Pack cover and 2 handout samples, and a complete contents map of the full bundle.

→

SWIPE TO EXPLORE

VOL. Nº 19

Volume
Nº 19

ENDOCRINE CATALOG
EDITION · 2026.06

A CLINICAL GUIDE · PMOS, PREVIOUSLY PCOS

The *PMOS* Nutrition Handbook

previously PCOS · updated for the 2026 Lancet rename

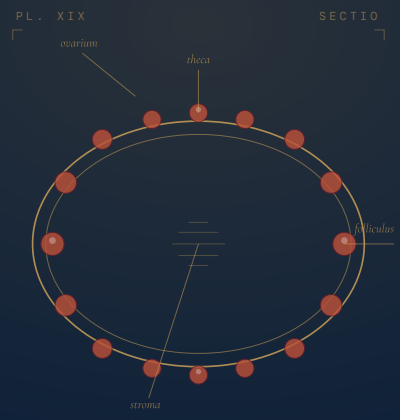

Fig. xix · Ovarium polycysticum — sectio

ANDROGENISM · INSULIN RESISTANCE · ANOVUL

The Dietitian's Vault

FIRST EDITION
2026

Contents

RED FLAG

Do not request fasting insulin or HOMA-IR. The 2023 Guideline recommends against it, twice. In its own words: *"Insulin resistance is a pathophysiological factor in PCOS; however, clinically available insulin assays are of limited clinical relevance and are not recommended in routine care."*[1] The reason is practical rather than theoretical. Commercial insulin assays are not standardised against each other, so there are no transferable cut-offs; a "high" result at one lab is not the same number at another. HOMA-IR is calculated *from* fasting insulin, so it inherits the same problem. And crucially, **the result does not change what you do**: the nutrition plan for a PMOS patient with a HOMA-IR of 3.4 is the same as for one with 2.1. It is a number that costs the patient money and tells you nothing you will act on.

Assess glycaemic status instead. The guideline says glycaemic status "should be assessed at diagnosis in all adults and adolescents with PCOS" and "reassessed every 1–3 years, based on additional individual risk factors for diabetes."[1] OGTT is the most sensitive option in PMOS; fasting glucose alone misses a substantial share of impaired glucose tolerance. HbA1c is an acceptable alternative where an OGTT is impractical. If your patient hasn't had one, request it through the GP or endocrinologist.

What to say when a patient asks for an insulin test: "It sounds like a test that would tell us something useful, and I understand why you want it. The problem is the labs measure insulin differently from each other, so there's no reliable number to compare yours against, and whatever it came back as, the plan wouldn't change. The test that does change things is a glucose tolerance test, and that one is worth asking your doctor for."

Dietary Strategies for Insulin Resistance

STRATEGY	HOW IT HELPS	PRACTICAL IMPLEMENTATION
Reduce glycaemic load	Lower insulin spikes after meals. Less insulin = less androgen stimulation.	Choose low-GI carbs (legumes, oats, barley, whole fruit). Reduce refined carbs (white bread, white rice, sugary drinks, pastries). Control portion sizes of all carbs.
Distribute carbs evenly	Prevents large insulin spikes from concentrated carb loads.	Spread carbs across 3 meals + 1–2 snacks. Avoid loading carbs at dinner.
Pair carbs with protein & fat	Slows glucose absorption. Blunts insulin response.	Never eat carbs alone. Always combine: rice + chicken + olive oil. Toast + egg + avocado. Fruit + yoghurt + nuts.
Increase fibre	Slows gastric emptying + glucose absorption. Feeds gut bacteria (microbiome–insulin axis).	Target ≥25–30 g/day. Legumes, vegetables, whole grains, psyllium, chia, flaxseed.
Eliminate sugary drinks	Removes the largest single source of fast-acting sugar in most diets.	No soft drinks, fruit juice, energy drinks, sweetened tea/coffee, smoothie bar drinks. Water, herbal tea, black coffee.
Include vinegar	Acetic acid reduces post-prandial glucose by 20–30%. Modest but evidence-based.[13]	1–2 Tbsp apple cider vinegar or balsamic vinegar before or with meals. Dilute in water or use as salad dressing.

VOL. Nº 19

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PATIENT HANDOUT PACK · PMOS, PREVIOUSLY PCOS

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PL. XIX-P EQUILIBRIUM

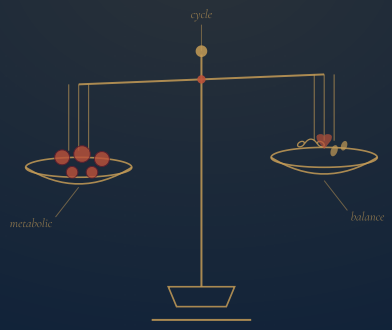

Fig. xix-p · Finding your balance
NOURISH · MOVE · BALANCE

The Dietitian's Vault

FIRST EDITION
2026

BASICS

Understanding Your PMOS

What's happening in your body and how food can help

Polyendocrine metabolic ovarian syndrome (PMOS) is a hormonal condition that affects about 1 in 8 women. You may know it as **polycystic ovary syndrome (PCOS)**. The name was changed in 2026, and here is why it matters to you: the old name pointed at "cysts" on the ovaries, but those are not really cysts and they are not what drives the condition. The new name describes what is actually going on. **Poly-endocrine** means several hormones are involved, including insulin and androgens. **Metabolic** means it affects how your body handles blood sugar, and it raises your long-term risk of diabetes and heart disease. **Ovarian** means it can affect ovulation and fertility. You will see both names for a few years while everyone catches up. They mean the same condition.

What's Happening Inside

- **Your cells stop responding well to insulin** (the hormone that controls blood sugar), so your body makes more and more of it to compensate. This is called **insulin resistance**, and it is one of the main things driving PMOS. It is not the whole story: androgens and brain-hormone signals are involved too, which is what "poly-endocrine" in the new name refers to.
- **Too much insulin tells your ovaries** to produce excess male hormones (androgens like testosterone).
- **Excess androgens cause:** acne, unwanted hair growth, hair thinning, irregular periods, and difficulty getting pregnant.
- **Insulin resistance also makes weight management harder** — your body preferentially stores fat, especially around the middle.

The Good News

Diet and lifestyle are the most powerful tools you have. The right eating pattern can:

- Improve your insulin sensitivity (reduce the root cause)
- Lower androgen levels (reducing acne, hair growth, hair thinning)
- Restore regular periods and ovulation
- Help with weight management
- Reduce your long-term risk of diabetes and heart disease
- Improve your mood and energy

> KEY MESSAGE
>
> **PMOS is manageable.** You may not be able to "cure" it, but with the right nutrition, exercise, and support, you can significantly reduce symptoms and protect your long-term health. Your dietitian is your guide.

> NOTES FROM YOUR DIETITIAN

INFLAMMATION

Anti-Inflammatory Foods to Add to Your Diet

Calming inflammation from the inside out

PMOS involves chronic low-grade inflammation — your body is in a constant state of mild immune activation. This inflammation worsens insulin resistance, drives androgen production, and affects your mood. The good news: **food is one of the most powerful anti-inflammatory tools available.**

Top Anti-Inflammatory Foods for PMOS

FOOD	WHY IT HELPS	HOW TO INCLUDE
Oily fish (salmon, sardines, mackerel)	Rich in omega-3 (EPA + DHA) — the most potent dietary anti-inflammatory	2–3 times per week. Baked, grilled, or tinned.
Extra-virgin olive oil	Contains oleocanthal, a natural compound that works through the same anti-inflammatory pathway as ibuprofen (though dietary amounts are far smaller than a medicine dose)	Use as your primary cooking oil. Drizzle on vegetables, salads, toast.
Berries	Anthocyanins — among the most powerful antioxidants in food	Daily. On yoghurt, in smoothies, as snacks. Frozen berries are just as good.
Leafy greens	Folate, magnesium, polyphenols — reduce inflammatory markers	Spinach, kale, rocket (arugula) in salads, smoothies, stir-fries, soups.
Nuts (especially walnuts)	Omega-3 (ALA), polyphenols, fibre	Small handful daily. In breakfast, as snacks, in salads.
Turmeric	Curcumin — one of nature's strongest anti-inflammatory compounds	Add to curries, soups, smoothies, golden milk. Add black pepper, which helps your body absorb the curcumin in turmeric.
Green tea	EGCG catechins — anti-inflammatory AND anti-androgenic	1–3 cups daily. Replace soft drinks and sugary coffee.
Legumes	Fibre + resistant starch feed anti-inflammatory gut bacteria	½ cup 4–5 times per week in meals.

END OF SAMPLE

VOL. Nº 19 · FIRST EDITION · 2026.05

A CLINICAL REFERENCE FOR DIETITIANS

The *PMOS* Nutrition Handbook

You have just previewed 6 pages. Below is what's in the full bundle.

PART ONE

Clinical Guide

13 CHAPTERS · 51 PP

- Understanding PMOS, the 2026 rename in context
- Insulin sensitivity: the central driver
- Dietary patterns & macronutrients
- Anti-inflammatory nutrition
- Supplements: what the evidence supports, and what it doesn't
- Weight management · the lean PMOS phenotype
- Fertility, pre-conception & GLP-1/tirzepatide counselling
- Long-term health, documentation & case studies

PART TWO

Patient Handout Pack

16 PRINT-READY HANDOUTS

- Understanding your PMOS (the rename, in plain language)
- Insulin sensitivity & your blood sugar
- The PMOS-friendly plate · anti-inflammatory foods
- An honest supplement guide
- Smart carb swaps · exercise for PMOS
- Weight & PMOS (weight-inclusive) · fertility prep
- Mood & food · myths vs facts
- 7-day meal plan & shopping list
- Cycle/symptom tracker · diary · long-term health

PART THREE

Recipe Collection

43 PMOS-FRIENDLY RECIPES

- Low-GI breakfasts
- Mediterranean lunches
- Anti-inflammatory dinners
- Hormone-friendly snacks
- Omega-3 rich recipes · low-GI treats

Updated for the 2026 Lancet PCOS-to-PMOS rename consensus.

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