Sudden irregular periods and rapidly worsening facial hair: don’t assume it is PMOS

You asked: My periods became irregular suddenly, and I’ve developed rapidly worsening facial hair. Is this just PMOS?
Researched Oct 1, 2026

No—those symptoms can occur with PMOS, but a sudden change and rapidly worsening facial hair should be assessed promptly rather than treated as “just PMOS.” PMOS is the current name for the condition formerly called polycystic ovary syndrome (PCOS). It can cause irregular or missed periods and excess coarse facial or body hair, called *hirsutism*. [1]

However, international guidance says new, severe, or worsening androgen-related symptoms need further investigation. The timing matters because rapid progression can point to causes other than PMOS, including an androgen-producing ovarian or adrenal disorder. [2]

How quickly to seek care

Arrange a **prompt appointment—ideally within days—with a primary-care clinician, gynecologist, or endocrinologist**. Be clear when booking: “My periods changed suddenly and my facial hair is worsening rapidly.”

Seek **same-day urgent medical assessment** if you also notice signs of virilization, meaning a stronger androgen effect, such as:

- a deepening voice
- rapidly increasing muscle bulk
- new marked scalp-hair thinning or loss
- enlargement of the clitoris

Rapid onset and progression are warning features for a non-PMOS cause. Suspected tumor-related androgen excess warrants urgent specialist referral. [3]

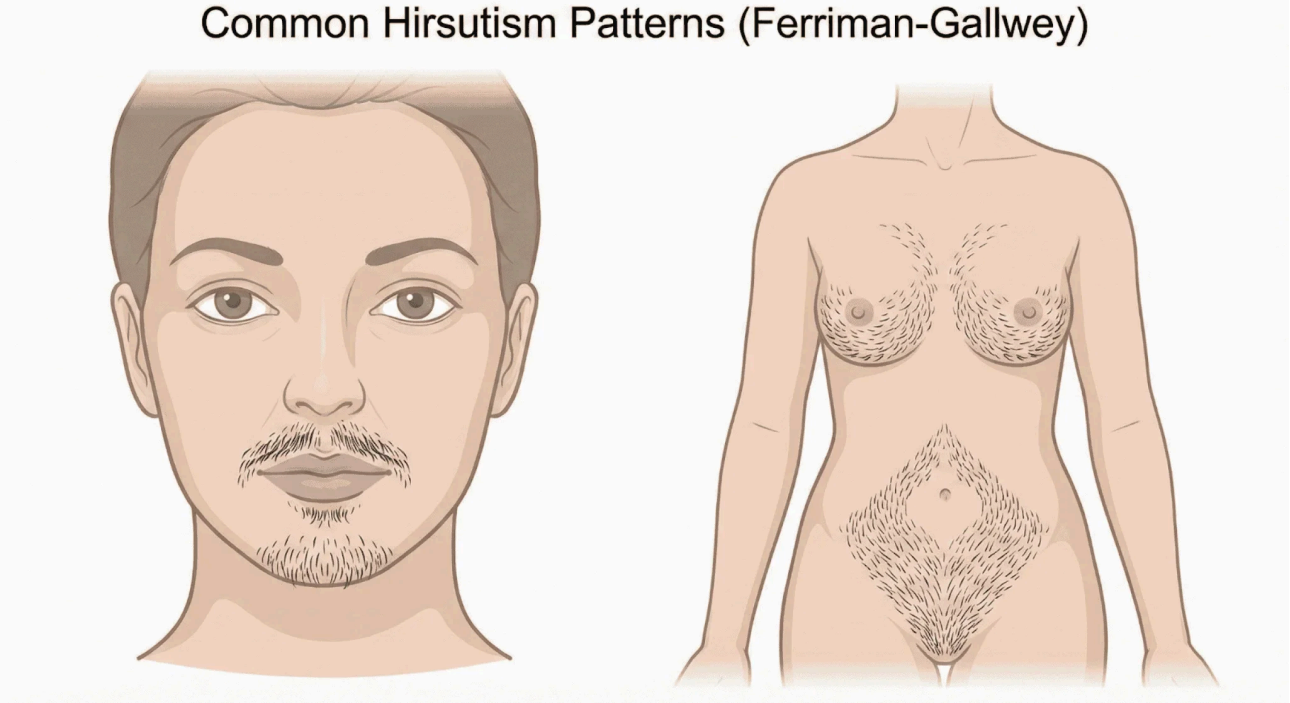
Also seek urgent care for severe pelvic or abdominal pain, fainting, very heavy bleeding, or possible pregnancy with pain or bleeding.

What the appointment may involve

A clinician will ask when your cycles changed and how quickly the hair growth developed. Bring a list of every medicine, injection, cream, supplement, or “hormone support” product you use. This includes testosterone and DHEA products, which can affect androgen levels.

They may examine for hirsutism, acne, scalp-hair loss, and other signs of androgen excess. Testing is individualized, but commonly includes a pregnancy test when relevant and blood tests for

androgens. Total and free testosterone are recommended measures when assessing biochemical androgen excess; other tests and imaging depend on the history, examination, and results. [4]



This clinical diagram shows areas a clinician may assess when evaluating androgen-related hair growth. · Image source: First Signs of PCOS: Early Symptoms & When to Worry – MNT

Possible explanations include PMOS, exposure to androgen-containing medicines or supplements, nonclassic congenital adrenal hyperplasia, Cushing syndrome, ovarian hyperthecosis, and androgen-producing ovarian or adrenal tumors. [3]

Hirsutism evaluation and diagnosis
A medical instructor explains how clinicians assess hirsutism and consider causes beyond PMOS.
Video · https://www.youtube.com/watch?v=94W4jpiEVa0

Why PMOS cannot be confirmed from symptoms alone

PMOS is a diagnosis made after considering other causes. In adults, it generally requires at least two of these three features: irregular or absent ovulation, clinical or blood-test evidence of increased androgen activity, and polycystic ovarian appearance on ultrasound or, in selected adults, an appropriate AMH result. [1]

An ultrasound alone does not diagnose PMOS. Conversely, ultrasound may not be needed when irregular cycles and androgen excess are already present and there are no atypical features. [3]

What to do now

Until you are seen:

- Record period dates, bleeding changes, and when hair growth began.
- Note how quickly it has progressed and any acne, scalp-hair loss, voice change, or muscle changes.
- Take photos over time if that helps show the rate of change.
- Do not start unprescribed hormone, testosterone, or DHEA products.

Hair removal methods can help with comfort, but the priority is finding the cause of the rapid change. Once that is clear, treatments for unwanted facial hair and irregular periods can be chosen safely.

Sources

1. Mayo Clinic Healthcare https://www.mayoclinic.org/uk/specialties/endocrinology/pmos-treatment
2. International PCOS Guideline https://www.asrm.org/globalassets/_asrm/practice-guidance/practice-guidelines/pdf/recommendations_from_the_2023_int_evidence-based_guideline_on_pcos.pdf
3. Society for Endocrinology guideline https://onlinelibrary.wiley.com/doi/10.1111/cen.15265?msockid=2d0f2753bd0d6325178b30b0bc2d62c7
4. International PCOS Guideline https://academic.oup.com/jcem/article/108/10/2447/7242360