

FREE HEALTH GUIDE 04

PCOS: know what to check, and why.

Your PCOS conversation should include more than your periods.

PCOS is also now called polyendocrine metabolic ovarian syndrome (PMOS). Keep a plan for your symptoms and longer-term health, rather than ordering every hormone test every year.

Diagnosis and ongoing monitoring are different conversations. Tell your clinician about your cycle, acne, excess hair growth, scalp thinning, medicines and pregnancy plans.

Blood tests to discuss

Tests are chosen for your symptoms and history. This is a discussion guide, not a request for every test.

Test	Why it may help
Blood glucose assessment	Check at diagnosis and generally every 1-3 years, according to diabetes risk. A 75 g oral glucose tolerance test is most accurate; HbA1c and/or fasting glucose are alternatives when it cannot be done, but can miss cases.
Lipid profile	Checks cholesterol and triglycerides at diagnosis. Repeat timing depends on results and cardiovascular risk. It does not diagnose insulin resistance.
Hormone tests for diagnosis	Testosterone and SHBG may help assess androgen excess. Thyroid, prolactin or other tests may be needed to exclude alternative causes, depending on the presentation.
B12 if taking metformin	Test with suggestive symptoms; periodic monitoring may be appropriate with risk factors. There is no single testing interval for everyone.
Symptom-led additional tests	FBC/ferritin for heavy bleeding, fatigue or hair loss; folate, vitamin D, kidney or liver tests if clinically indicated. These are not all routine PCOS tests.

Keep this guide for your next GP appointment. Ask for a copy of your results and a clear follow-up plan.

Your next steps

Check more than bloods

Discuss blood pressure (annually), periods, sleep and emotional wellbeing.

Discuss pregnancy plans early

Ask about an oral glucose tolerance test before conception or fertility treatment.

Make a cycle plan

If long gaps between periods are not explained by hormonal treatment, pregnancy or breastfeeding, contact your GP. Discuss protection of the womb lining. Some hormonal treatments protect it without regular bleeding.

Know what is not routine

Fasting insulin tests are not recommended for routine PCOS care. LH:FSH ratio is not a stand-alone diagnostic test. A normal ultrasound alone does not exclude PCOS.

Ask for a personalised review plan. The 2023 international guideline gives risk-based testing intervals; this guide does not present draft NICE recommendations as final guidance.

Questions for your appointment

1. When is my next glucose and cholesterol check?
2. Do I need B12 monitoring on metformin?
3. Is my womb lining protected?
4. Which symptoms need treatment or further investigation?

When to get help

Rapidly developing excess hair growth, voice deepening or other marked new hormone-related changes need prompt assessment, rather than being assumed to be PCOS.

Sources and further reading

2023 International PCOS guideline: recommendations

NHS: PMOS (formerly PCOS)

MHRA: metformin and vitamin B12

Primary Care Dermatology Society: hyperandrogenism

Adapted from Doctor Barbara's educational content with source-based updates. General information for adults, not personalised advice. Pregnancy and children's care need tailored advice. This guide cannot diagnose you or replace your healthcare professional.