Table 1

# Diagnostic Criteria for PCOS

| NIH Criteria (1990) | Rotterdam Criteria (2003) | AES Criteria (2006) |
|---|---|---|
| All three of the following:<br>› clinical or biochemical evidence of hyperandrogenism<br>› oligomenorrhea and/or anovulation<br>› exclusion of other disorders | At least two of the following:<br>› oligomenorrhea and/or anovulation<br>› clinical and/or biochemical signs of hyperandrogenism<br>› polycystic ovaries | All three of the following:<br>› hyperandrogenism (clinical or biochemical)<br>› ovarian dysfunction (oligomenorrhea or anovulation and/or polycystic ovarian morphology)<br>› exclusion of other androgen excess or related disorders |
| | PCOS can be diagnosed only after the exclusion of related disorders (e.g., severe insulin resistance, androgen-secreting neoplasms, Cushing's syndrome, hyperprolactinemia and thyroid abnormalities). | PCOS is predominantly a disorder of androgen excess. |

**NIH** = National Institutes of Health
**Rotterdam** = European Society for Human Reproduction and Embryology and the American Society for Reproductive Medicine
**AES** = Androgen Excess Society

The NIH criteria were developed first and therefore are most commonly used. The Rotterdam criteria expanded the NIH definition. The AES reviewed all available data and recommended an evidence-based definition.