PCOS is considered as typical representative of metabolic syndrome with insulin resistance and compensatory hyperinsulinaemia being the underlying mechanism. PCOS is associated with higher prevalence of visceral obesity, unfavorable ratio between atherogenic and antiatherogenic adipocytokines, impaired glucose tolerance, diabetes mellitus type 2. There is strong evidence that even in younger age women with PCOS carry on markedly atherogenic lipid profile and other cardiovascular risk factors that later in life might result in higher incidence of cardiovascular morbidity and mortality. Authors’ experience on the prevalence and characteristics of cardiovascular risk factors in PCOS women with different phenotypes is presented. The conclusions are based on retrospective and prospective studies investigating anthropometric parameters, carbohydrate and lipid disturbances, alterations in adipocytokines and appetite regulators, circadian rhythms of blood pressure. The effect of different therapeutic strategies including use of hormonal contraceptives and insulin sensitizers as monotherapy or combined therapy in a large cohort of Bulgarian PCOS women is reported. A recent study including 104 PCOS women treated up to 6 months with myo-inositol plus folic acid (Inofolic) as monotherapy (Group 1) or added to metformin (Group 2) is presented. We found significant decrease in body weight, BMI, LH/FSH ratio; prolactin, androstendione, total testosterone, 17-OH-progesterone, HOMA-index, area under the curve (AUC) of insulin during an oral glucose tolerance test (OGTT) and amelioration of the lipid profile in all patients that were more pronounced in the group with combined treatment. Menstrual cyclicity was restored in a significant percent of women in both groups starting from the third month. In conclusion, our data support beneficial effects of myo-inositol for metabolic/glycemic abnormalities and for improving menstrual irregularities in PCOS women.