

CLINICAL RESOURCE — FOR HYGIENISTS

# PMOS & The Mouth™

## 5 Questions Every Hygienist Should Ask

PMOS (Polyendocrine Metabolic Ovarian Syndrome) is a whole-body condition that can affect hormones, metabolism, inflammation, sleep, mood, and oral health. **PMOS affects your hormones, which also affect your mouth.**



HYGIENIST CHECKLIST FOR EVERY PMOS APPOINTMENT

COMPLETE EACH VISIT ✓

1	2	3	4	5
<p><b>SYSTEMIC &amp; MEDICAL HISTORY</b></p>	<p><b>ORAL &amp; PERIODONTAL INFLAMMATION</b></p>	<p><b>SALIVARY DYSFUNCTION (XEROSTOMIA)</b></p>	<p><b>BRUXISM &amp; JAW TENSION</b></p>	<p><b>METABOLIC &amp; NUTRITIONAL INDICATORS</b></p>
<p><b>ASK THE PATIENT:</b>  <i>"Have you noticed any recent changes in your health, or has your doctor mentioned things like blood sugar, insulin, or hormonal balance?"</i></p>	<p><b>ASK THE PATIENT:</b>  <i>"Have you noticed your gums bleeding more easily recently, even with gentle brushing or flossing?"</i></p>	<p><b>ASK THE PATIENT:</b>  <i>"Does your mouth frequently feel dry, or do you find yourself needing to sip water throughout the day or night?"</i></p>	<p><b>ASK THE PATIENT:</b>  <i>"Do you frequently wake up with headaches, jaw tension, or notice yourself clenching your teeth during the day?"</i></p>	<p><b>ASK THE PATIENT:</b>  <i>"Do you experience frequent sugar cravings, energy crashes, or feel like you need carbohydrates to get through the day?"</i></p>
<p><b>WHAT TO LOOK FOR:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of new medications (e.g. Metformin, oral contraceptives)</li> <li><input type="checkbox"/> Recent or unexplained weight changes</li> <li><input type="checkbox"/> Irregular or heavy menstrual cycles</li> <li><input type="checkbox"/> Persistent adult acne</li> <li><input type="checkbox"/> Fatigue or difficulty losing weight</li> <li><input type="checkbox"/> Mood changes, anxiety, or depression</li> <li><input type="checkbox"/> History of gestational diabetes</li> <li><input type="checkbox"/> Digestive issues (bloating, constipation)</li> </ul>	<p><b>WHAT TO LOOK FOR:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exaggerated bleeding on probing disproportionate to visible plaque</li> <li><input type="checkbox"/> Generalized erythema (fiery-red tissue)</li> <li><input type="checkbox"/> Bulbous, edematous papillae</li> <li><input type="checkbox"/> Deep periodontal pockets or increased probing depth</li> <li><input type="checkbox"/> Delayed healing after previous treatment</li> <li><input type="checkbox"/> Recurrent inflammation despite good home care</li> </ul>	<p><b>WHAT TO LOOK FOR:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of salivary pooling under the tongue</li> <li><input type="checkbox"/> Frothy, thick, or stringy saliva</li> <li><input type="checkbox"/> Dry, tacky mucosal tissues</li> <li><input type="checkbox"/> Active or new cervical/root surface caries</li> <li><input type="checkbox"/> Increased caries risk</li> <li><input type="checkbox"/> Bad breath associated with dryness</li> <li><input type="checkbox"/> Cracked lips or cheilitis</li> </ul>	<p><b>WHAT TO LOOK FOR:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Flattened posterior cusps or wear facets</li> <li><input type="checkbox"/> Cervical abfractions</li> <li><input type="checkbox"/> Pronounced linea alba on inner cheeks</li> <li><input type="checkbox"/> Hypertrophied masseter muscles on palpation</li> <li><input type="checkbox"/> TMJ tenderness or clicking</li> <li><input type="checkbox"/> History of headaches or facial pain</li> </ul>	<p><b>WHAT TO LOOK FOR:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Heavy, tenacious plaque biofilm</li> <li><input type="checkbox"/> White spot lesions / decalcification</li> <li><input type="checkbox"/> Rapid onset of new decay (interproximal or cervical)</li> <li><input type="checkbox"/> Generalized inflammation</li> <li><input type="checkbox"/> High plaque acidity risk</li> <li><input type="checkbox"/> Evidence of frequent snacking (erosion, caries patterns)</li> </ul>

CLINICAL TIPS FOR HYGIENISTS



Listen without judgment. Create a safe, welcoming space.



Document what you see and what the patient shares.



Collaborate with the medical team for the best outcomes.



Small conversations make a big difference in whole-body health.



Knowledge empowers change.

*Bringing Oral Care to Menopause Care — and Menopause Care to Oral Care.*



## UNDERSTANDING THE BIGGER PICTURE

## PMOS &amp; Whole-Body Health

How hormonal shifts show up in the mouth — and what you can do



→ PMOS AFFECTS ALL OF THESE SYSTEMS — AND YOUR MOUTH REFLECTS EVERY ONE

**INFLAMMATION**

Systemic & Oral — gum disease, tissue reactivity, delayed healing

**INSULIN RESISTANCE**

Metabolic Health — increased caries risk, plaque acidity, dry mouth

**HORMONAL IMBALANCE**

Androgens, Estrogen — gingival changes, bone density, mucosal health

**STRESS & SLEEP**

Mood, Cortisol, Autonomic Health — bruxism, xerostomia, jaw tension

**FERTILITY & REPRODUCTIVE HEALTH**

Hormonal cycles affecting oral tissue, saliva, and inflammation levels

→ WHAT THE MOUTH TELLS US — ORAL SIGNS LINKED TO PMOS

**GUM & TISSUE HEALTH**

- Bleeding gums disproportionate to plaque levels
- Fiery red, swollen gingival tissue
- Slow or incomplete healing
- Recurrent gum inflammation
- Increased pocket depths

**SALIVA & ENAMEL**

- Chronic dry mouth (xerostomia)
- Frothy or stringy saliva
- Rapid or unusual cavity patterns
- White spot lesions
- Cracked lips or cheilitis

**JAW, AIRWAY & MUSCLE**

- Tooth wear from grinding (bruxism)
- Scalloped tongue edges
- Hypertrophied masseter muscles
- TMJ tenderness or clicking
- Morning headaches or jaw pain

**WHY THIS MATTERS**

- ✓ PMOS affects your hormones, which also affect your mouth.
- ✓ Early identification of oral signs can help patients get the care they need sooner.
- ✓ A healthy mouth can reduce inflammation, improve sleep, and support overall well-being.
- ✓ You are often the first healthcare professional to see these signs.

**THE CLINICAL HANDOFF**

"Doctor, based on today's findings — specifically \_\_\_\_\_ — there may be signs consistent with hormonal fluctuations reflected in the mouth, including possible PMOS. She may benefit from having a conversation with her NP or MD about hormonal imbalance. What are your thoughts?"

*This is an observation-based referral — not a diagnosis.*

**YOUR ROLE AS A HYGIENIST**

- ✓ You are often the first clinician to see these signs
- ✓ A simple referral conversation can open the right doors
- ✓ Your observations can change a patient's health trajectory
- ✓ Oral care IS whole-body care