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8 common myths about PCOS (Polycystic Ovary Syndrome)



8 common myths about PCOS (Polycystic Ovary Syndrome)

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Originally published 13 Apr 2023



Polycystic ovary syndrome is one of the most common yet misunderstood women's health conditions. With misinformation circulating the internet, we sort fact from fiction and explore how myths about PCOS might be harming women with this condition.

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PCOS: common but misunderstood

Worldwide, **polycystic ovary syndrome** – or PCOS – affects up to two out of 10 women of reproductive age¹. It is the most common hormonal imbalance problem among females and one of the biggest causes of **female infertility**. Yet, this condition is often misunderstood, and myths about PCOS can cause problems for those needing the right diagnosis and treatment.

For obstetrician and gynaecologist Dr Melanie Bone, these myths are the result of a knowledge gap: "PCOS is often cited as one of the most underfunded and under-researched areas of gynaecological health, particularly given how common it is."

Women with PCOS have an imbalance in their reproductive hormones. This imbalance creates problems in their ovaries – the female reproductive organs which release an egg each month as part of the menstrual cycle. With PCOS, this process is disrupted, and people can experience fertility issues, alongside metabolic and other health problems.

PCOS may not be curable, but it is treatable. With the help of two women's health specialists, we debunk the common myths about PCOS and explore how they may be harming women with this condition.

Myth 1: You must have polycystic ovaries to have PCOS

Despite the name, polycystic ovary syndrome doesn't necessarily mean you have cysts – fluid-filled lumps – **on your ovaries**. Some people have PCOS and don't have cysts – others have cysts on their ovaries and don't have PCOS. Dr Elise Dallas, clinical lead for the women's health team at **Babylon**, explains:

"To be diagnosed with PCOS, a woman needs to fulfil only two of these three criteria."

1. Androgen excess – your ovaries make too much testosterone – suffering from excess body and facial hair or **hirsutism**. This can be confirmed with blood tests.
2. Irregular menstrual cycles – you have missed or no periods.
3. Multiple follicles/cystic ovaries – you have cysts on your ovaries, as seen on an ultrasound.

Myth 2: PCOS is a rare condition

"PCOS is thought to affect around one in every 10 women, yet despite it being so common, it's still largely misunderstood and under-researched," says Dr Bone. The **Daye** medical board member goes on to explain that 34% of people with PCOS report a diagnosis time of more than two years, with 47% saying they saw at least three clinicians in the process: "The lack of awareness and knowledge about the condition is a large contributing factor to delayed or missed diagnoses."

Myth 3: You must be overweight or obese to have PCOS

While it's true that PCOS is more common in **overweight and obese people** – who account for around six out of 10 people with PCOS² – women of all shapes and sizes have this condition.

PCOS can affect your body's ability to use insulin properly, which may lead to **weight gain**. However, the relationship between weight gain and PCOS is often misunderstood and linked to shame – even though weight loss can't cure PCOS. This is because our society tends to make lifestyle assumptions about overweight people – such as what they eat and how much they exercise. For many women struggling to manage their weight with PCOS, this so-called weight stigma risks keeping them from seeing their doctor and getting the treatment they need.

Myth 4: PCOS symptoms are always the same

The three main symptoms of PCOS are having missed or no periods, **extra hair growing on your face and body**, and cysts on your ovaries. PCOS can also present in several other ways.

"One of the most common misconceptions I see is that women with PCOS always have excess hair growth, known as hirsutism," says Dr Dallas. "This growth is due to higher

levels of male hormones – called androgens – but not all women will experience excessive hair growth, and ethnicity will play a part."

Dr Bone adds that there's a great variety of possible symptoms, and that this can often lead to delays in people being **diagnosed with PCOS** – or it being missed completely.

Myth 5: If you have irregular periods, you have PCOS

Periods are considered regular if they occur every 21 to 35 days. If they are more disrupted than this, it's possible you have PCOS, but there are many other reasons why you could be experiencing **irregular or missed periods**.

According to Dr Dallas, **breastfeeding, extreme dieting, over-exercising, pelvic inflammatory disease, uterine fibroids, thyroid disorders, and stress** are just a handful of examples of what could be causing irregular periods. Try not to self-diagnose, and speak to your doctor about finding the right cause.

Patient picks for **Periods and period problems**



Women's health

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Endometriosis is a common long-term condition. In endometriosis, cells that are like the lining of the womb (uterus) grow outside the womb, such as on other reproductive organs like the Fallopian tubes and the ovaries.

by Dr Doug McKechnie, MRCGP



Women's health

Periods and period problems

Starting to have periods is part of growing up. Periods start to occur around the same time as other changes happen to the body, such as starting to develop breasts or to grow pubic hair. The average age to start periods is 13 but it is normal to start at any time between the...

by Dr Hayley Willacy, FRCGP

Myth 6: PCOS always causes infertility

"This is probably the most common myth when it comes to PCOS," says Dr Bone.

Whilst PCOS is **the biggest cause of female infertility**, your chances of conceiving naturally with PCOS varies from person to person. Some women with PCOS don't produce an egg each month at all, others do every now and then, and those with normal periods do regularly.

If your PCOS limits how many eggs your ovaries produce, Dr Bone advises that the right medication and care can give you a very good chance of becoming pregnant. Tablets such as **clomifene** can stimulate regular ovulation and menstrual cycles. **IVF fertility treatment** is also a good option.

- Seven out of 10 women with PCOS who use clomifene give birth³.
- Up to four out of 10 women with PCOS who undergo fertility treatment get pregnant, and those at a healthy weight are twice as likely to as those who are obese⁴.

Myth 7: You can't have a safe pregnancy if you have PCOS

It's true that women with PCOS have a higher chance of **complications during pregnancy**, such as **miscarriage**, **pre-eclampsia**, and **preterm birth**. Whilst it's important to be aware of these risks, more often than not, women with PCOS have safe, healthy, and successful pregnancies. Regular check-ups and management make a big difference here, so having a PCOS diagnosis in the first place improves your chances of healthy pregnancy.

Myth 8: PCOS is well understood

Even though this condition is so common, there's a lot that both scientists and the public still don't understand. Our women's health specialists highlight how this can lead to misinformation, and why this can be harmful.

Dr Bone: "Better understanding of the causes, symptoms, and treatment of PCOS is the best way we can support those suffering with the condition, and there is still a lot more that could be done here. For example, the links and risks associated with PCOS, pregnancy, and fertility aren't always presented in a way that feels accessible and can feel quite scary. The information online can feel overwhelming and isn't always accurate."

Dr Dallas: "PCOS is a syndrome, or a group of symptoms, so just one sign or symptom is not enough for a diagnosis. The reason this is important is that many women are being incorrectly diagnosed because they just have irregular periods or an ultrasound showing polycystic ovaries. Mislabelling women with PCOS prevents them from receiving care for their actual issue. Some conditions can have serious health consequences if left untreated. For example, when periods stop because of stress, weight loss and/or excessive physical exercise – which can lead to bone loss."

If you suspect you may have PCOS, or have PCOS and are thinking about starting a family, it's best to talk to your doctor to discuss the next steps in your care.

Further reading

1. Deswal et al: The prevalence of polycystic ovary syndrome: a brief systematic review.
2. Barber et al: Obesity and polycystic ovary syndrome: implications for pathogenesis and novel management strategies.
3. Sanches Melo et al: Treatment of infertility in women with polycystic ovary syndrome: approach to clinical practice.
4. Namli Kalem et al: Effect of body mass index and age on in vitro fertilization in polycystic ovary syndrome.

Article history

The information on this page is peer reviewed by qualified clinicians.

- **13 Apr 2023** | Originally published

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