NICE National Institute for Health and Care Excellence

Polyendocrine Metabolic Ovarian Syndrome (PMOS)

Consultation on draft guideline – deadline for comments 5pm, on 11 August 2026 email: PCOS@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation**.
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline and the evidence presented in the adaptation reports. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on the following questions. **Please include your answers to the following questions with your comments in the table below.** 1. Would it be challenging to implement any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives). 2. Would implementation of any of the draft recommendations have significant cost implications? 3. The draft NICE guideline recommends a serum anti-mullerian hormone (AMH) test as an alternative to ultrasound for assessing polycystic ovarian morphology (PCOM) in some women, trans men and non-binary people aged 18 or over who have suspected PMOS. **If you are a GP, are you confident you can accurately interpret the results of an AMH test done to assess for PCOM?** 4. In the draft guideline, NICE refers to specific BMI values in two places: ○ recommendation 1.12.1, which is about metformin for metabolic health problems in adults and refers to a BMI of 25 kg/m^2 or more. ○ recommendation 1.21.7, which is about access to ovulation induction and refers to a BMI of less than 40 kg/m^2. **Are you aware of any published evidence that would support the BMI values used in these recommendations, or different BMI thresholds for particular ethnic groups? If so, please provide details.** See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.

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Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	BRITISH ASSOCIATION FOR NUTRITION AND LIFESTYLE MEDICINE (BANT0
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	None
Confidential comments (Do any of your comments contain confidential information?)	No
Name of person completing form	Dr Susan McGinty

Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1		General	General	BANT is concerned about the repeated reference to NG246 (Obesity: identification, assessment and management) throughout the PMOS guideline. NG246 is a population-level obesity guideline based on high-starch, low-fat public health nutrition models that are not appropriate for individuals with impaired metabolic flexibility, insulin resistance, or hyperinsulinaemia, which are core pathophysiological features of PMOS. Reliance on NG246 risks directing clinicians toward dietary advice that may worsen

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				glycaemic variability, exacerbate hyperinsulinaemia, and undermine the guideline's aims of improving metabolic health. PMOS is fundamentally a metabolic–endocrine disorder characterised by insulin resistance, compensatory hyperinsulinaemia, disrupted ovarian steroidogenesis, and increased cardiometabolic risk. Dietary approaches emphasising high-starch or high-glycaemic carbohydrate patterns—consistent with NG246—are **contra-indicated** in this context. Multiple systematic reviews and controlled trials demonstrate that low-glycaemic, low-glycaemic-load, or lower-carbohydrate dietary patterns significantly improve insulin sensitivity, reduce fasting insulin, improve menstrual regularity, reduce androgen levels, and support weight management in PMOS (e.g., Marsh et al., *Am J Clin Nutr*, 2010; Gower et al., *JCEM*, 2013; Mehrabani et al., *Nutrition & Metabolism*, 2021). Ultra-processed food reduction also improves metabolic markers relevant to PMOS (Hall et al., *Cell Metabolism*, 2019). BANT further recommends that the guideline explicitly address the role of **fructose**, particularly from sugar-sweetened beverages and ultra-processed foods, in worsening metabolic dysfunction in PMOS. Fructose is uniquely lipogenic: it bypasses key regulatory steps in hepatic metabolism, driving de novo lipogenesis, increasing liver fat, visceral adiposity, and systemic insulin resistance. These mechanisms directly worsen the metabolic abnormalities central to PMOS. High-quality metabolic ward studies show that fructose-sweetened beverages increase fasting insulin, hepatic fat, triglycerides, and visceral adiposity compared with glucose (Stanhope et al., *J Clin Invest*, 2009). Reducing fructose intake rapidly improves liver fat and insulin sensitivity (Schwarz et al., *Obesity*, 2015). Systematic reviews confirm that sugar-sweetened beverages significantly worsen weight, insulin resistance, and cardiometabolic risk (Te Morenga et al., *BMJ*, 2013). Given the high prevalence of metabolic dysfunction in PMOS, dietary guidance should explicitly advise minimising fructose-rich ultra-processed foods and sugar-sweetened beverages. For these reasons, BANT recommends removing references to NG246 and replacing them with PMOS-specific dietary guidance such as: **"Offer individualised dietary advice emphasising a low-glycaemic, whole-food dietary pattern that minimises ultra-processed foods and fructose-rich products, supporting improved insulin sensitivity and metabolic health."**

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Insert extra rows as needed

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The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

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