



Pakistan Endocrine Society

Newsletter

www.pakendosociety.org

July to September 2026



24th ANNUAL CONFERENCE **PESCON 2026**

Promoting Excellence in Endocrine Care



OCT 9-11, 2026



SERENA HOTEL, ISLAMABAD



President's Desk



Dr. Ali Asghar

Polyendocrine Metabolic Ovarian Syndrome (PMOS) A New Name, A Renewed Commitment!

Dear Colleagues,

Welcome to this edition of the PES quarterly newsletter. It is a privilege to address you at a moment of genuine transformation in endocrinology, and to share how our Society is rising to meet it.

A historic milestone in endocrine nomenclature

In May 2026, following a multistep global consensus process published in *The Lancet*, polycystic ovary syndrome (PCOS) was formally renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS). The decision was the culmination of fourteen years of international collaboration involving more than fifty patient and professional organizations, including the Endocrine Society, and more than 22,000 survey responses from people living with the condition.

The reasoning behind the change is compelling. PMOS affects one in eight women, more than 170 million worldwide. Yet the old name reduced a complex, lifelong endocrine and metabolic disorder to a single, frequently misunderstood feature: ovarian "cysts". That misnomer fuelled diagnostic delay, under-recognition and stigma, and it steered attention

away from the metabolic, hormonal and mental-health dimensions that shape long-term outcomes.

The new name leads with what the condition genuinely is, polyendocrine and metabolic, while retaining the ovary in its rightful place. For clinicians, it is a mandate to think beyond the pelvis: to screen for insulin resistance, dyslipidemia, hypertension and cardio-metabolic risk; to recognize the psychological burden; and to treat PMOS as the chronic, multisystem disorder it is.

For our country, this milestone carries particular weight: with one of the largest population of affected women anywhere in the world, adopting PMOS is not a matter of fashion but of public health. The Society will continue to press for earlier detection, better access to care and greater public understanding.

Translating a name into awareness

A new name only matters if people know it and use it. This year, the Pakistan Endocrine Society launched an ambitious PMOS Awareness Campaign designed to reach every level of our community. The campaign delivered continuing medical education for healthcare profes-

sionals; short social media videos; live social media programs; podcasts; and radio and television appearances, extending our message far beyond the clinic. Equally important, we took PMOS into schools and colleges, engaging young people, the very group in whom early recognition can change a lifetime trajectory.

The PMOS Wellness Social Media Reel Competition deserves special mention. The response was phenomenal: creative, energetic and scientifically grounded content produced by students, trainees and young professionals, turning a complex endocrine message into something shareable and memorable.

None of this would have been possible without the dedication of the PES PMOS Awareness Campaign team. My sincere gratitude to the campaign Directors, Dr Amena Moazzam and Dr Saba Hafeez, for their vision and tireless leadership; to our Patrons, Dr Aisha Sheikh, Dr Abbas Raza and Dr Ibrar Ahmed, for their guidance and steadfast support; and to every member of the team whose countless hours turned this vision into reality.

PES-CON 2026: Promoting excellence in endocrine care

I warmly welcome you to the 24th Annual Conference of the Pakistan Endocrine Society, PES-CON 2026, in the beautiful city of Islamabad, Pakistan. Our theme this year, "Promoting Excellence in Endocrine Care", captures precisely what this Society stands for.

PES-CON 2026 brings together distinguished international faculty from the United States, the United Kingdom, Germany, Turkey, Qatar, Ireland, the United Arab Emirates, Nepal and Sri Lanka, alongside our esteemed national faculty. We are proud to host this meeting in collaboration with the International Society of Endocrinology (ISE), the Society for Endocrinology, United Kingdom (SfE), and the South Asian Federation of Endocrine Societies (SAFES). The scientific program offers state-of-

the-art updates, interactive sessions and abundant opportunity for mentorship and exchange.

A warm welcome to our guests

To our international and national faculty and to every delegate who has travelled to join us: on behalf of the Pakistan Endocrine Society, I extend a most heartfelt welcome. Ahlan wa sahlan, khush amdeed, welcome to Pakistan! It is your participation that makes PES-CON 2026 a truly global meeting.

We hope your stay in Islamabad is comfortable and memorable, and that you find time to enjoy the warmth of our hospitality and the richness of our culture and cuisine. May the friendships formed here endure long after the conference closes.

Looking ahead

The renaming of PCOS to PMOS is a rare privilege: the chance to redefine a condition for a generation. Let us use it well, in our clinics, in our classrooms, in our communities and on our screens. Let us ensure that every woman in Pakistan who lives with PMOS is recognized early, understood fully and treated with excellence.

I wish you all an enriching and successful conference, and a truly pleasant stay in Islamabad. I look forward to meeting each of you.

Editor's Desk



Dr. Saima Askari

*September was about taking PMOS & endocrinology beyond the clinic.
October is about bringing the endocrine community together*

Dear readers,

Assalam o Alaikum

The Pakistan Endocrine Society has taken an important step forward with the nationwide PMOS awareness activities launched across Pakistan in September, highlighting the endocrine, metabolic, reproductive and dermatological dimensions of Polyendocrine Metabolic Ovarian Syndrome. It has been encouraging to see colleagues across the country come together to create awareness, share knowledge and bring this important conversation closer to our patients and communities.

And now, as we move into October, we look forward to PESCON 2026—three days of science, learning, discussion and collaboration. With an exciting scientific programme, distinguished national and international faculty, interactive sessions, debates, workshops and opportunities for research and academic exchange, PESCON promises to be another important milestone for our endocrine community.

From awareness across the country to advancing knowledge at PESCON, these initiatives reflect the spirit of PES: connecting, collaborating and continuously moving endocrinology forward.

We look forward to welcoming you all to Islamabad.

MESSAGE

Chair Scientific Committee



Dr. Faisal Masood Qureshi

It gives me immense pleasure to welcome you to the 24th Annual Pakistan Endocrine Society Conference (PESCON 2026), to be held from 9–11 October 2026 at Serena Hotel, Islamabad.

This year, we have curated an exciting and diverse scientific programme bringing together an outstanding faculty of national and international experts** from across the globe. The programme covers contemporary and clinically relevant advances in diabetes, obesity, reproductive endocrinology, thyroid, adrenal and metabolic disorders, with dedicated sessions addressing emerging evidence, updated guidelines and practical approaches to patient care.

We are particularly pleased to feature scientific collaborations with leading international and regional endocrine organizations, including AACE, SAFES, SFE and SOF, alongside a strong international faculty representing the UK, USA, Qatar, UAE, Germany, Turkey, Ireland, Sri Lanka and Nepal.

With engaging lectures, interactive discussions, great debates, research presentations and hands-on workshops, PESCON 2026 promises an enriching platform for learning, exchange of ideas and professional collaboration.

I look forward to welcoming you all to Islamabad for three stimulating days of science, discussion and fellowship.

MESSAGE

Chair Organizing Committee



Dr. Umar Yousaf Raja

It gives me great pleasure to welcome you all at 24th Annual Pakistan Endocrine Society Conference 2026 to be held at Serena Hotel Islamabad from 9th -11th October,2026. I am delighted that we have been able to put an excellent scientific agenda for this year PES annual conference.

We have a galaxy of International and national speakers presenting on diverse range of endocrine and diabetes disorders including acromegaly, androgen excess diagnostic work up in females, management of male and female hypogonadism, updated thyroid guidelines as well as state of art lecture on diabetes prevention and obesity management.

I will be looking forward for an interactive and thought provoking talks and debate in this year PES annual conference to be held at Serena Hotel Islamabad.



24th ANNUAL CONFERENCE PESCON 2026

Promoting Excellence in Endocrine Care



OCT 9-11, 2026 SERENA HOTEL, ISLAMABAD

SCIENTIFIC PROGRAM

Conference Day 1: Friday 9 October 2026

TIME	TOPIC	SPEAKER
6:15 - 6:45 pm	Industry Symposium (Novo Nordisk) Moderator: Dr Zunera Mir Chairs: Prof. Najmul Islam, Dr Asma Ahmed, Dr Muslim Atiq	
6:15 - 6:40 pm	Talk: Quality weight loss with original Semaglutide	Prof. Abdul Jabbar (U.A.E.)
6:40 - 6:45 pm	Q/A & Chair Comments	
6:45 - 7:00 pm	Guests to be seated	
7:00 - 7:30 pm	Inauguration: Moderator- Dr Hafiza Ammarah Sadiq	
7:00 - 7:05 pm	■ Tilawat	
7:05 - 7:10 pm	■ National Anthem	
7:10-7:25 pm	■ Address by Dr Ali Asghar, President, Pakistan Endocrine Society	
7:25-7:30 pm	■ Address by Dr Richard Quinton, Society for Endocrinology	
7:30-8:45 pm	Scientific Session 1 Moderator: Dr Hafiza Ammarah Sadiq Chairs: Prof. Mohammad Umar, Prof. Qamar Masood, Prof. Khurshid A. Khan	
7:30-7:50 pm	Talk 1: What is new in MASLD	Prof. Ali Karamat (UK)
7:50-8:10 pm	Talk 2: Unravelling the complexity of Type 2 Diabetes; similarities and differences of cluster analysis in a Pakistani cohort	Prof. Emerita Tasnim Ahsan
8:10-8:30 pm	Talk 3: Practical considerations in the management of Acromegaly	Dr John Ayuk (UK)
8:30-8:45 pm	Q & A and Chair comments	
8:45-9:15 pm	Industry Symposium (Ferozsons) Moderator: Dr Sarwat Anjum Chairs: Prof. Saleem Qureshi, Prof. Saeed A. Mahar, Prof. Muti Ullah	Prof. A. H. Aamir
8:45-9:10 pm	Talk: REWARD Study: Real-world effectiveness and safety of Human Insulin in Pakistani patients with Diabetes	
9:10-9:15 pm	Q/A & Chair Comments	
9:15-9:30 pm	Naeem ul Haque Excellence Award	
9:30 pm	Industry Exhibition followed by DINNER	

Conference Day 2: Saturday 10 October 2026

8:00 - 8:45 am	Industry Symposium and Breakfast (Sami) Moderator: Dr Zunera Jahanzeb Chairs: Prof. Musarrat Riaz, Dr M. Sohail Anjum, Dr Mujtaba Hassan		
8:05 - 8:35 am	Talk: Switching Smart: Advancing Diabetes Care with Quality, Confidence & Innovation		Prof. Rayaz A. Malik (Qatar)
8:35 - 8:45 am	Q/A & Chair Comments		
8:45 - 8:55 am	Guests to be seated		
8:55 - 9:00 am	Tilawat		
9:00-10:30 am	Scientific Session 2: Reproductive Endocrinology (In Collaboration with AACE) Moderator: Dr Shaista Kanwal Chairs: Prof. Zaman Shaikh, Prof. Khalid Usman, Prof. Khadija Irfan		
9:00-9:25 am	Talk 1: Testosterone Replacement Therapy: Dos and Don'ts		Dr Richard Quinton (UK)
9:25-9:50 am	Talk 2: Management considerations in female hypogonadism		Dr Yaasir Hossen Mamoojee (UK)
9:50-10:15 am	Talk 3: Practical approach to the evaluation of androgen excess in women		Dr Yasir Elhassan (U.A.E.)
10:15-10:30 am	Q/A & Chair Comments		
10:30-10:40 am	Tea (Macter)	EndoLectual	Poster Competition (Tabros)
10:40-11:15 am	State-of-the art Lecture: Moderator: Dr Sidrah Lodhi Chairs: Prof. A. H. Aamir, Prof. Fawad Ahmad Randhawa, Dr Sarwar Malik		
10:40-11:10 am	Talk: EASO frameworks for definition and pharmacotherapy of Obesity		Prof. Volkan D. Yumuk (Turkey)
11:10-11:15 am	Q/A & Chair Comments		
11:15-12:00 Noon	State-of-the art Lecture: Moderator: Dr Muhammad Saleem Chair: Dr S. Abbas Raza, Dr Ali Asghar, Dr Ibrar Ahmed		
11:20-11:50 am	Talk: IDF (International Diabetes Federation) and Global Diabetes Prevention		Prof. Peter Schwarz (Germany)
11:50-12:00 pm	Q/A & Chair Comments		
	Scientific Session 3: Diabetes and Cardiometabolic Disorders Moderator: Dr Sardar Ali Khan Chairs: Prof. Jamal Zafar, Dr Aisha Sheikh, Dr Naeem Khan		
12:00-12:25 pm	Talk 1: The evolving landscape of pre diabetes and diabetes prevention		Prof. Saeed A. Mahar
12:25-12:50 pm	Talk 2: Diabetes care in young adults		Dr Aisha Saqib (UK)
12:50-01:15 pm	Talk 3: Cardiometabolic report card beyond guidelines towards implementations CARDNIP Trial		Dr S. Abbas Raza
01:15-01:30 pm	Q/A & Chair Comments		
01:30-2:00 pm	Industry Symposium (Nabiqasim) Moderator: Dr Saima Zeb Chair: Prof. A. H. Aamir, Prof. Emerita Tasnim Ahsan, Dr Shajee Siddique		
01:30-01:55 pm	Talk: Tirzepatide from glycemic control to metabolic benefits		Prof. Ali Karamat (UK)
01:55-2:00 pm	Q/A & Chair Comments		
2:00- 02:45 pm	LUNCH & PRAYER BREAK		
02:45-4:00 pm	Scientific Session 4: Thyroid Guidelines Moderator: Dr Amina Umer Chairs: Prof. Sobia Sabir Ali, Dr Sadia Salman, Dr Hussain Afridi		Scientific Session 5: Mixed Bag (Parallel Session) Moderator: Dr Asim Munir Alvi Chairs: Prof. Rauf A. Niazi, Dr Amena Moazzam, Prof. Arshad Hussain
02:45-3:05 pm	Talk 1: Thyroid Disease in Pregnancy: Guideline Updates & Practical Management	Prof. Khurshid A. Khan	SGLT2i: When to use and when to hold; from cardiologist perspective
03:05-03:25 pm	Talk 2: Thyroid Nodules: Guideline-Based Evaluation & Management	Prof. Abdul Jabbar (UAE)	How to approach secondary causes of Osteoporosis
03:25-03:45 pm	Talk 3: Thyroid Cancer Management in 2026: Key changes in new ATA guidelines	Prof. Najmul Islam	Update on Workup and Management of Cranial AVP Deficiency
03:45-04:00 pm	Q/A & Chair Comments		Q/A & Chair Comments
TIME	TOPIC		SPEAKER
4:00 - 4:30 pm	Industry Symposium (Roche) Moderator: Dr Abdul Aziz Chairs: Prof. Najmul Islam, Dr Fehmeda F. Khan, Dr Zakir Alavi		
4:00 - 4:20 pm	Talk: Beyond Glycemia: Leveraging NT-pro BNP for Early Heart Failure Detection in T2DM		Dr Aisha Sheikh
4:20 - 4:30 pm	Q/A & Chair Comments		
4:30-5:00 pm	Industry Symposium (CCL) Moderator: Dr Rimsha Azhar Chairs: Prof. A.H. Aamir, Prof. Abdul Jabbar (U.A.E.), Prof Aziz ur Rehman		
04:30-04:50 pm	Talk: Beyond Injections: Orforglipron and the Future of Cardiometabolic Care		Prof. Jaweed Akhter (USA)
04:50-05:00 pm	Q/A & Chair Comments		
05:00 pm	Tea		
7:00- 8:00 pm	PES Executive Members Meeting		
8:30 - 9:30 pm	PES Executive / Scientific Executive Members and Faculty Dinner Hosted by Macter (Movenpick Hotel)		

Conference Day 3: Sunday 11 October 2026

8:00 - 8:45 am	Industry Symposium and Breakfast (Hilton) Moderator: Dr Mehwish Iftikhar Chairs: Prof. Khurshid A. Khan, Dr Aisha Sheikh, Dr Fahim Ullah	Endolympics Final (Parallel Session) (CCL) Moderator: Dr Nazish Fatima Chairs: Prof. Uzma Malik, Dr Suresh Kumar, Dr Yaqoob Khan, Dr Sumerah Jabeen
8:05 - 8:35 am	Talk: Beyond the Scale: A Grand Debate on Obesity and Metabolic Health	Prof. Rayaz A. Malik (Qatar) & Dr S. Abbas Raza
8:35 - 8:45 am	Q/A & Chair Comments	
8:45 - 8:55 am	Guests to be Seated	
8:55 - 9:00 am	Tilawat	
9:00 - 10:00 am	Oral Paper Presentations Moderator: Dr Uzair Abdul Rauf Judges: Prof. Akhtar Sherin, Dr Sardar Shoaib Khan, Dr Owais Rashid, Dr Urooj Lal Rehman	Endo Grant Parallel Session
10:00-11:00 am	Scientific Session 6: Regional Collaborations: SAFES & SOF Moderator: Dr Suleman Elahi Malik Chairs: Prof. A.H. Aamir, Dr Fatima Zahra, Dr Uneeba Syed	In Collaboration with South Asian Federation of Endocrine Societies & South Asian Obesity Forum
10:00-10:20 am	Talk 1: What's new in PMOS	Dr Dina Shrestha (Nepal)
10:20 -10:40 am	Talk 2: Parathyroidectomy challenges: A systematic practical approach	Dr Manilka Sumanatilleke (Sri Lanka)
10:40-10:55 am	Talk 3: From Inequality to Equality: Reimaging Diabetes Care in Pakistan	Dr Ibrar Ahmed
10:55 -11:00 am	Q/A & Chair Comments	
	Industry Symposium (Getz) Moderator: Dr Aimen Malik Chairs: Prof. Khurshid A. Khan, Prof. Saeed A. Mahar, Dr S. Abbas Raza	
11:00-11:25 am	Talk: The cruel paradox: Highest Metabolic Disease, Lowest Affordability	Dr Nauman Niaz
11:25-11:30 am	Q/A & Chair Comments	
11:30-11:45 am	Tea (Getz)	
11:45-01:00 pm	Scientific Session 7: Adrenal Moderator: Dr Kalim Badini Chairs: Dr Ahmad Imran Siddiqi, Dr Tahir Ghaffar, Dr Usman Musharraf	
11:45-12:05 pm	Talk 1: 21-Hydroxylase Deficiency: A Practical Update for the Practicing Endocrinologist	Dr Shahid Ahmad
12:05-12:25 pm	Talk 2: How about Pheochromocytoma: fight or flight gone wrong	Dr Hamish Courtney (Ireland)
12:25-12:45 pm	Talk 3: Adrenocortical Carcinoma - Pakistani Perspective	Dr Waqas Shafiq
12:45-01:00 pm	Q/A & Chair Comments	
01:00-01:45 pm	Great Debate on: Vitamin D Moderator: Dr Mehwish Saeed Chairs: Prof. Yakoob Ahmedani, Dr Zakir Alavi, Dr Hafeeza Naz	
01:00-01:15 pm	For: Vitamin D: The evidence supporting supplementation	Prof. Rayaz A. Malik (Qatar)
01:15-01:30 pm	Against: Vitamin D: Rethinking the evidence for supplementation	Prof. A. H. Aamir
01:30-01:45 pm	Rebuttal, Audience Poll and Comments	
	Industry Symposium (Nabiqasim) Moderator: Dr Zaina Jabeen Chairs: Prof. Arshad Hussain, Dr S. Abbas Raza, Dr Naeem Khan	
01:45-02:15 pm	Talk: A new era in the management of diabetes complications, with a greater focus on addressing diabetic neuropathy	Prof. Qamar Masood
02:15-02:20 pm	Q/A & Chair Comments	
02:20-02:30 pm	Vote of Thanks by Scientific and Organizing Chairs	
3:00 pm	Lunch	
3:15 pm	General Assembly Meeting	

WORKSHOPS & PRE CONFERENCE ACTIVITIES

Thursday 8th October 9:00 am - 4:00 pm Venue: Serena Hotel

ENDOCRINE BOARD REVIEW

for Endocrine Fellows-in-Training

Course Directors: Dr Matiullah Kamin and Dr Saba Hafeez

(Pharmevo)

Thursday 8th October 9:00 am - 5:00 pm Venue: Serena Hotel

IDEA (International Diabetes Excellence Academy)

Course Directors: Prof. Rayaz A. Malik (Qatar), Dr Hamed Farooqi (U.A.E.), Dr S. Abbas Raza

(Highnoon)

Friday 9th October 9:00 am - 12:00 pm Venue: Polyclinic Hospital

WORKSHOP ON THYROID ULTRASOUND

Facilitators: Dr Joanna Quinton (UK) and Dr Saima Shan

Friday 9th October 2 :30 - 5:00 pm Venue: Serena Hotel

SERENDIP WORKSHOP

(Hyperglycemia in Pregnancy)

Directors: Dr Aisha Sheikh & Prof. Shehla Baqai

(Getz)

Friday 9th October 10:00 am - 12:00 pm Venue: Serena Hotel

WORKSHOP ON

ARTIFICIAL INTELLIGENCE IN PATIENT MANAGEMENT

(Pharmevo)

Friday 9th October 03:00 - 05:00 pm Venue:Serena Hotel

WORKSHOP ON ERECTILE DYSFUNCTION

Course Facilitators: Dr Richard Quinton (UK) & Dr Saba Hafeez

Hilton

Friday 9th October 03:00 - 05:00 pm Venue:Serena Hotel

WORKSHOP ON IPSS AND AVS

Facilitators: Dr Matiullah Kamin and Dr Kashif Raashid

Friday 9th October 03:00 - 05:00 pm Venue: Serena Hotel

WORKSHOP ON INSULIN INITIATION

AND TITRATION WITH LATEST DEVICES

Facilitators: Prof. Qamar Masood and Dr Adnan Zahid

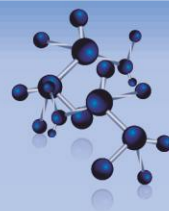
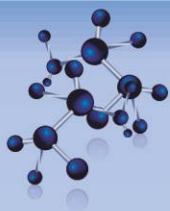
(Sami)

Saturday 10th Oct - 10:00 - 12:00 pm Venue: Holy Family Hospital

WORKSHOP ON DIABETES FOR PARA-MEDICAL STAFF

Facilitators: Dr Saba Hafeez and Dr Madeeha Nazar

(CCL)



24th ANNUAL CONFERENCE

PESCON 2026

OCT 9-11, 2026 SERENA HOTEL, ISLAMABAD

INTERNATIONAL FACULTY



PROF. JAWEED AKHTER
(USA)



PROF. PETER SCHWARZ
(GERMANY)



PROF. VOLKAN D. YUMUK
(TURKEY)



PROF. RAYAZ A. MALIK
(QATAR)



DR HAMISH COURTNEY
(IRELAND)



DR AISHA SAQIB
(UNITED KINGDOM)



PROF. ABDUL JABBAR
(U.A.E.)



DR RICHARD QUINTON
(UNITED KINGDOM)



DR QAISER ZEB
(UNITED KINGDOM)



DR YASIR ELHASSAN
(U.A.E.)



DR JOHN AYUK
(UNITED KINGDOM)



DR DINA SHRESTHA
(NEPAL)



DR MANILKA SUMANATILLEKE
(SRI LANKA)



DR JOANNA QUINTON
(UNITED KINGDOM)



DR YAASIR HOSSEN MAMOOJEE
(UNITED KINGDOM)



PROF. ALI KARAMAT
(UNITED KINGDOM)





24th ANNUAL CONFERENCE **PESCON 2026**



OCT 9-11, 2026



SERENA HOTEL, ISLAMABAD

NATIONAL SPEAKERS



PROF. NAJMUL ISLAM



PROF. A. H. AMIR



PROF. SAEED A. MAHAR



PROF. TASNIM AHSAN



DR S. ABBAS RAZA



DR IBRAR AHMED



DR AISHA SHEIKH



PROF. QAMR MASOOD



DR NOUMAN NIAZ



DR OSAMA ISHTIAQ



DR SHAHID AHMAD



PROF. KHURSHID A. KHAN



DR WAQAS SHARIF

SPOTLIGHT

PMOS 2026



Healthy Women, Stronger Society

September 2026 marked a major nationwide awareness drive by the Pakistan Endocrine Society (PES) to introduce and strengthen understanding of Polyendocrine Metabolic Ovarian Syndrome (PMOS) across Pakistan. Under the theme of healthy women and a stronger society, the campaign brought together endocrinologists, gynaecologists, dermatologists, healthcare professionals, students and the wider community to highlight that PMOS extends far beyond reproductive health, encompassing metabolic, endocrine, dermatological and psychological dimensions. Activities were organized across Karachi, Lahore, Islamabad, Multan, Quetta and other parts of the country, taking the PMOS conversation beyond the clinic and into hospitals, educational institutions, communities and digital platforms

Venue: PGMI Auditorium, Peshawar

Thursday, 3rd Sept, 2026

SPEAKERS	
 Dr. Shaista Kanwal Assistant Professor Department of Endocrinology and Metabolic Diseases Hayatabad Medical Complex, Peshawar Executive Member, PES	TOPIC PMOS in Adolescents and Premarital Women: Diagnosis without Over - Diagnosis
 Dr. Mujeeb ur Rehman Assistant Professor Department of Endocrinology and Metabolic Diseases Hayatabad Medical Complex, Peshawar Executive Member, PES	TOPIC PMOS and Metabolic Syndrome: Redefining Risk Beyond Reproduction
 Dr. Naheed Asghar Associate Professor Department of Dermatology, Hayatabad Medical Complex, Peshawar	TOPIC Un-Masking the Cutaneous face of PMOS
 Dr. Afshan Specialist Registrar Department of Gynaecology and OBG Hayatabad Medical Complex, Peshawar	TOPIC PMOS and Infertility: A Practical Approach to Management
PANEL OF EXPERTS	
 Prof. A. H. Aamir Head of Endocrinology Department, Peshawar General Hospital, Peshawar Past President, PES President Elect, South Asian Federation of Endocrine Societies (SAFES)	 Prof. Bushra Rauf Head of Department, of Gynaecology and OBG Hayatabad Medical Complex, PSW
 Prof. Khalid Usman Department of Endocrinology and Metabolic Diseases Hayatabad Medical Complex, PSW Past Vice President of PES	 Dr. Hussain Afridi Associate Professor Department of Endocrinology and Metabolic Diseases Hayatabad Medical Complex, PSW Executive Member, PES
 Prof. Dr. Rabia Sadaf Department of Gynaecology and OBG Hayatabad Medical Complex, PSW	

DATE
 Thursday,
 3rd Sept, 2026

TIME
 11:00 am
 to 02:00 pm

VENUE
 PGMI Auditorium,
 Peshawar

Organized by:
Dr. Shaista Kanwal
 Consultant Endocrinologist
 Hayatabad Medical Complex, Peshawar

CME Accredited

The scientific session is supported by an unrestricted educational grant from

Pharmvo
 Our dream, a healthier society



Venue: Swat Medical Complex, Mingora, Swat

Thursday, 10th Sept, 2026

PMOS 2026
Healthy Lifestyle,
Healthy Hormones, Healthy You.

SPEAKERS

Dr. Izhar ul Haq
FCPS Internal Medicine
FCPS Endocrinology and Diabetes
Consultant Endocrinologist,
Swat Teaching Hospital, Swat

Dr. Azmat Ali Khan
MBBS, FCPS (Med),
FCPS (Endocrinology)
MBChB (UK) MSc Endocrinology (UK)
Consultant Endocrinologist,
Swat Teaching Hospital, Swat

Dr. Zia Ullah Khan
FCPS (Dermatology)
Senior Registrar
Department of Dermatology,
Swat Medical College

Dr. Romana Khursheed
Senior Registrar Swat Medical Complex
Department of Gynaecology,
Swat Teaching Hospital, Swat

TOPIC
PMOS: Understanding the
Endocrine and Metabolic
Spectrum

TOPIC
Beyond the Diagnosis:
Optimizing Long Term
Management of PMOS

TOPIC
The Skin Speaks: Dermatological
Manifestation of PMOS

TOPIC
PMOS Across the Reproductive
Journey: From Menstrual
dysfunction to Fertility

CHIEF GUEST
Dr. Syeda Huma Shah
House Officer
Swat Medical Complex and Teaching Hospital
Mingora, Swat

PANEL OF EXPERTS
Dr. Muhammad Usman
Chief Executive Officer
Swat Medical Complex and
Teaching Hospital, Mingora, Swat

Prof. Dr. Parvaz Khan
Head of Endocrine Medicine
Swat Medical Complex and
Teaching Hospital, Mingora, Swat

Prof. Dr. Aziz Ahmad
Head of Endocrine Medicine
Swat Medical Complex and
Teaching Hospital, Mingora, Swat

Prof. Saba Khattak
Head of Endocrine Medicine
Swat Medical Complex and
Teaching Hospital, Mingora, Swat

Dr. Tazim Khan
Senior Registrar and
Swat Medical Complex and
Teaching Hospital, Mingora, Swat

MODERATOR
Dr. Syeda Huma Shah
House Officer
Swat Medical Complex and Teaching Hospital
Mingora, Swat

DATE
Thursday,
10th Sept, 2026

TIME
12:00 pm
to 02:00 pm

VENUE
Swat Medical Complex,
Mingora, Swat

Organized by
Dr. Sarwar Ali Khan
Consultant Endocrinologist
International Endocrine Clinic, Mingora Swat
Scientific Executive Member, PES

The scientific session is
supported by an unrestricted
educational grant from

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Venue: Capital Hospital CDA, Islamabad.

Thursday, 16 Sept, 2026

PMOS 2026
Healthy Lifestyle,
Healthy Hormones, Healthy You.

Polyendocrine Metabolic Ovarian Syndrome (PMOS):
Beyond the Ovary, A Multidisciplinary Approach
to Diagnosis and Management

DATE
16th Sep 2026

TIME
10:00 AM – 12:00 PM

VENUE
Auditorium, Capital Hospital
Islamabad.

Chief Guest:
Dr Naem Taj

Organizing Chair:
Dr Sarwar Malik

Moderator:
Dr Aimen Malik

Panel of Experts:
Dr Aziz-un-Nisa
Dr Sheeba Noreen
Dr Sarfaraz Khan
Dr Saba Hafeez
Dr Sarwar Malik

PROGRAM SCHEDULE

SPEAKER	TOPIC	TIME
Dr Sarwar Malik	Welcome Note	—
Dr Aimen Malik	PMOS: Beyond the Ovary : Recognizing the Multisystem Disease	10–15 Min
Dr Saira Bashir	Endocrine and Metabolic Management of PMOS	20–25 Min
Dr Hadia Aziz	Reproductive Health and Fertility in PMOS	20–25 Min
Miss Mehwish	Medical Nutrition Therapy and Lifestyle Intervention in PMOS	15–20 Min

Panel Discussion:
20–30 Minutes

Vote of Thanks:
Dr Naem Taj

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Thursday, 24th Sept, 2026

Friday, 25th Sept, 2026

A group of seven women are standing in a row, smiling for a photo. They are dressed in a mix of traditional Islamic attire (hijabs and long dresses) and more casual or semi-formal clothing. Each woman is holding a certificate or a bouquet of flowers. The background is a simple wall with a large whiteboard or screen. The lighting is bright and even.

Venue: Department of Endocrine, LUMHS, Jamshoro

Friday, 25th Sept, 2026

PMOS 2026
Healthy Lifestyle,
Healthy Hormones, Healthy You.

SPEAKERS



Prof. Dr. Nusrat Nisar
Head of the Department
Gynaecology & Obstetrics
LUMHS, Jamshoro



Dr. Muhammad Saleem Khan
Assistant Professor & HOD
Department of Endocrinology
LUMHS, Jamshoro
Executive Member, PES



Dr. Hira Shafiqul Memon
MBBS, FCPS
Assistant Professor (Gynaecology)
LUMHS, Jamshoro



Dr. Sarwat Anjum
Consultant Endocrinologist MBBS,
FCPS Internal Medicine, FCPS Endocrinology, RCI
Endocrinology Diabetes & Metabolism, UK
Executive Member, PES

MODERATOR



Dr. Urwah
PG-V2 Department of Endocrine,
LUMHS, Jamshoro

DATE Friday, 25th Sept, 2026
TIME 10:00 am to 12:00 pm
VENUE Seminar Hall, Department of Endocrinology, LUMHS, Jamshoro

The CME workshop is supported by an unrestricted educational grant from **Pharmvo**



Venue: West-Inn Hotel, Faisalabad

Saturday, 26th Sept, 2026

PMOS 2026
Healthy Lifestyle,
Healthy Hormones, Healthy You.

SPEAKER



Dr. Usman Musharraf
MBBS, FCPS (Med)
Consultant Endocrinologist
Allied Hospital, Faisalabad
Executive Member, PES

DATE Saturday, 26th Sept, 2026
TIME 09:30 am to 10:30 am
VENUE West-Inn Hotel, Faisalabad

The scientific session is supported by an unrestricted educational grant from **Pharmvo**





TWO-HOUR CLINICAL WORKSHOP

PMOS AWARENESS WORKSHOP

FACULTY PROFILES



Prof. Emerita Tasnim Ahsan
Dean, MIDEM
MRCP (UK), FRCP (UK), FCPs (PAK), FACE (USA)
Director, Department of Medicine & Endocrinology, OMI Hospital, Karachi



Prof. Sadiq Ahsan Pal
Consultant Obstetrician & Gynaecologist
MRCP, FRCOG (UK), New Beginnings
Healthcare & Concept Fertility IVF
Center, Karachi



Dr. Wasifa Ajaz
Assistant Professor, Medicine
JPMC / JSMU / FCPs (Medicine), FCPs
(Endocrinology), MRCP, SGE UK (Diabetes
& Endocrinology), CHPE (JSMU),
AAE (USA)



Dr. Heer Dilawar
Endocrinology Fellow
MBBS, FCPs (Medicine),
Fellow (Endocrinology)
MIDEM



Dr. Fatima Nasir
Endocrine Fellow, MIDEM
MBBS, FCPs (Medicine),
Fellow (Endocrinology)
MIDEM

WORKSHOP THEME

"PMOS: From Recognition to Comprehensive Management — A Practical Approach for PMOs"

ORGANISED BY
MIDEM

IN COLLABORATION WITH
Pakistan Endocrine Society & BF BIO

VENUE
Movenpick Hotel, Karachi

MEDICE INSTITUTE OF DIABETES & ENDOCRINOLOGY

IN COLLABORATION WITH THE PAKISTAN ENDOCRINE SOCIETY

PROGRAMME

FROM RECOGNITION TO COMPREHENSIVE MANAGEMENT

PMOS AWARENESS WORKSHOP

DURATION	HOURS	CHARACTER
Two hours	02:00 - 04:10 pm	Non-promotional scientific exchange

TIME	ACTIVITY	SPEAKER	MIN
02:00-02:05	Welcome & Introduction	Dr. Fatima Nasir	5
02:05-02:30	Diagnosis and Clinical Spectrum	Dr. Heer Dilawar	25
02:35-03:00	Metabolic Management: From Lifestyle to Pharmacotherapy	Dr. Wasifa Ajaz	25
03:05-03:30	Reproductive Health and Fertility Management	Prof. Sadiq Ahsan Pal	25
03:35-04:00	Case-Based Interactive Session: "Putting PMOS Management into Practice"	Prof. Emerita Tasnim Ahsan	25
04:00-04:10	Key Take-Home Messages, Q&A & Closing	Dr. Fatima Nasir	10



PDC Hall, DIMC Building, Karachi

Thursday Sept. 17, 2026

 *Together for Women's Health* 

PMOS: A MULTIDISCIPLINARY APPROACH TO CARE

Organized by
National Institute of Diabetes & Endocrinology
in collaboration with
Department of Obstetrics & Gynecology
Department of Dermatology
Pakistan Endocrine Society (PES)

 **Thursday**
17th September 2026  **Timing**
12:00 pm to 2:00 pm  **Venue**
PDC Hall 2nd Floor,
DIMC Building

Moderator
Dr. Nazish Fatima
(Scientific Executive Member, PES)
Senior Registrar, NIDE, DUHS)

Speakers

 **Prof. Dr. Musarrat Riaz**
(Publication Secretary, PES)
(Director NIDE, DUHS)
From PCOS to PMOS:
Rethinking the Name
Rethinking the Syndrome

 **Dr. Sadaf Ahmed**
(Professor Dermatology, DUHS)
Cutaneous manifestations and
their management in PMOS

 **Dr. Uzma Nusrat**
(Associate Professor Obstetrics
& Gynecology, DUHS)
Subfertility & PMOS

 **Dr. Sabiha Banu**
(Scientific Executive Member, PES)
(Assistant Professor NIDE, DUHS)
Case Based Approach of PMOS

*Healthy Women
Healthier Generations* | This activity is supported by
an unrestricted educational grant from 



Quetta

Wednesday Sept. 30, 2026



Inauguration of two dedicated PMOs /PCOS clinic at FJMU and Allama Iqbal medical College



Pak-Turk Maarif International School, Lahore

Friday, Sept 18, 2026



PMOS 2026

**Healthy Lifestyle,
Healthy Hormones, Healthy You.**
(Public Awareness Program For School Students)



SPEAKERS



Prof. Dr. Uzma Malik
FCPS Medicine, FCPS Endocrinology
Consultant Endocrinologist and Diabetologist
Executive Member, PES



Dr. Uneeba Syed
FCPS (Medicine), FCPS (Endo), FRCP (UK)
Consultant Endocrinologist
Assistant Professor Medicine
Vice President (Punjab), PES

Date:
Friday 18th Sep'26

Time:
11:00 am to 12:30 pm

Venue:
PAK-TURK MAARIF
International Schools & Colleges, Lahore



Venue: Army Public College, Saddar, Karachi

Tuesday, 8th Sept, 2026

PMOS 2026
Healthy Lifestyle,
Healthy Hormones, Healthy You.

SPEAKERS

Dr. Azra Rizwan
Consultant Endocrinologist
Aga Khan University Hospital,
Executive Member, Pakistan Endocrine Society (PES)

Dr. Sumerah Jabeen
MBBS (DOW), FCPS (Medicine), FCPS (Endocrine)
Consultant Endocrinologist,
Indus Hospital, Karachi

DR RABAB BEHDI
Department of Rehabilitation &
Physical Fitness Coach

DATE
Tuesday,
8th Sep'26

TIME
09:00 am
to 10:30 am

VENUE
Army Public College,
Saddar Karachi

Organized by:
Dr. Azra Rizwan
Consultant Endocrinologist
Aga Khan University Hospital,
Executive Member, Pakistan Endocrine Society (PES)

The scientific session is
supported by an unrestricted
educational grant from

Pharmvo
Our choice, a healthier society



Beacon House School, Islamabad

Tuesday, Sept 29, 2026



Facebook & Youtube Live Public Awareness Sessions

Pakistan Endocrine Society
Public Awareness Session
عوامی آگاہی سیشن

Understanding PMOS
(Previously Known as PCOS):
More Than Just Irregular Periods

بی ایم او ایس
کوسمجھیں
(پہلے نام سے PCOS)
یہ صرف نام کا نام ہے اور اس کا مطلب ہے
مکمل طور پر؟
اور ہر عورت کے لیے کیا احتیاطی تدابیر ہیں؟

Why the Name has Changed -
And What Every Woman Needs to Know

LIVE ON
Facebook & Youtube

<https://web.facebook.com/share/1DZNVHBPCL>
https://youtube.com/live/dh8_QGOSw0?feature=share

GUESTS

Dr. Ali Asghar
Consultant Endocrinologist
Liaquat National Hospital, Karachi
President,
Pakistan Endocrine Society

Dr. Ibrar Ahmed
Consultant Endocrinologist & Divisional Head,
Post Graduate Medical Institute,
Lady Reading Hospital, Peshawar
Past President, Pakistan Endocrine Society

Dr. Khadija Irfan
Head of Endocrinology,
Services Institute of Medical Sciences,
Lahore
Executive Member,
Pakistan Endocrine Society

Dr. Musarrat Riaz
Director & Consultant Endocrinologist
National Institute of Diabetes and
Endocrinology, Dow University of
Health Sciences, Karachi
Publication Secretary,
Pakistan Endocrine Society

HOST

Dr. M. Zahid Jamil
Assistant Professor of Medicine,
Jinnah Hospital, Lahore
Scientific Executive Member,
Pakistan Endocrine Society

Sunday
6th September, 2026
5pm - 6pm

Pakistan Endocrine Society
Part - III
Public Awareness Session
عوامی آگاہی سیشن

Living Well with PMOS:
Nutrition, Exercise & Mental Well-being

بی ایم او ایس کے ساتھ صحت مند زندگی
غذا، ورزش اور ذہنی صحت

LIVE ON
Facebook & Youtube

<https://web.facebook.com/share/1JcXc7rffgW/>
<https://youtu.be/1Se8d0c8N0>

GUESTS

Prof. Emerita Tasnim Ahsan
Professor Emerita
Jinnah Postgraduate Medical Centre
(JPAC), Karachi
Executive Member,
Pakistan Endocrine Society

Prof. Uzma Malik
Consultant Endocrinologist and
Diabetologist
Mayo Hospital, Lahore
Executive Member,
Pakistan Endocrine Society

HOST

Ms. Ayesha Khan
MSc Food and Nutrition
PGD in Advance Nutrition & Dietetics
Clinical Nutritionist
Doctors Hospital &
Halcyon Medical Centre, Lahore

Dr. Mehwish Saeed
Assistant Professor &
Consultant Endocrinologist
Tertiary care Hospital, Nishtar II, Multan
Scientific Executive Member,
Pakistan Endocrine Society

Saturday
19th September, 2026
5pm - 6pm

Pakistan Endocrine Society
Part - II
Public Awareness Session
عوامی آگاہی سیشن

PMOS and Fertility
Separating facts from Myths

بی ایم او ایس
اور تولیدی صحت
حقائق اور غلط فہمیوں میں فرق

Objective: Reduce anxiety
surrounding fertility and pregnancy

LIVE ON
Facebook & Youtube

<https://www.facebook.com/share/19Z112wV17/>
<https://youtu.be/3V8F5c7-Dys>

GUESTS

Prof. Khurshid A. Khan
Consultant Endocrinologist
Head of Dept. of Medicine and Allied at
Fatima Memorial Medical
and Dental College, Lahore
Past President, Pakistan Endocrine Society

Dr. Umar Yousaf Raja
Consultant Endocrinologist and
Head of Endocrine Department
Shifa International Hospitals Ltd, Islamabad
President Elect,
Pakistan Endocrine Society

Prof. Rubina Sohail
Professor & Consultant
Gynaecologist
Hameed Latif Hospital,
Lahore

Dr. Iram Zehra Bokhary
Consultant Clinical Psychologist
The Fairway Clinic and Niaz Hospital,
Lahore

HOST

Dr. Hira Irfan
Consultant Endocrinologist,
PKU Lahore, National Hospital, Lahore
Dilawer Hussain Foundation Trust, Lahore
Scientific Executive Member,
Pakistan Endocrine Society

Saturday
12th September, 2026
5pm - 6pm

Pakistan Endocrine Society
Part - IV
Public Awareness Session
عوامی آگاہی سیشن

Beyond PMOS:
Protecting Your Health for Life

بی ایم او ایس کے بعد
زندگی بھر اپنی صحت کا خیال رکھیں

OBJECTIVE:
Highlight the lifelong impact
of PMOS and preventive care

مقصد:
بی ایم او ایس کے زندگی بھر کے اثرات
اور احتیاطی تدابیر کو اجاگر کرنا

LIVE ON
Facebook & Youtube

<https://www.facebook.com/share/1DeWCV9eXz/>
<https://youtu.be/1ONay3v8P10>

GUESTS

Dr. S. Abbas Raza
Global - Laureate Awards by the Endocrine Society
Tangkah Limited:
Past - President - ISE (International Society of Endocrinology)
CEO - MED Consultant - (Medicine - Endocrine - Diabetes)
Past President and Founder Vice President
South Asian Federation of Endocrine Societies - SAFES
Past President & Lifetime Achievement Award: Pakistan Endocrine Society

Dr. Aisha Sheikh
Consultant Endocrinologist,
The Aga Khan University, Karachi
Recognized Tutor,
University of South Wales, UK
Immediate Past President,
Pakistan Endocrine Society

Prof. Nadia Ali Azfar
Head Department of Dermatology,
Unit 2
Allama Iqbal Medical College/
Jinnah Hospital Lahore

Prof. Fawad Ahmad Randhawa
Professor of Endocrinology
Allama Iqbal Medical College,
Lahore
Executive Member,
Pakistan Endocrine Society

HOST

Dr. Nizamud Din
Assistant Professor Endocrinology
Northwest School of Medicine
Hayatabad, Peshawar
Scientific Executive Member,
Pakistan Endocrine Society

Saturday
26th September, 2026
5pm - 6pm

PMOS Experts Social Media Awareness Messages

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Dr Aisha Sheikh
Consultant Endocrinologist,
The Aga Khan University, Karachi
Pakistan Endocrine Society

"Polyendocrine Metabolic Ovarian Syndrome (PMOS) is more than a reproductive health condition—it can affect a woman's health throughout her life. Early diagnosis, healthy lifestyle choices and individualized care at every stage of life can make a meaningful difference. Regular screening for metabolic health, a positive and proactive approach, and ongoing follow-up with an experienced clinician are important for identifying risks early and addressing them appropriately. With the right information, support and care, women with PMOS can take charge of their health and reduce the risk of long-term complications."

یہ ماہر ایشہ شیخ ایک ماہر غددِ درخشاں اور ذیابیطس کے ماہر ہیں۔ ان کی بات یہ ہے کہ PMOS صرف ایک خواتین کی صحت کا مسئلہ نہیں ہے بلکہ یہ ایک ایسی حالت ہے جو خواتین کی زندگی کے ہر شعبہ پر اثر ڈال سکتی ہے۔ اس لیے اس کی تشخیص اور علاج کا وقت جلد سے جلد ملنا چاہیے۔

endosocietyofpakistanofficial | pakendosociety | pakistan-endocrine-society | pestv

www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Prof. Dr. Saeed A. Mahar
MBBS, FCPS, FACP, FRCP (UK)
Fellowship in Diabetes & Endocrinology
Consultant Endocrinologist & Diabetologist
NICVD & Aga Khan University Hospital Karachi, Pakistan
Past President, American Association of Clinical Endocrinologists
Pakistan Chapter
Past President, Pakistan Endocrine Society
Director Academics, ADVICE Academy Pakistan

"The historical name Polycystic Ovarian Syndrome (PCOS) was a medical misnomer that caused widespread confusion, delayed diagnosis, and limited medical care. The old name restricted clinical focus strictly on the ovaries and fertility. The new name Polyendocrine Metabolic Ovarian Syndrome (PMOS), acknowledges that it is a systemic, lifelong hormonal and metabolic disorder. The common complaints of patient are, irregular, heavy, or completely missed periods, unexplained weight gain or difficulty managing weight, severe acne or excess facial or body hair (hirsutism) or thinning hair on the scalp. Persistent fatigue or low energy, mood fluctuations, anxiety or depression. If you have any of above symptoms consult your doctor early to get proper diagnosis and treatment. Treatment can reduce symptoms, improve mood and quality of life and also limit complications."

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www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Dr. S. Abbas Raza
Global - Laureate Awards by the Endocrine Society
Tangkah - Intuz
Past - President - ISE (International Society of Endocrinology)
CEO - MED Consultant - (Medicine - Endocrine - Diabetes)
Past President and Founder Vice President:
South Asian Federation of Endocrine Societies - SAFES
Lifetime Achievement Award: Pakistan Endocrine Society

"As part of the international team advancing evidence-based care, I have privilege of representing PES (Pakistan Endocrine Society) and SAFES (South Asian Federation of Endocrine Societies) and am proud to contribute to the global PMOS guidelines. The 2023 International Evidence-based Guideline (and the upcoming 2028 update) provides clear recommendations on diagnosis, metabolic screening, fertility, and lifelong management of Polyendocrine Metabolic Ovarian Syndrome (formerly PCOS). Accurate naming and standardized care help reduce the 70% under-diagnosis rate. This PMOS Awareness Month, PES reaffirms its commitment to bringing world-class, locally relevant guidance to Pakistani clinicians and patients. Together we improve care."

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www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Prof Dr Abdul Basit
Director Indus Diabetes & Endocrine Center
Indus Hospital & Health Network, Karachi
Life Time Achiever, Pakistan Endocrine Society

Dr Sumerah Jabeen
Consultant Endocrinologist
Patel Hospital, Karachi
Executive Member, Pakistan Endocrine Society

"For decades, PCOS symptoms have remained a taboo for women — from adolescence through every life stage, each bringing its own struggles. Without awareness of the challenges or treatment options available, the condition was silenced, leaving many women hesitant to seek help, and healthcare providers underprepared to address it. Times have changed. Today, growing public awareness and robust evidence-based guidelines empower HCPs to offer a truly holistic approach to women who need it most. Commendable efforts by the Pakistan Endocrine Society in dedicating this month to PCOS awareness — because women's health remains one of the strongest foundations of any evolving society."

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www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Professor M. Zaman Shaikh
M.B.B.S., FCPS, MRCP (UK), FRCP, MRCP (Diabetes & Endocrinology) Glasgow University, Sir Syed College Of Medical Sciences, Karachi

"Polyendocrine Metabolic Ovarian Syndrome (PMOS), formerly known as Polycystic Ovary Syndrome (PCOS) is a common hormonal condition affecting many women during their fertile period. In Pakistan, awareness about PMOS is lacking. This is mainly because symptoms are generally non-specific, and every person may experience it differently. Some symptoms including irregular periods, acne, unwanted excessive facial hair (hirsutism), weight gain, and difficulty becoming pregnant (infertility), are often misunderstood. Early medical evaluation, a balanced diet, regular physical activity, weight reduction, and appropriate treatment can help manage symptoms and reduce long-term health risks. Families should provide support rather than stigma. Consultation with a qualified healthcare professional for proper assessment and management is important. This is because treatment depends on the nature of the patient's requirements. In young unmarried women with significant hirsutism and acne, the management is quite different from that of other patients who are married with irregular periods and infertility."

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www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Dr. Urooj Lal Rehman
Associate Professor & Head of Endocrinology
Jinnah Post Graduate Medical Centre/
Jinnah Sindh Medical University/JPMC, Karachi
Executive Member, Pakistan Endocrine Society

"Poly Endocrine Metabolic Ovary Syndrome (PMOS) is far more than an issue of irregular periods or infertility. It is a common, lifelong endocrine and metabolic disorder that can affect a woman's physical and emotional well-being at every stage of life. This PMOS Awareness Month, let us break the myths and stigma surrounding PCOS/PMOS, promote early recognition and comprehensive care, and empower women to seek help without hesitation. Awareness leads to early intervention, and early intervention can change the course of a woman's health."

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Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Dr. M. Saleem Khan
Head of Department Endocrinology & Diabetes
LUMHS, Jamshoro
Executive Member, Pakistan Endocrine Society

"PMOS is more than an ovarian condition it is a lifelong endocrine and metabolic health concern. The change from PCOS to Polyendocrine Metabolic Ovarian Syndrome (PMOS) reflects our evolving understanding that this condition extends beyond the ovaries, affecting hormones, metabolism, reproductive health and overall wellbeing. This PMOS Awareness Month, our message is simple: recognize the symptoms early, seek appropriate medical advice, and focus not only on fertility or menstrual cycles, but on long-term metabolic health. With greater awareness, timely diagnosis and evidence-based care, women with PMOS can lead healthier lives."

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www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Dr Hafiza Ammarah Sadiq
Consultant Endocrinologist
Gulab Devi Teaching Hospital/AAMC
Lahore
Executive Member, Pakistan Endocrine Society

"Lifestyle modification is a cornerstone of PMOS management and can make a meaningful difference in long-term health. A balanced, nutrient-rich diet, regular physical activity, adequate sleep, and stress management can help improve insulin sensitivity, metabolic health, and overall well-being. Even modest, sustainable changes are valuable and should be tailored to each individual rather than relying on restrictive diets or quick fixes. PMOS is a long-term journey—small healthy choices, made consistently, can lead to significant improvements in health and quality of life."

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www.pakendosociety.org

Pakistan Endocrine Society SEPTEMBER 2026 **PMOS AWARENESS MONTH**

EXPERT MESSAGE

Dr. Fatima Zahra
MBBS, MCPS, FCPS, FRCP, CHPE, CMEJ
Associate Professor
Jinnah Sindh Medical University/JPMC, Karachi
Executive Member, Pakistan Endocrine Society

"As a physician I see many girls told "bas shadi k baad theek hojaye" PCOS/PMOS polyendocrine metabolic ovarian syndrome is a hormonal and metabolic condition, it's not personal fault. It's not about looks. It's not about cysts only. It's about weight, sugars, heart, fertility and mental health. Watch for:
• Delayed periods 2-3 months
• Hair growth on chin/face/Acne
• Weight gain despite diet control
• Family history of Diabetes
• Let's break the stigma
Please don't suffer in silence. Seek medical advice. We can manage this together."

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www.pakendosociety.org



PROF. DR SAEED MAHAR
 Consultant Endocrinologist & Diabetologist
 NICVD & Aga Khan university Hospital Karachi
 Past President of Pakistan Endocrine Society
 Past President of American Association of
 Clinical Endocrinologist Pakistan

On Chai, Toast Aur Host tomorrow
 morning from 9:05AM to 11:00AM
 only on Dawn News TV.

FRIDAY, SEPTEMBER 25, 2026




Prof. Dr. Sobia Sabir Ali
 Head of Endocrinology Department
 Khyber Medical University Hospital.

On Friday
 18th Sept, 2026

10am to
 10:30am.

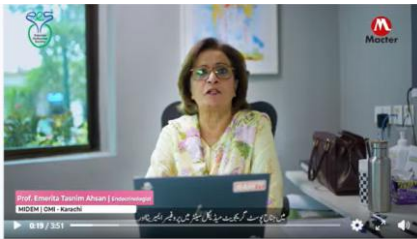




PMOS Awareness Videos



PMOS Awareness Videos



PMOS PODCASTS

PMOS PODCAST - KHI PMOS PODCAST - LHE



Collaterals

Healthy Women, Stronger Society

A SILENT EPIDEMIC

PMOS/PCOS

PMOS AWARENESS MONTH 2026

Pharmvo

Healthy Women, Stronger Society

PMOS

THE SILENT RISK BEYOND REPRODUCTIVE HEALTH

Women with PCOS may be at higher risk for type 2 Diabetes, High Blood Pressure, Heart Problems, & Endometrial Cancer.

PMOS AWARENESS MONTH 2026

Pharmvo

Healthy Women, Stronger Society

Recognize the Symptoms

Over 30% of women with PMOS are unaware that they have these conditions.

WEIGHT GAIN

ACNE OR OILY SKIN

EXCESS BODY HAIR

MALE-PATTERN BALDNESS OR THINNING HAIR

MISSED PERIODS

DARK OR THICK SKIN PATCHES

PMOS AWARENESS MONTH 2026

Pharmvo

Healthy Women, Stronger Society

Treat it with care

Lifestyle modification plays a vital role in PMOS management. Get regular exercise and consume healthy diet for better care.

PMOS AWARENESS MONTH 2026

Pharmvo

بولی اینڈوکران میٹابولک اوویرین سنڈروم PMOS

یہ ایک ایسی بیماری ہے جس کی وجہ سے خواتین کے جسم میں ہارمونز کا توازن ٹوٹ جاتا ہے۔ اس کی علامتیں وزن بڑھنا، جلد پر جھپٹیاں، زیادہ موٹائی، اور عرصے بے عرصے کی قاعدہ آتی ہیں۔

PMOS کی علامتیں کیا ہیں؟

- وزن بڑھنا
- جلد پر جھپٹیاں
- زیادہ موٹائی
- عرصے بے عرصے کی قاعدہ
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس

PMOS کی پیچیدگیاں کیا ہیں؟

- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس

PMOS کی تشخیص کیسے کی جاتی ہے؟

اپنی ڈاکٹر سے مل کر جانچو۔

ہم ایم او ایس کے ساتھ زندگی گزارنا

(علاج کے طریقے)

PMOS کو منظم طریقے سے دیکھنا اور دیکھنا چاہیے۔

- خود کو منظم رکھنا
- خود کو منظم رکھنا
- خود کو منظم رکھنا
- خود کو منظم رکھنا
- خود کو منظم رکھنا
- خود کو منظم رکھنا
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- خود کو منظم رکھنا

کیا ہم ایم او ایس کو قابو میں رکھنا چاہتے ہیں؟

جی ہاں، کیونکہ یہ ہمیں صحت مند بنائے گا۔

کیا مجھے ڈاکٹر سے رجوع کرنا چاہیے؟

جی ہاں، اگر آپ کو کوئی علامت ہو تو۔

بولی اینڈوکران میٹابولک اوویرین سنڈروم

یہ ایک ایسی بیماری ہے جس کی وجہ سے خواتین کے جسم میں ہارمونز کا توازن ٹوٹ جاتا ہے۔ اس کی علامتیں وزن بڑھنا، جلد پر جھپٹیاں، زیادہ موٹائی، اور عرصے بے عرصے کی قاعدہ آتی ہیں۔

تندرستی کی علامتیں

- وزن بڑھنا
- جلد پر جھپٹیاں
- زیادہ موٹائی
- عرصے بے عرصے کی قاعدہ
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس

تندرستی کی علامتیں

- وزن بڑھنا
- جلد پر جھپٹیاں
- زیادہ موٹائی
- عرصے بے عرصے کی قاعدہ
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس
- بالیٹاؤں کی زیادہ ترس
- بالیٹاؤں کی کم ترس

What is PMOS?

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is a hormonal and metabolic condition in adolescent girls. It happens when the ovaries produce higher-than-normal levels of certain hormones along with problems in metabolism, which can affect periods, skin, hair, weight, energy, and mood.

What are the symptoms of PMOS?

You may be experiencing PMOS if you notice:

- Irregular periods (missed or rare periods)
- Acne or oily skin
- Excess hair growth on face, chest, or body
- Difficulty controlling weight or gaining weight easily
- Tiredness, low energy or mood swings
- Stress, anxiety or low mood
- Hair thinning or hair fall
- Strong cravings for sugary or junk food

Everyone is different. You may not have all these symptoms - but it's important to listen to your body.

Who are adolescent girls at Risk of Developing PMOS?

You may be at higher risk of PMOS if you:

- Have a family history of PMOS, diabetes or obesity
- Are overweight or gain weight easily
- Have irregular periods soon after menarche
- Have insulin resistance or prediabetes

What are the complications of PMOS?

If not recognized and managed early, PMOS can lead to:

- Irregular periods
- Acne and skin problems
- Insulin resistance and risk of diabetes
- Weight gain and risk of obesity
- Low self-esteem and body image issues
- Increased risk of metabolic problems in future

How is PMOS diagnosed?

Your doctor will listen to your symptoms, check your medical and family history, and may do:

- Physical examination (height, weight, BMI, skin, hair)
- Blood tests (hormones, sugar, cholesterol)
- Ultrasound (if needed)

Early diagnosis helps in better management and a healthier future.

Living with PMOS (Treatment Options)

PMOS can be managed with a healthy lifestyle and medical care when needed.

- Eat a balanced diet: more fruits, vegetables, whole grains and protein.
- Stay active: at least 60 minutes of exercise every day.
- Maintain a healthy weight.
- Manage stress: try yoga, meditation, journaling or talking to someone you trust.
- Get enough sleep: 8-9 hours every night.
- Your doctor may suggest medicines (if needed) to regulate periods, improve acne, or balance hormones.

Can PMOS be managed?

Yes, PMOS can be managed very effectively. With the right care, healthy lifestyle choices, and support, symptoms can improve and you can live a healthy, active and confident life.

Should I see a doctor?

Yes, if you have irregular periods, severe acne, unwanted hair growth, weight gain, or feel worried about your health. Early help makes a big difference.

Polyendocrine Metabolic Ovarian Syndrome (PMOS)

Awareness for Adolescents

MOVE YOUR BODY

- Be active every day
- Do 60 minutes of exercise
- Try yoga, meditation, journaling or talking to someone you trust
- Get enough sleep: 8-9 hours every night

EAT WELL, FEEL WELL

- Choose healthy meals
- Include whole grains
- Include protein
- Include fruits and vegetables

Healthy Lifestyle. Healthy Hormones. Healthy You.

(PMOS) AWARENESS MONTH

Official Urdu Version of PMOS Awareness

Knowledge in your language, Awareness for better care

The International Society of Endocrinology (ISE) and the Pakistan Endocrine Society (PES) are pleased to announce the release of the official Urdu version of the PMOS Awareness Resource, originally developed by Monash University and the Monash Centre for Health Research and Implementation (MCHRI).

This important resource aims to improve awareness and understanding of PMOS (Previously Known as PCOS) by providing accessible, evidence-based information in Urdu. It highlights the evolving terminology from PCOS to PMOS and provides key insights into diagnosis and understanding of the condition.

By making these healthcare resources available in Urdu, the initiative supports greater public awareness and helps ensure that accurate, meaningful health information is accessible to a wider audience.

To access these resources, kindly visit Pakistan Endocrine Society's social media pages.



Pakistan Endocrine Society Initiative

PMOS Wellness Awareness Reels Competition

Let's keep learning, creating, and spreading awareness together

The Pakistan Endocrine Society's PMOS Wellness Awareness Reels Competition received an incredibly enthusiastic response from undergraduate medical students all over Pakistan, with students coming forward to use their creativity and voices to spread awareness about PMOS/PCOS and women's hormonal health.

This initiative is all about engaging the younger generation, encouraging meaningful conversations, breaking myths, and making health awareness more relatable and accessible through social media. A big shout out to all the enthusiastic participants who made this initiative a success!!

**PAKISTAN
ENDOCRINE SOCIETY**
Empowering Endocrine Health

PMOS AWARENESS REEL

Competition

PESPMOS2026

CREATE . INSPIRE. EMPOWER.

Let's raise awareness about PMOS
and empower lives through creativity!

WHO CAN PARTICIPATE?

- MBBS Students
- Nutrition Students
- Psychology Students
- Nursing Students

Undergraduate Students



TIMELINE

REGISTRATION OPEN 03-08-2026	LAST DATE OF SUBMISSION 01-09-2026	RESULT ANNOUNCEMENT 24-09-2026
------------------------------------	--	--------------------------------------

Let your creativity drive change.
BE A VOICE. MAKE AN IMPACT.

IMPORTANT NOTES

- PES reserves the right to disqualify entries that do not comply with the guidelines.
- By participating, you grant PES the right to use your reel for awareness purposes.
- Decision of the judges will be final.

REQUIREMENTS

- Open to undergraduate students of MBBS, Nutrition, Psychology & Nursing.
- It must be original, creative and focused on PMOS/PCOS awareness.
- Language: English, Urdu or regional (with subtitles).
- Duration: 30 to 90 seconds
- Content must be responsible, evidence-based and suitable for general public
- No use of copyrighted music or material.
- Team size: 1-4 members

SOPS FOR SUBMISSION PROCESS

- Register using the official Google Form (Scan QR Code).
- Upload your reel on Instagram as a Reel (Public Account).
- Use the hashtag # PESPMOS2026 and tag @PakEndoSociety
- Submit your reel details through the submission form.
- Keep your account public until results are announced.

JUDGING CRITERIA (100 MARKS)

Relevance to PMOS/PCOS awareness	25
Accuracy of information	25
Creativity & originality	20
Message clarity & impact	20
Overall presentation (visual & audio)	10

PRIZES

1 st Prize	PKR 50,000
2 nd Prize	PKR 30,000
3 rd Prize	PKR 20,000

E-CERTIFICATES WILL BE AWARDED TO ALL PARTICIPANTS

FOR QUERIES

Email: admin@pakendosociety.org
WhatsApp: +92 300 4856744
Website: www.pakendosociety.org



SCAN TO REGISTER



PAKISTAN ENDOCRINE SOCIETY PMOS WELLNESS REEL

(A PMOS/PCOS Awareness & Reel Creation Initiative)



**AHMED
ABDULLAH**
(RS. 30,000)
KARACHI

**RUKHSAR
FATIMA**
(RS. 50,000)
KARACHI

**MEERUB
ZAFAR**
(RS. 20,000)
LAHORE

CONGRATULATIONS TO WINNERS

#PESPMOS2026

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[p pakendosociety](https://www.pakendosociety.org) [y pestv](https://www.pakendosociety.org)

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Pakistan Endocrine Society Initiative

Diabetes Awareness Program

Making Diabetes Access to Everyone

As part of the Diabetes Awareness Program, school-based awareness sessions were conducted across Karachi at Beaconhouse School, Leading Star School, Al Murtaza School, and Chiniot Islamia Public School and College.

With more than 500 students participating, Pakistan Endocrine Society & IMIG SMC team took diabetes awareness beyond the clinical setting, promoting prevention, healthier choices, and early awareness among young people and their families.



Beacon House School, Johar Campus

April 16, 2026



Leading Star School

August 7, 2026



Al Murtaza School

August 25, 2026



Decoding Menstrual Disorders

The SAFES Women's Wing successfully conducted the Endocrine Clinics session on 10 September 2026, bringing together experts from Pakistan, India, Bangladesh, Nepal and Sri Lanka for an engaging academic discussion on menstrual disorders. The programme featured a live pre-conference quiz on "Decoding Menstrual Disorders," interactive case presentations on amenorrhea and primary amenorrhea, and expert panel discussions, providing a valuable platform for regional knowledge exchange and practical learning in women's endocrinology.

SAFES
Endocrine Clinics
(Under the aegis of SAFES Women's Wing)

Date: 10th September 2026 Time: 8.15 PM - 10.00 PM (IST)

Theme: Decoding Menstrual Disorders

Dr. Sarita Bajaj
Patron
India

Dr. Faria Afsana
Patron & Convener
Bangladesh

Agenda

Quiz - Pre Conference 3rd Sep to 9th Sep 2026

10th September 2026 - 8:15PM to 10:00PM (IST)

8:15PM to 8:20PM - Welcome & Introduction : Dr. Sarita Bajaj & Dr. Faria Afsana

8:20PM to 8:30PM (IST) : Live Quiz

Dr. Syed Azmal Mahmood
Quizmaster
Bangladesh

SAFES
Endocrine Clinics
(Under the aegis of SAFES Women's Wing)

Session 1- 8:30 PM to 9:15 PM (IST)

Dr. Prasad Katulanda
Chairperson
Sri Lanka

Dr. Marufa Mustari
Case Presenter
Bangladesh

8:30 PM to 8:40 PM (IST)
Case Presentation :
A 44 year old lady with amenorrhea

Discussion 8:40 PM to 9:15 PM (IST)

Dr. Azimun Nessa Sheuly
Moderator
Bangladesh

Dr. Sweekruti Jena
Expert Panelist
India

Dr. Sobia Sabir Ali
Expert Panelist
Pakistan

Session 2- 9:15 PM to 9:45 PM (IST)

Dr. Aisha Sheikh
Chairperson
Pakistan

Dr. Ahmed Ifrad Bin Raunak
Case Presenter
Bangladesh

9:15 PM to 9:25 PM (IST)
Case Presentation:
Primary amenorrhea

Discussion 9:25 PM to 9:45 PM (IST)

Dr. Tanjina Zannat Shammee
Moderator
Bangladesh

Dr. Subi Kharel
Expert Panelist
Nepal

Dr. Ajitesh Roy
Expert Panelist
India

9:45 PM to 10:00 PM (IST) Quiz answers and results

Dr. Syed Azmal Mahmood
Quizmaster
Bangladesh

10:00 PM (IST) Vote of Thanks

Dr. Sarita Bajaj
Patron
India

Dr. Faria Afsana
Patron
Bangladesh

[Click here to Login](#)

Pakistan represented on a landmark global consensus panel

Smoking Cessation in People with Type 2 Diabetes

Pakistan, represented by Dr S. Abbas Raza, is proud to be part of a distinguished international panel of experts from 13 countries who have produced the world's first dedicated consensus recommendations on smoking cessation for people with type 2 diabetes.

Published in Diabetes Research and Clinical Practice, these evidence-based recommendations — developed by 35 leading global specialists — make clear that tobacco smoking substantially increases the risk of morbidity and mortality in people with diabetes.



Pakistan Endocrine Society

SMOKING CESSATION IN PEOPLE WITH TYPE 2 DIABETES

DR. S. ABBAS RAZA
REPRESENTING PAKISTAN |
MEMBER, DIASMOKEFREE
WORKING GROUP

PAKISTAN PROUDLY CONTRIBUTES TO THE WORLD'S FIRST CONSENSUS RECOMMENDATIONS ON SMOKING CESSATION FOR PEOPLE WITH TYPE 2 DIABETES.

PUBLISHED IN: DIABETES RESEARCH AND CLINICAL PRACTICE

- 35 LEADING GLOBAL SPECIALISTS | 13 COUNTRIES | 5 CONTINENTS
- A CRITICAL MODIFIABLE RISK FACTOR FOR DIABETES COMPLICATIONS
- KEY RECOMMENDATION:**
SMOKING CESSATION SHOULD HAVE SAME PRIORITY AS MANAGEMENT OF BLOOD GLUCOSE, BLOOD PRESSURE AND LIPIDS.

“SMOKING CESSATION IS NOT OPTIONAL - IT IS A CRITICAL LIFESTYLE CHANGE.”

INITIATED IN 2022 BY CoEHAR & DIASMOKEFREE WORKING GROUP, ADDRESSING A GLOBAL GUIDANCE GAP.



To Access the Guideline,
Scan the QR Code

Pakistan Endocrine Society Initiative

PES Endo Hour

Bringing Practical Endocrinology to Primary Care

The Pakistan Endocrine Society (PES) initiated EndoHour, a case-based learning initiative designed specifically for general practitioners and physicians, with the aim of bringing practical, clinically relevant endocrinology and diabetes closer to everyday patient care.

Launched on 16 August 2026, EndoHour is held on the 1st and 3rd Sunday of every month. So far, four engaging programmes have been successfully conducted, featuring case-based discussions, practical clinical approaches, and interactive participation. The sessions have been well appreciated by participating GPs and physicians, with lively discussion and valuable exchange of clinical experiences.

From endocrine challenges to practical solutions—EndoHour is making endocrinology more accessible, relevant, and applicable in everyday practice.



Pakistan Endocrine Society presents

Endo Hour

1st & 3rd Sunday of every Month

Online, Case-Based Approach to Endocrinology and Diabetes For General Practitioners and Physicians

Starting on 16th August, 2026
11:00 AM to 12:00 PM

Stay tuned for more updates on our social media accounts

f endosocietyofpakistanofficial
i pakendosociety

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Pakistan Endocrine Society
presents

Endo Hour

1st & 3rd Sunday of every Month

Online, Case-Based Approach to Endocrinology and Diabetes For General Practitioners and Physicians

16th August, 2026 (Sunday)
11:00 AM to 12:00 PM

Presenter

CASE
Patient(s) with increased TSH level...



Dr. Ali Asghar
MRCP(UK), FAGE, FRCP(Edin), FRCP(London)
Consultant Endocrinologist
Liaquat National Hospital, Karachi
President, Pakistan Endocrine Society

zoom
ID: 870 2944 1817
Scan QR Code to Join the Session

www.pakendosociety.org



Pakistan Endocrine Society
presents

Endo Hour

1st & 3rd Sunday of every Month

Online, Case-Based Approach to Endocrinology and Diabetes For General Practitioners and Physicians

Session # 2
6th September, 2026 (Sunday)
11:00 AM to 12:00 PM

Presenter

CASE
A young lady with weight gain and irregular menstrual cycle...



Dr. Saba Hafeez
MBBS, FRCP, MRCP Endocrinology
CCT Diabetes and Endocrinology (UK)
Consultant Endocrinologist
Shifa International Hospitals Ltd, Islamabad
Executive Member, Pakistan Endocrine Society

zoom
ID: 870 2944 1817
Scan QR Code to Join the Session

www.pakendosociety.org



Pakistan Endocrine Society

Endo Hour

1st & 3rd Sunday of every Month

Online, Case-Based Approach to Endocrinology and Diabetes For General Practitioners and Physicians

Session # 3
20th September, 2026 (Sunday)
11:00 AM to 12:00 PM

Presenter

CASE
Women with PMOS (formerly PCOS) - Life-course approach



Dr. Aisha Sheikh
Consultant Endocrinologist,
The Aga Khan University, Karachi
Recognized Tutor, University of South Wales, UK
Immediate-Past President,
Pakistan Endocrine Society

zoom
ID: 870 2944 1817
Scan QR Code to Join the Session

www.pakendosociety.org

Keeping You Updated in Endocrinology & Diabetes

Endocrine Monthly Round-Up

Bringing the latest evidence to your practice

The Pakistan Endocrine Society's Endocrine Monthly Round-Up brings together key research, emerging evidence, and important developments in endocrinology and diabetes from the preceding month—presented with concise, practical commentary for the wider medical community.

Curated by Dr. Tejhmah Rehman, Editor, under the supervision of Dr. Ali Asghar, President, PES, the initiative aims to make staying updated with the rapidly evolving endocrine literature easier and more accessible.

PES Endocrine Monthly Round-Up

July 2026



Editor's Perspective

July's selection converges on a single theme: proportionate rather than reflexive intensification of treatment. A joint European consensus statement sets out a stepped-care model for patient insulin-based therapies. The largest longitudinal analysis to date of cortisol trajectories in incidentally found, repeated desamethasone suppression testing adds little beyond cardiovascular risk assessment. Forty-four years of Danish follow-up offer reassurance on cancer screening while localising concern to the colorectum. The month's Review Article challenges BM osteoporosis.

Research Highlights

1. Nutritional, Functional, and Psychological Considerations for Incretin-Based Therapies in Adults: EASO, EFAD, and EPO Consensus Statement

Guideline Focus: Joint European consensus (EASO, EFAD, EPO) addressing the nutritional, functional, and psychological consequences of GLP-1 and dual GLP-1/GIP receptor agonist therapy — data unreported in the pivotal efficacy trials. Framed as "considerations" rather than mandatory recommendations excludes pregnancy and preconception.

Key Messages:

- Proportionate, stepped care is the governing principle. Basic monitoring suffices for escalation reserved for baseline vulnerability, rapid weight loss, poor intake, persistent GI or functional decline. Universal specialist referral and routine DXA are explicitly rejected.
- Protein 1.0–1.5 g/kg adjusted bodyweight daily during active weight loss (minimum 60 g). 0.8–1.0 g/kg in maintenance; lower disease-specific targets in CKD.
- Energy thresholds guide escalation: below 1500 kcal/day signals deficiency risk, below 1200 warrants multivitamin-mineral plus additional protein, and sustained intake below 800 kcal prompts down-titration, pause, or discontinuation.
- Two symptom-based red flags: protracted vomiting beyond a week risks thiamine deficiency; Wernicke encephalopathy reported in case reports — consider empirical supplementation should be read as a nutritional sign prompting review of weight-loss rate, protein, iron, and B12.
- Lean mass accounts for approximately 24–30% of total weight loss, with concern concentrated in adults, low baseline muscle mass, and frailty. A minimum monitoring set is proposed: body circumference, handgrip strength or sit-to-stand, and one patient-reported question on new clinical takeaways. The first European document treating these domains as a coherent clinical field in the stepped-care architecture — a defined minimum monitoring set for all, with explicit triggers. Most specific thresholds are consensus-derived and flagged as such by the authors.

PES Endocrine Monthly Round-Up

August 2026



Editor's Perspective

August's selection turns on one distinction: what the evidence establishes, versus what it is assumed to establish. A consensus statement on thyroid storm, a network meta-analysis of oral GLP-1 receptor agonists, the thyroid response to fasting, preoperative fasting before endoscopy, and endocrine deterioration after pituitary surgery. In each case the finding is useful, and in each case it is narrower than it first appears.

Research Highlights

1. Management of Thyroid Emergencies: Joint Consensus Statement on Management of Thyroid Storm

Guideline Focus: Joint consensus from the European Thyroid Association, British Thyroid Association, Society for Endocrinology, and Welsh Endocrine and Diabetes Society. Not formally graded, given the condition's rarity and the predominance of observational data.

Key Messages:

- Diagnosis is clinical. Burch-Wartofsky below 25 unlikely, 25–44 impending, 45 or above highly suggestive. Neither this nor the JTA/ES criteria is validated against a gold standard, and the weighting of fever and tachycardia risks overdiagnosis in sepsis.
- Propranolol 60–80 mg every 4 hours, which also blocks T4-to-T3 conversion; IV esmolol where there is cardiomyopathy, hypotension, or evolving shock. MM 60–80 mg/day, CBZ 80–100 mg/day, or PTU 500–1000 mg loading then 250 mg every 4 hours — prefer MM or CBZ if transaminases or bilirubin exceed three times normal. Hydrocortisone 100 mg IV then 50 mg four times daily.
- Iodine must follow antithyroid drugs by one hour, or thyrotoxicosis may worsen: Lugol's 8 drops or SSKI 5 drops four times daily. Avoid aspirin, which raises free T4 and T3. TSH does not guide early response; expect improvement within 24–72 hours.

Clinical Takeaway: The value is in the detail most easily lost under pressure — the interval before iodine, the aspirin contraindication, the uselessness of early TSH, and scores as aids rather than tests. Esmolol, IV methimazole, levothyroxine, and ECMD are variably available, so adapt rather than adapt.

2. Role of Oral GLP-1 Receptor Agonists in Weight Management for Individuals With Overweight or Obesity Without Diabetes: A Network Meta-Analysis

Study Design: Frequentist random-effects network meta-analysis of 9 RCTs (N = 5766, 20–72 weeks) comparing oral semaglutide, orforglipron, danuglipron, and tirzepatide with placebo in adults without diabetes, searched to April 2026. Certainty assessed by CINEMA.

Key Findings:

- All agents except low-dose tirzepatide outperformed placebo for percentage weight reduction, with high-dose semaglutide (MD -11.6%) and orforglipron (MD -11.8%) showing the greatest effects.

PES Endocrine Monthly Round-Up

September 2026



Editor's Perspective

September's selection covers five areas of routine practice: the updated ADA/EASD consensus on type 1 diabetes in adults, a Society for Endocrinology position statement on non-medical androgen use, the effect of GLP-1 receptor agonists on body composition, ketoacidosis during SGLT2 inhibitor treatment, and serious adverse events after short courses of oral corticosteroids in type 2 diabetes. Three of the five concern the safety of widely used treatments.

Research Highlights

1. The Management of Type 1 Diabetes in Adults: Updated 2026 ADA/EASD Consensus Report

Guideline Focus: Joint ADA and EASD update of the 2021 consensus report, with expanded coverage of technology, complications, obesity and cardiovascular risk.

Key Messages:

- Adults with suspected type 1 diabetes should have islet autoantibodies measured, with C-peptide considered if these are negative. Teplizumab may benefit people with stage 2 disease.
- Continuous glucose monitoring is preferred, and automated insulin delivery is described as the optimal method of insulin delivery when used consistently. Suggested targets are time in range above 70%, time below range below 4% and HbA1c below 53 mmol/mol, individualised.
- No adjunctive therapy is routinely recommended. SGLT inhibitors increase the risk of ketoacidosis.

Clinical Takeaway: The report recommends automated insulin delivery where feasible and is intended to be adapted to different resource settings.

2. Management of Non-Medical Androgen Use: A Position Statement by the Society for Endocrinology

Guideline Focus: A clinical framework rather than a formal guideline, as the authors consider the evidence insufficient for graded recommendations.

Key Messages:

- Undisclosed androgen use should be considered in unexplained secondary hypogonadism, erythrocytosis, low HDL cholesterol or suppressed LH. A single suppressed LH identified androgen use in approximately 89% of cases.
- Most men recover HPG axis function within about 12 months of stopping, although spermatogenesis may take up to three years. Haemoglobin and haematocrit should be checked twice yearly.

Get online copy at:

<https://pakendosociety.org/endocrine-monthly-round-up/>

ENDO BUZZ

A National Quiz Competition for Endocrine Fellows in Training

The quiz competition was designed for the endocrine fellows in training to build up their clinical wisdom and promote evidence-based practice. Initial rounds were conducted at the four regional centers including Karachi, Lahore, Peshawar and Islamabad. Winners of the qualifying rounds, two candidates from each Centre competed in the final round on 5th July 2026 at 12th mid-summer Endocrine update.

This buzzer quiz was meant to not only test the knowledge of the candidates but also their ability to give the right answer swiftly. A buzzer was assigned to each contestant and case scenarios were displayed on screen followed by five choices of answer. The first to buzz in get the chance to answer. Points were awarded for the correct answer and scores were deducted in case of incorrect response.

Dr Nizamuddin a dynamic host geared the quiz and not only motivated the contestants but also engaged the audience. After a thrilling competition the winner of this event was Dr Sajjad Ahmed endocrine fellow in training at Fatima Memorial Hospital Lahore. Dr Sheza Qureshi and Dr Syed Umair from Karachi Centre were first and second runner up respectively.

Professor AH Aamir Vice president SAFES and past president PES graced the event and distributed the prizes among the winners.

This collaborative Initiative of Pakistan Endocrine Society and ATCO Laboratories was aimed at fostering academic excellence through healthy competition.



ENDO HUB

Advancing Endocrine Learning Through Real-World Case Discussions

EndoHub, an initiative of the Pakistan Endocrine Society in collaboration with Getz Pharma, is dedicated to strengthening the clinical expertise of endocrine fellows across Pakistan. At the PES Midsummer Conference, six endocrine fellows showcased their diagnostic acumen and clinical management skills through detailed and challenging case presentations.

The presentations were evaluated by an esteemed jury panel comprising Dr. Abdul Jabbar, Dr. Aisha Sheikh, Dr. Ibrar Ahmed, and Dr. Osama Ishtiaq, who assessed each case based on clinical reasoning, complexity, and clarity of presentation. Following a rigorous review and shortlisting process by the EndoHub Committee, the selected cases highlighted the growing clinical excellence and commitment of the next generation of endocrinologists in Pakistan.

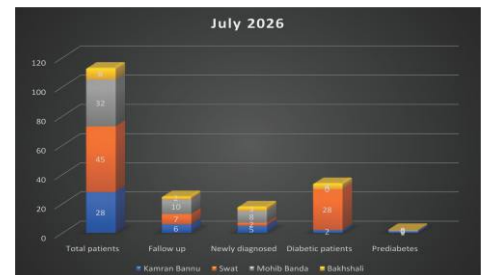
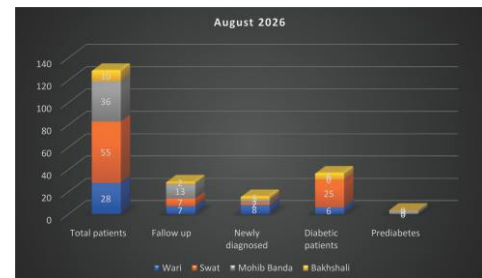




REACH Project Expands: 5th Diabetes Clinic Opens at Bannu PES Initiative

The REACH Project for diabetes has officially opened its 5th clinic at Bannu PES Initiative, marking another important step toward bringing accessible and quality diabetes care closer to the community.

Through our REACH Center, we remain committed to supporting individuals living with diabetes through screening, education, treatment, and ongoing care—helping build a healthier future for the communities we serve.



Mid Summer Endocrine Updates

Global and National Experts, Advancing Endocrine Care

The Pakistan Endocrine Society Conference 2026, held from July 3 to 5, 2026, brought together endocrinologists and healthcare professionals from the world and across Pakistan for three days of scientific learning, expert discussions, academic activities, and professional networking.

The conference featured scientific and industry sessions covering diabetes, cardiometabolic health, hypertriglyceridemia, acromegaly, adrenal disorders, thyroid eye disease, MASLD/MASH, osteoporosis, CGM, and modern diabetes therapies. The program also included EndOlympics, Endocast, Endocrine Board Review, Endobuzz, and an MOU Signing Ceremony, providing opportunities for interactive learning and collaboration.

The conference concluded with a 5 km Diabetes Awareness Walk, PES Executive Members Meeting, and Conference Dinner, marking three enriching days of knowledge sharing, collaboration, and professional engagement.









Understanding PMOS: From Diagnosis to Management

From an ovarian disorder to a chronic endocrine metabolic condition

Introduction

Polyendocrine Metabolic Ovarian Syndrome (PMOS), formerly known as Polycystic Ovary Syndrome (PCOS), is one of the most common endocrine disorder affecting females. The new terminology emphasizes that the condition extends beyond the ovaries and include reproductive, metabolic, endocrine and psychological health. For healthcare professionals, this guides to change from symptoms based treatment toward comprehensive, lifelong risk assessment and individualized care.

Diagnosis: Think beyond the ovaries

PMOS remains a clinical diagnosis, supported by biochemical and/or imaging findings. In adults, diagnosis is generally based on the presence of two of three features after exclusion of other causes:

1. Ovulatory dysfunction: irregular menstrual cycles or anovulation.
2. Clinical and/or biochemical hyperandrogenism: hirsutism, acne or serum androgen elevation.
3. Polycystic ovarian morphology on ultrasound or an elevated AMH level. (1)

Not every woman with PMOS has polycystic ovaries, and not all polycystic ovarian morphology alone establish the diagnosis. AMH may be used as an alternative to ultrasound for assessing ovarian morphology in adults, but should not be used as a single diagnostic test.

Proper evaluation of PMOS should exclude thyroid dysfunction, hyperprolactinemia, non-classic congenital adrenal hyperplasia, Cushing syndrome and androgen secreting tumors. (2,4)

The metabolic component is central:

The major conceptual shift with PMOS is recognition that metabolic risk is integral to the disorder. (7) Insulin resistance and dysglycemia can occur even in women who are not overweight.

At diagnosis, assess:

- BMI and waist circumference, Hip circumference, Waist to Hip Ratio
- Blood pressure
- Glycemic status
- Lipid profile
- Lifestyle and physical activity
- Psychological wellbeing
- Sleep symptoms and risk of obstructive sleep apnea

A 75gm oral glucose tolerance test (OGTT) is the most accurate diagnostic test for glycemic status in women with PMOS and should be considered.

Management: Individualize the treatment

There is no single treatment for PMOS. Management should be determined by the patient's reproductive goals, metabolic risk and predominant symptoms.

1. Lifestyle intervention

Balanced Diet, regular physical activity, adequate sleep and avoidance of excess weight gain should be advised to all women. For women with overweight or obesity, reduction in weight improves menstrual regularity, reproductive outcomes and metabolic health.

2. Menstrual irregularity and hyperandrogenism

When pregnancy is not desired, combined oral contraceptive pills (COCPs) are an important treatment option for menstrual irregularity and clinical hyperandrogenism.

Hirsutism may additionally require cosmetic treatment and in some women, anti-androgen therapy with appropriate contraception. (3,4,6)

3. Metabolic management

Metformin has an important role in women with insulin resistance and impaired glucose tolerance. It also provides reproductive benefits.

Antiobesity pharmacotherapy (GLP1 analogues, Dual GLP1 and GIP analogues) may be considered according to standard obesity management principles in appropriate patients with PMOS. (3,4,6)

4. Fertility

When infertility is due to anovulation, letrozole is the preferred first line pharmacological treatment for ovulation induction in women with PMOS, when there are no other infertility factors requiring alternative management.

Metformin may be useful in selected patients, in whom gonadotropins and assisted reproductive techniques are considered when first line treatment is not helpful. (6)

Preconception optimization is essential as untreated PMOS is associated with increased pregnancy risks, gestational diabetes mellitus and hypertensive disorders. (3,5)

Don't forget long term health

PMOS should be considered a chronic condition rather than a reproductive disorder limited to the reproductive years.

Women with prolonged anovulation may have increased risk of endometrial hyperplasia. Appropriate cycle regulation or progestogen therapy is essential. Long term follow up of these females should address glucose metabolism, cardiovascular risk factors, weight, mental health, sleep and reproductive issues. (3,5)

CLINICAL PEARLS

Think PMOS beyond the ovary

PMOS is the new terminology for PCOS and emphasizes its multisystem endocrine metabolic nature. (7)

- Do not diagnose PMOS from ultrasound alone. Exclude important mimics before confirming the diagnosis.
- Metabolic screening is essential, even in females with normal BMI.
- Screen for psychological symptoms and consider obstructive sleep apnea when clinically indicated.
- Lifestyle intervention remains the cornerstone of management.
- COCPs are useful for menstrual irregularity and hyperandrogenism when pregnancy is not desired.

- Letrozole is first line for infertility secondary to anovulation.

Conclusion

The transition from PCOS to PMOS is more than a simple change in terminology. It reinforces an important clinical message: the ovary is only one part of the syndrome. Effective management requires clinicians to recognize reproductive, metabolic, endocrine and psychological manifestations and to provide optimal care throughout the patient's life. (7)

References

1. De Leo, V., Musacchio, M.C., Cappelli, V. et al. Genetic, hormonal and metabolic aspects of PCOS: an update. *Reprod Biol Endocrinol* 14, 38 (2016). <https://doi.org/10.1186/s12958-016-0173-x>
2. Azziz, R., Carmina, E., Chen, Z. et al. Polycystic ovary syndrome. *Nat Rev Dis Primers* 2, 16057 (2016). <https://doi.org/10.1038/nrdp.2016.57>
3. Teede HJ, Tay CT, Laven JJ, Dokras A, Moran LJ, Piltonen TT, et al. Recommendations from the 2023 international evidence-based guideline for the assessment and management of polycystic ovary syndrome, *European Journal of Endocrinology*, Volume 189, Issue 2, August 2023, Pages G43–G64, <https://doi.org/10.1093/ejendo/lvad096>
4. Escobar-Morreale, H. Polycystic ovary syndrome: definition, aetiology, diagnosis and treatment. *Nat Rev Endocrinol* 14, 270–284 (2018). <https://doi.org/10.1038/nrendo.2018.24>
5. Legro RS, Arslanian SA, Ehrmann DA, Hoeger KM, Murad MH, Pasquali R, et al. Diagnosis and treatment of polycystic ovary syndrome: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2013 Dec;98(12):4565–92. doi: 10.1210/jc.2013-2350. Epub 2013 Oct 22. Erratum in: *J Clin Endocrinol Metab.* 2021 May 13;106(6):e2462. doi: 10.1210/clinem/dgab248. PMID: 24151290; PMCID: PMC5399492.
6. Goodman NF, Cobin RH, Futterweit W, Glueck JS, Legro RS, Carmina E. American Association of Clinical Endocrinologists, American College of Endocrinology, and androgen excess and PCOS society disease state clinical review: guide to the best practices in the evaluation and treatment of polycystic ovary syndrome—part 1. *Endocrine Practice.* 2015 Nov 1;21(11):1291–300.

From PCOS to PMOS: A New Name, A Broader Understanding

Why Polyendocrine Metabolic Ovarian Syndrome better reflects the condition we have known as PCOS

For decades, Polycystic Ovary Syndrome (PCOS) has been one of the most recognised endocrine disorders affecting women. Yet its name has always had limitations. The term “polycystic” can make patients believe that they have ovarian cysts, while the word “ovary” can give the impression that the disorder is primarily a disease of the ovaries. Our understanding has evolved considerably.

In 2026, following an international consensus process involving clinicians, researchers and people with lived experience, Polycystic Ovary Syndrome was renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS). The new terminology was published in The Lancet and reflects a more comprehensive understanding of the condition.

This is more than a change of abbreviation. It represents a change in how we should think about the disorder.

Why PMOS?

The traditional term PCOS does not adequately convey the complexity of the condition. The ovarian findings are only one component of a broader endocrine and metabolic disorder.

The new name highlights three important dimensions. Polyendocrine reflects the complex hormonal abnormalities and interaction between several endocrine pathways.

Metabolic emphasises the important association with insulin resistance, impaired glucose tolerance, type 2 diabetes and other cardiometabolic risks.

Ovarian acknowledges the important reproductive component, including ovulatory dysfunction, menstrual irregularity and fertility.

The term “polycystic” itself is also misleading. The ovarian appearance seen on ultrasound generally represents multiple small follicles rather than true pathological cysts. Furthermore, polycystic ovarian morphology can occur in women who do not have the syndrome.

PMOS therefore encourages us to move away from an ovarian morphology-centred concept towards a multisystem endocrine-metabolic disorder.

Does every woman with PMOS need an ultrasound?

One of the most important misconceptions surrounding PMOS is that an ultrasound is essential for diagnosis. In adults, when both ovulatory dysfunction and clinical or biochemical hyperandrogenism are clearly present, and other causes have been excluded, ovarian ultrasound is generally not required to establish the diagnosis.

Ultrasound can be useful when the diagnosis is uncertain or when another pelvic disorder needs to be excluded. In appropriately selected adults, anti-Müllerian hormone (AMH) may also be used as an alternative to ultrasound for defining polycystic ovarian morphology.

Thus, a report stating “polycystic ovaries” should never be equated with a diagnosis of PMOS.

A woman may have polycystic ovarian morphology without having PMOS. Conversely, a woman may have PMOS without polycystic ovarian morphology.

Adolescents are different

The diagnostic approach in adolescents requires considerably more caution. During normal puberty, menstrual cycles may be irregular, acne is common, androgen levels change and ovarian morphology undergoes substantial developmental changes. These normal physiological processes can closely resemble features attributed to PMOS.

Consequently, applying adult diagnostic criteria to teenagers can result in overdiagnosis and unnecessary labelling.

The international guideline recommends that adolescents should have both appropriately defined menstrual irregularity and clinical or biochemical hyperandrogenism for a diagnosis of PMOS, after exclusion of other causes.

If only one of these features is present, the adolescent may be considered “at risk” and followed over time rather than being prematurely given a definitive diagnosis.

This recommendation is based on the normal physiologi-

cal changes occurring in the adolescent ovary. Follicle number and ovarian morphology vary considerably during this developmental period, making adult ultrasound criteria unreliable.

This does not mean that an adolescent should never undergo ultrasound. Ultrasound remains appropriate when there is another clinical indication—for example, pelvic pain, suspected ovarian torsion, an ovarian mass or another structural pelvic problem.

The important distinction is that ultrasound may be clinically indicated, but it should not be used as a diagnostic criterion for PMOS during the first eight years after menarche.

Beyond reproduction: the metabolic dimension

The inclusion of the word “metabolic” is particularly relevant to endocrinologists.

PMOS is associated with increased risk of insulin resistance, impaired glucose tolerance and type 2 diabetes. Cardio-metabolic assessment should therefore form an important part of comprehensive care.

Importantly, PMOS is not synonymous with obesity. Women of normal BMI can also have the syndrome and may have significant metabolic risk. Conversely, obesity or irregular periods alone do not establish the diagnosis. Management should therefore be individualized according to the woman's phenotype and priorities.

For some women, menstrual regulation may be the main concern. For others, hirsutism, acne or scalp hair loss may have the greatest impact on quality of life. For women seeking pregnancy, restoration of ovulation may be the priority, while for others prevention of diabetes and reduction of cardiometabolic risk may be most important.

Why does this matter in Pakistan?

The change in terminology provides an opportunity to address several misconceptions that are particularly relevant to our clinical practice.

A young girl with irregular periods should not automatically be sent for an ultrasound and labelled as having PCOS or PMOS. A report of “polycystic ovaries” should not be treated as a diagnosis in isolation.

At the same time, persistent menstrual dysfunction combined with clinical or biochemical hyperandrogenism should not simply be dismissed as “normal puberty.”

What does the name change mean for clinicians?

Women previously diagnosed appropriately with PCOS do not need to undergo a new diagnostic process merely because the terminology has changed.

Instead, PMOS provides an opportunity to reconsider whether our approach has been sufficiently comprehensive.

When assessing a woman with PMOS, we should look beyond the ovaries and consider reproductive, endocrine, metabolic, dermatological, psychological and long-term cardiometabolic health.

The terminology also encourages collaboration between endocrinologists, gynaecologists, dermatologists, paediatricians, primary-care physicians and other healthcare professionals.

Conclusion

The transition from Polycystic Ovary Syndrome (PCOS) to Polyendocrine Metabolic Ovarian Syndrome (PMOS) represents an important evolution in our understanding of a common and complex disorder.

The new name reminds us that this is not simply an ovarian condition and that an ultrasound is not synonymous with diagnosis. For adults, ultrasound can be helpful when indicated but is not universally required. For adolescents, diagnostic caution is essential, and ultrasound should not be used to diagnose PMOS during the first eight years after menarche.

Perhaps the most important message is that we should stop thinking of PMOS as a disease defined by an ultrasound image.

REFERENCES

1. Teede HJ, Khomami MB, Morman R, Laven JSE, Joham AE, Costello MF, et al. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. *The Lancet*. 2026;407(10545):2329-39.
2. Teede HJ, Tay CT, Laven JJE, Dokras A, Moran LJ, Piltonen TT, et al. Recommendations from the 2023 international evidence-based guideline for the assessment and management of polycystic ovary syndrome. *European Journal of Endocrinology*. 2023;189(2):G43-G64.
3. Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome. *Fertil Steril*. 2004;81(1):19-25.
4. Kumar R. PMOS in Adolescence: Balancing Early Recognition and Overdiagnosis. *Indian J Pediatr*. 2026.
5. Peña AS, Witchel SF, Boivin J, Burgert TS, Ee C, Hoeger KM, et al. International evidence-based recommendations for polycystic ovary syndrome in adolescents. *BMC Medicine*. 2025;23(1):151.
6. Dewailly D, Lujan ME, Carmina E, Cedars MI, Laven J, Norman RJ, et al. Definition and significance of polycystic ovarian morphology: a task force report from the Androgen Excess and Polycystic Ovary Syndrome Society. *Human Reproduction Update*. 2014;20(3):334-52.
7. Ng NBH, Cree MG, Pena AS, Witchel SF, Khomami MB, Teede HJ. From PCOS to Polyendocrine Metabolic Ovarian Syndrome (PMOS): Implications for Adolescent Gynecologic Care. *J Pediatr Adolesc Gynecol*. 2026.
8. Stener-Victorin E, Carlsson S, Hagstrom H, Taebnia N. MASLD, diabetes and PMOS across the female life stages. *Diabetologia*. 2026.
9. Huang X, Chen Z, Zhang L, Li J. Physical activity, sedentary behavior, and metabolic-reproductive health in women with PMOS (PCOS): a narrative review of mechanisms, clinical evidence, and individualized intervention strategies. *Front Endocrinol (Lausanne)*. 2026;17:1797826.

The Fifth Prescription

Recurrent vulvovaginal candidiasis in women with PMOS, and what the endocrine clinic can do about it

The fifth Prescription

She is thirty-one and has been treated for thrush five times in two years. The notes record the same single word each time, in different handwriting. No swab has ever been sent. She has stopped describing her symptoms in detail, because the description has never changed what she is handed. Most endocrine clinics have this patient, and most of us have written the fifth prescription.

The renaming of polycystic ovary syndrome as polyendocrine metabolic ovarian syndrome (PMOS) in May 2026¹ is a reasonable moment to look at her again, and to resist the pull of a new name. A direct, independent association between PMOS and recurrent vulvovaginal candidiasis (RVVC) has not been established. *Candida* is carried asymptotically by a substantial minority of healthy women, so a positive culture is not by itself a diagnosis, and the step from carriage to disease is a host event. Insulin resistance does not always produce glycosuria that matters, and most supporting data come from women with type 2 diabetes. She is worth our attention for the dysglycaemia, the antibiotics and the glycosuria, not for the label at the top of her chart.

What a swab would have told us

In a first, uncomplicated episode, treating on clinical grounds is reasonable, with microscopy where available.² By the third or fourth episode that logic stops holding, because the organism may not be the one we are picturing. In a local series of 100 vaginal *Candida* isolates, cited for species distribution alone, 68 per cent were *C. albicans* and 32 per cent non-*albicans*, *C. glabrata* commonest among them (Figure 1).³ CLSI assigns no susceptible category for fluconazole against *C. glabrata*, only susceptible dose dependent and resistant, unchanged in the fourth edition.⁴ Weekly fluconazole for a confirmed *C. glabrata* is a plan with a substantial chance of failing, and she is the one who will feel she has failed. Acquired fluconazole resistance in *C. albicans* is now documented after prolonged exposure.⁵

A. Species distribution, 100 vaginal *Candida* isolates



B. Fluconazole interpretive categories for *C. glabrata* (CLSI M27M44S, 4th ed, 2026)



Weekly fluconazole 150 mg for a confirmed *C. glabrata* therefore carries a substantial chance of inadequate response.

Figure 1. Species distribution in a local series of 100 vaginal isolates, and what CLSI allows us to claim for fluconazole against *C. glabrata*. Panel A adapted from reference 3; panel B from reference 4.

The drug we started

Genital mycotic infection is an established class effect of SGLT2 inhibitors, with pooled randomised data in type 2 diabetes showing roughly a threefold increase over control⁶ and real-world cohorts reproducing it.⁷ These data are not from PMOS cohorts. In practice the woman who keeps returning is most often the one with type 2 diabetes on an SGLT2 inhibitor, and women with PMOS increasingly sit in that group as these agents are prescribed for wider cardiometabolic indications. Before I start one, I ask about previous genital mycotic infection, and I say the word recurrence out loud so it is not a surprise later. Where the burden is substantial, an alternative metabolic therapy is worth considering, though none of this justifies withholding a drug with a strong indication.

Naming it properly

Definitions differ: CDC requires three or more symptomatic episodes in under a year, IDSA four or more annually.^{2,8} Neither asks for a culture of every episode, but before committing a woman to six months of suppression I want to know what I am suppressing. Send a swab for culture with speciation, and ask for susceptibility testing and specialist review if she stays symptomatic and culture positive on maintenance. A negative wet mount excludes very little. Because many women with non-*albicans* yeast have few symptoms, look for another cause before treating the isolate.² Bacterial vaginosis, trichomoniasis, lichen sclerosus and contact dermatitis all get called thrush at some point, and the last is worth asking about in a woman using depilatory creams for hirsutism.

Control, not cure

Exclude pregnancy first; oral fluconazole is generally avoided in pregnancy, where a seven-day topical azole is used instead.² Outside pregnancy, confirmed or strongly suspected *C. albicans* RVVC is treated in two phases: fluconazole 150 mg every 72 hours for three doses, then 150 mg weekly for six months.^{9,10} Weekly suppression is a low azole exposure, so interaction risk is small, but I check Table 1 for a woman on warfarin or a sulfonyleurea. Fewer than half of the women in the pivotal trial were disease free at twelve months (42.9 per cent), and most recurrences came after suppression stopped,⁹ so I tell her at the outset that we are buying control rather than cure. A woman who expects cure reads her relapse as failure and goes back to the pharmacy counter, not to us

For symptomatic *C. glabrata*, ask first whether the isolate is colonisation. A prolonged topical non-fluconazole azole may be tried, and nystatin pessaries 100 000 units daily for fourteen days are an IDSA-supported alternative on low-quality evidence.⁸ For persistent disease, intravaginal boric acid 600 mg daily may be considered, for fourteen days under IDSA guidance or three

Table 1. Oral fluconazole in the PMOS pharmacy: interactions, safety and monitoring

Co-prescribed agent	Interaction	Practical action
Sulfonylureas (glipizide, glimepiride)	CYP2C9 inhibition raises exposure and hypoglycaemia risk	Warn her; increase glucose monitoring early and after stopping
Warfarin	CYP2C9 inhibition raises INR	Increase INR monitoring after starting, changing or stopping, until stable
Simvastatin, atorvastatin	CYP3A4 inhibition raises statin exposure and myopathy risk	Avoid simvastatin during prolonged suppression; counsel on muscle symptoms
QT-prolonging agents	Additive QT prolongation	Risk-based ECG and electrolyte assessment before prolonged therapy
Pregnancy	Oral fluconazole is generally avoided	Exclude pregnancy first; use a seven-day topical azole
Renal impairment, prolonged course	Reduced clearance increases exposure; transaminase rise possible	Adjust dose by creatinine clearance; baseline liver function tests

Prepared by the pharmacy co-author from the fluconazole product monograph and CDC and IDSA guidance (references 2, 8, 13). Interaction risk is dose dependent and greatest at the 400 mg and higher doses used to treat established infection. At 150 mg weekly the clinical risk is modest, but it persists for narrow therapeutic index drugs metabolised by CYP2C9, warfarin above all, because the long half-life of fluconazole carries inhibition between doses.

weeks under CDC guidance.^{2,8,11,12} Oteseconazole, which carries major reproductive restrictions, and ibrexafun-gerp are not realistically available here (Figure 2)

Back to her

What I am asking for is small and unglamorous. One swab, sent before the sixth prescription, and one honest sentence about what six months of treatment can and cannot promise. RVVC gathers around dysglycaemia, antibiotics and glycosuria, which is to say around our clinics and the drugs we are pleased to have started. She has been coming back for two years. It is time we found out what we have been treating.

Three things to take to clinic

1. A direct PMOS association is not established. Recurrence matters in dysglycaemia, repeated antimicrobial exposure and treatment-related glycosuria, most often on an SGLT2 inhibitor.
2. Culture and speciate before prolonged suppression. Fluconazole has no susceptible category against *Candida glabrata*.
3. Exclude pregnancy before treatment, and say at the start that suppression buys control, not cure.

References

1. Teede HJ, Bahri Khomami M, Morman R, et al. Polyendocrine metabolic ovarian

syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. *Lancet*. 2026;407(10545):2329-39. doi:10.1016/S0140-6736(26)00717-8.

2. Workowski KA, Bachmann LH, Chan PA, et al. Sexually transmitted infections treatment guidelines, 2021. *MMWR Recomm Rep*. 2021;70(4):1-187.
3. Mussarat U, Zaman G, Satti L, Taj S, Niazi M. Identification, distribution and antifungal sensitivity of *Candida* species in vulvovaginal candidiasis. *Pak Armed Forces Med J*. 2023;73(Suppl-1). doi:10.51253/pafmj.v73iSUPPL-1.11857.
4. Clinical and Laboratory Standards Institute. Performance standards for antifungal susceptibility testing of yeasts. 4th ed. CLSI supplement M27M44S. Wayne, PA: CLSI; 2026.
5. Marchaim D, Lemanek L, Bheemreddy S, Kaye KS, Sobel JD. Fluconazole-resistant *Candida albicans* vulvovaginitis. *Obstet Gynecol*. 2012;120(6):1407-14.
6. Liu J, Li L, Li S, Jia P, Deng K, Chen W, Sun X. Effects of SGLT2 inhibitors on UTIs and genital infections in type 2 diabetes mellitus: a systematic review and meta-analysis. *Sci Rep*. 2017;7:2824.
7. Lega IC, Bronskill SE, Campitelli MA, et al. Sodium glucose cotransporter 2 inhibitors and risk of genital mycotic and urinary tract infection: a population-based study of older women and men with diabetes. *Diabetes Obes Metab*. 2019;21(11):2394-404.
8. Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guideline for the management of candidiasis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2016;62(4):e1-50.
9. Sobel JD, Wiesenfeld HC, Martens M, et al. Maintenance fluconazole therapy for recurrent vulvovaginal candidiasis. *N Engl J Med*. 2004;351(9):876-83.
10. Donders G, Bellen G, Byttebier G, et al. Individualized decreasing-dose maintenance fluconazole regimen for recurrent vulvovaginal candidiasis (ReCiDiF trial). *Am J Obstet Gynecol*. 2008;199(6):613.e1-9.
11. Sobel JD, Chaim W, Nagappan V, Leaman D. Treatment of vaginitis caused by *Candida glabrata*: use of topical boric acid and flucytosine. *Am J Obstet Gynecol*. 2003;189(5):1297-300.
12. Ray D, Goswami R, Banerjee U, et al. Prevalence of *Candida glabrata* and its response to boric acid vaginal suppositories in comparison with oral fluconazole in patients with diabetes and vulvovaginal candidiasis. *Diabetes Care*. 2007;30(2):312-7.
13. DIFLUCAN (fluconazole) product monograph. Kirkland, Quebec: Pfizer Canada ULC; revised 7 February 2023.

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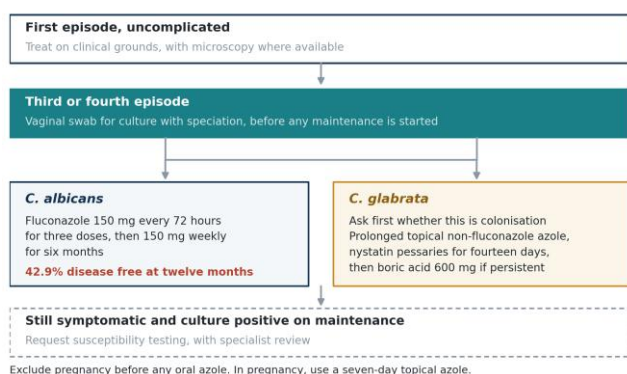


Figure 2. A practical route from the first episode to species-specific treatment. Based on CDC and IDSA guidance (references 2, 8) and the maintenance trials (references 9, 10).

PMOS: Beyond Reproductive Health — A New Perspective on Metabolic Risk in Women

PCOS Is Now PMOS—Will a New Name Translate to Improved Clinical Care [1]

The terminology PCOS (polycystic ovary syndrome) has evolved to PMOS (polyendocrine metabolic ovarian syndrome), reflecting growing recognition that the condition extends well beyond reproductive and ovarian features.

Why the Change Matters

- PMOS is a multisystem condition, involving reproductive, endocrine and metabolic health.
- The new terminology highlights important associations with insulin resistance, obesity and cardiometabolic risk.
- The term “polycystic” may create the misconception that ovarian cysts are the central feature of the disorder.
- The change followed extensive international discussion involving patients, clinicians, researchers and advocacy organizations.
- The process included input from approximately 22,000 survey respondents and 56 patient organizations and societies.

From Reproductive Health to Whole-Person Care

PMOS should not be viewed solely through the lens of menstrual irregularity, hyperandrogenism or fertility. Its metabolic dimensions are increasingly recognized as important components of long-term health.

Particular attention should be given to:

- Insulin resistance and glucose abnormalities
- Obesity and adiposity
- Type 2 diabetes risk

- Cardiometabolic health
- Liver health and MASLD

Does the New Name Change Treatment?

No. A change in terminology does not itself change the underlying condition, diagnostic criteria or established treatment approaches. The larger goal is to improve recognition, communication and clinical attention to the broader health needs of women with PMOS.

The real test of the new terminology will be whether it translates into greater awareness and more comprehensive, multidisciplinary care.

MASLD, Diabetes and PMOS Across the Female Life Stages [2]

PMOS, type 2 diabetes (T2D) and metabolic dysfunction-associated steatotic liver disease (MASLD) share several biological pathways and frequently intersect in women.

A Shared Metabolic Connection

Common mechanisms include:

- Insulin resistance
- Adipose tissue dysfunction
- Chronic low-grade inflammation
- Adipokine dysregulation
- Hepatic lipid accumulation
- Mitochondrial dysfunction

Hyperandrogenism may also contribute to liver disease by promoting hepatic lipogenesis and activating pathways associated with liver fibrosis.

Women's Life Stages:

Windows of Opportunity

Hormonal transitions may influence metabolic risk throughout a woman's life.

Adolescence

- Early metabolic risk may become apparent.
- Identification of insulin resistance and other risk factors may provide an opportunity for early intervention.

Pregnancy

- Major hormonal and metabolic changes occur.
- Women with PMOS may require attention to glucose metabolism and metabolic health during and after pregnancy.

Menopause

- Changes in ovarian hormones can affect body-fat distribution and insulin sensitivity.
- Existing risks for T2D and MASLD may become increasingly important.

Clinical Implications

A life-stage approach encourages clinicians to look beyond reproductive symptoms and consider broader health risks.

Consider assessment of:

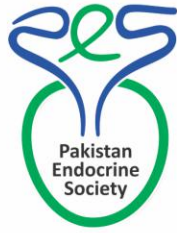
- Glucose and diabetes risk
- Weight and adiposity
- Insulin resistance
- Liver health/MASLD
- Cardiometabolic risk factors

Key Takeaway

PMOS, T2D and MASLD are interconnected conditions with shared metabolic pathways. Recognizing these connections across adolescence, pregnancy and menopause may support earlier identification of risk and more comprehensive, individualized care.

References

1. Schweitzer K. PCOS Is Now PMOS—Will a New Name Translate to Improved Clinical Care? JAMA. 2026.
2. Stener-Victorin E, Carlsson S, Hagström H, Taebnia N. MASLD, diabetes and PMOS across the female life stages. Diabetologia. 2026 Jun 5:1–7.



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