GUIDE 04

PCOS: HEALTH & FITNESS

Sustainable food and training habits, without blame or extreme diets.

You are not a failed dieter. Your symptoms deserve care, and your goals deserve a workable plan.

Practical examples. Clear boundaries. Space for your experience.
General adult education, not diagnosis or medical clearance.

Understand the condition

A note on the name [1,2]

PCOS is the familiar name used in this booklet. Current NHS and international resources also use PMOS: polyendocrine metabolic ovarian syndrome. You may see both names when looking for support.

More than ovarian cysts

The condition can involve irregular ovulation, androgen-related symptoms and metabolic difficulties. It affects people across body sizes. Diagnosis and treatment belong with a clinician; an ultrasound image or weight alone does not establish the diagnosis.

Insulin resistance, in plain language

Insulin helps regulate blood glucose. With insulin resistance, the body responds less effectively. This does not mean carbohydrate is forbidden, nor that your body is broken. Individual treatment may include lifestyle changes and medication.

Start with your priorities

Choose what you want help with: energy, strength, periods, skin/hair symptoms, fertility or body composition. Fitness habits can support health, but are not a cure or a replacement for medical care.

Use meals you can repeat

No compulsory PCOS diet [2]

The international guideline does not identify one best diet composition for everyone. Sustainability and individual needs matter. You do not need to remove gluten or dairy unless there is another reason, such as an allergy or diagnosed condition.

Build your usual plate

Start with a protein source, a serving of carbohydrate, fruit or vegetables and some fat. Try one palm of chicken/tofu, a cupped hand of rice, vegetables and dressing; increase portions when hungry or training demands are higher. This is a starting example, not a calorie prescription.

Make one useful change

If breakfast is just coffee, add food. If lunch lacks protein, add beans, eggs, fish or tofu. If afternoon hunger is predictable, plan a snack. Repeat the change before adding another.

Keep enjoyable foods

Include foods you like in normal meals or snacks. A plan built around fear of sugar or forbidden foods can become harder to sustain.

Strength plus manageable cardio

A starting week to discuss

Monday: coached full-body strength.
Tuesday: 15-20 minutes comfortable walking.
Wednesday: rest or easy movement.
Thursday: coached full-body strength.
Friday: 15-20 minutes walking or cycling.
Weekend: one enjoyable activity and recovery time.

Adjust to your starting point

If inactive, begin with shorter walks and one coached session. If already training regularly, keep your established plan. These examples are a way to organise the week, not a disease-specific minimum.

Progress without punishment

When a session feels manageable and recovery is good, add a few repetitions or a small load increase with your coach. Change one thing at a time. Do not add hard cardio to compensate for a meal.

A broader win

Your plan should improve what you can do and fit around your life. Track attendance, walking tolerance and strength alongside any body-composition goal.

If fat loss is your chosen goal

It is optional, not a test of worth

Some people want weight management; others want strength, symptom support or maintenance. Healthful habits can be useful without weight loss. Agree a goal that you actually want, not one imposed by a chart.

Begin without daily calorie logging

Keep regular meals and a consistent portion starting point for two to four weeks. Note hunger, energy and training. If weighing is comfortable, use comparable conditions and trends rather than single readings.

Review before reducing food

If progress is not matching the agreed goal, check consistency, sleep, medication changes and whether the target is realistic. Then choose one modest adjustment with your coach: for example, reduce an automatic extra snack or serve a little less added oil. Keep nourishing meals intact.

When not to cut more

Persistent fatigue, intense hunger, missed periods, poor recovery or distress around eating calls for review, not a stricter diet. Seek dietetic support if the process becomes difficult.

A realistic food day

Breakfast

Greek yoghurt or a protein-rich soya alternative, oats and berries. Alternatively: eggs or tofu scramble on toast with fruit. Choose a serving that keeps you comfortably fuelled.

Lunch

Chicken, tuna, beans or lentils in a jacket potato, wrap or rice bowl. Add vegetables and a flavour you enjoy. A carbohydrate source is part of the meal, not a mistake.

Afternoon

If dinner is late or you are hungry, have a planned snack: fruit with yoghurt, hummus and bread, or cheese and oatcakes. Do not insist on waiting until evening if it leaves you ravenous.

Dinner

A familiar family meal: chilli with rice, tofu stir-fry with noodles, or chicken and potatoes. Include vegetables where practical. After dinner, review whether the day was satisfying and easy enough to repeat. Adjust for allergies, preferences and your clinician's advice.

Health checks beyond the gym

Ask your clinician [1,2]

Discuss period management, blood glucose and cardiovascular risk checks, sleep problems, mental health, and fertility goals where relevant. Very infrequent periods need a medical plan; do not wait for exercise or weight changes to solve them.

Supplements and medication

Do not replace prescribed treatment with a "hormone balance" product. Ask about evidence, side effects, interactions and cost before starting anything. A supplement testimonial is not proof that it will help you.

Your appointment notes

My main concern: _____
My period pattern: _____
Medicines/supplements: _____
What I have tried: _____
What support I want: _____

Neon next step

Choose one food habit and two realistic movement appointments for the next fortnight. Review how you feel, not just a number. Bring clinical recommendations to your coach so the plan works alongside your care.

Sources & how to use this guide

[1] NHS: PMOS (formerly PCOS)

Open source

[2] Monash University: International evidence-based PCOS / PMOS guideline and resources

Open source

[3] Teede et al. (2023). International evidence-based guideline recommendations. Human Reproduction.

Open source

Evidence and practical examples

Sources checked 12 September 2026. Numbered references support the clinical summaries; the meal ideas, checklists and example routines are Neon coaching suggestions, not validated treatment protocols. Advice must be adapted to you.

Using this guide

This guide is general education for adults, not individual medical advice. It has not been independently clinically reviewed; obtain individual advice for symptoms, medical conditions, medicines, pregnancy or disordered eating. Do not change prescribed treatment using this booklet.