

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Polycystic Ovary Syndrome

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

Polycystic Ovary Syndrome

STAGE 4. Development of guideline or topic area for update

(to be completed by the topic team before consultation on the draft guideline or update)

Polycystic Ovary Syndrome

Date of completion: May 2026

Focus of guideline or update: assessment, diagnosis and management of PCOS in line with the International Guideline on PCOS

<p>4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any further potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?</p>
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Parts 2 and 3 of the EHIA are available on the website [here](#) and [here](#). Part 1 (surveillance) does not apply since this is a new guideline, not an update.

The equality issues identified during scoping were as follows:

Equality Act protected characteristics

Age - Younger people may have difficulty getting symptoms recognised and taken seriously

Sex - Women with PCOS report not being listened to by healthcare professionals

Gender reassignment - Trans and non-binary people may experience poorer access to services, worse health outcomes, and barriers to fertility services and appropriate support.

Pregnancy and maternity - PCOS linked to higher-risk pregnancies (e.g. miscarriage, gestational diabetes)

Race / ethnicity - Differences in prevalence and severity of PCOS across ethnic groups; higher risk of comorbidities (e.g. diabetes, CVD) in some groups.

Sexual orientation - Same-sex couples may face greater barriers to accessing NHS-funded fertility investigation and treatment compared to heterosexual couples.

Other characteristics

Socioeconomic status - Higher prevalence of PCOS in more deprived groups; unequal access to treatments such as laser therapy and weight-loss drugs (largely private). BMI thresholds restrict fertility treatment access, disproportionately affecting disadvantaged populations.

Geographical variation - Postcode lottery in access to services (weight management, obesity drugs, fertility treatment), with large variation between regions and integrated care boards.

The following additional issue was identified during development:

Disability –Since PCOS is a multi-faceted condition, PCOS symptoms can have a compounding effect upon each other (e.g. weight gain, acne, hirsutism, mental health, fertility problems), which can be disabling. Both lay members and professional members thought this compounding effect in PCOS was often insufficiently attended to.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The way in which each of the identified equality issues is reflected in the guideline is explained below.

Equality Act protected characteristics

Age - Younger people may have difficulty getting symptoms recognised and taken seriously

The guideline explicitly includes people aged 10 and over, with specific recommendations to support diagnosis and ongoing management in adolescents, even where a formal diagnosis is not yet possible, and emphasises age-appropriate, sensitive communication to ensure younger people are taken seriously.

Disability – The committee noted that, since PCOS is a multi-faceted condition, PCOS symptoms can have a compounding effect upon each other (e.g. weight gain, acne, hirsutism, mental health, fertility problems), which can be disabling. Both lay members and professional members thought this compounding effect in PCOS was often insufficiently attended to.

The guideline recognises that PCOS symptoms can be multiple and compounding, and recommends holistic, individualised care planning, regular review, and coordinated management of physical and mental health to address the overall impact on functioning and wellbeing.

Sex - Women with PCOS report not being listened to by healthcare professionals

The guideline emphasises respectful, person-centred communication, including asking about lived experience and quality of life, and using shared decision-making, to help ensure people with PCOS (predominantly women) feel heard and involved in their care.

Gender reassignment - Trans and non-binary people may experience poorer access to services, worse health outcomes, and barriers to fertility services and appropriate support.

The guideline explicitly includes women, trans men and non-binary people in its scope and recommendations, aiming to improve access to assessment, fertility care and ongoing management, while acknowledging the need for specialist pathways where gender-affirming treatment has occurred.

Pregnancy and maternity - PCOS linked to higher-risk pregnancies (e.g. miscarriage, gestational diabetes)

The guideline clearly identifies that PCOS is associated with higher-risk pregnancies and recommends preconception counselling, optimisation of risk factors, and enhanced monitoring before and during pregnancy to reduce complications.

Race / ethnicity - Differences in prevalence and severity of PCOS across ethnic groups; higher risk of comorbidities (e.g. diabetes, CVD) in some groups.

The guideline highlights that PCOS prevalence may be higher in some ethnic groups and recommends that clinicians consider this in assessment, alongside routine screening for comorbidities such as diabetes and cardiovascular risk in all groups.

Sexual orientation - Same-sex couples may face greater barriers to accessing NHS-funded fertility investigation and treatment compared to heterosexual couples.

The guideline cross-refers to NICE's recently updated fertility guidance for investigation and access to treatment, promoting consistent application of fertility pathways regardless of couple type.

Other characteristics

Socioeconomic status - Higher prevalence of PCOS in more deprived groups; unequal access to treatments such as laser therapy and weight-loss drugs (largely private). BMI thresholds restrict fertility treatment access, disproportionately affecting disadvantaged populations.

The guideline promotes equitable access by recommending that treatment decisions (including ovulation induction) should not be restricted by BMI alone below a defined threshold, and emphasises tailored, realistic lifestyle advice while recognising wider determinants of health such as stigma and access to support.

Geographical variation - Postcode lottery in access to services (weight management, obesity drugs, fertility treatment), with large variation between regions and integrated care boards.

The guideline seeks to reduce variation by aligning care with existing NICE guidelines (for fertility, obesity, and related conditions), standardising key treatment pathways and recommendations to support more consistent provision across regions.

4.3 Could any draft recommendations potentially increase inequalities?

No

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

The committee has made one research recommendation, related to laser hair treatment, where NICE carried out original technical work. This notes that the effectiveness of laser treatment can differ depending on hair and skin colour, and that therefore there can be variability in results by ethnicity or skin type. This is one of the aspects of laser hair treatment about which the committee would welcome further evidence.

No other research recommendations have been made because NICE did not carry out the original systematic reviews. However, NICE has highlighted the recent James Lind Alliance prioritisation project, which is UK specific and has been informed by the uncertainties identified in the International Guideline and equality-related considerations.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

Yes, the main UK groups representing people with lived experience of PCOS are either registered as stakeholders or have been invited to register.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

One of the questions NICE plans to ask at consultation relates to BMI thresholds and whether the reference to this in the context of ovulation induction treatment (Do not deny access to ovulation induction treatment based on BMI alone if BMI is less than 40 kg/m²) needs to be tailored to take account of ethnicity.

Completed by Topic Lead: Clifford Middleton
Date: 18/05/26

Approved by committee chair: Rebecca Payne
Date: 18/05/26

Approved by NICE quality assurance lead: Kate Kelley
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