

Premenstrual Syndrome & Premenstrual Dysphoric Disorder

Brown Health Services Patient Education Series

What is Premenstrual Syndrome?

Premenstrual syndrome (PMS) features the presence of physical, behavioral (including affective) and cognitive symptoms that recurs in the second half of the menstrual cycle (luteal phase) and usually resolves within a few days after menses starts. PMS varies from cycle to cycle and ranges from a mild to severe form.

Premenstrual dysphoric disorder (PMDD) is a severe form of PMS in which symptoms of anger, irritability, and internal tension are prominent features.

What are the common symptoms of PMS?

- Difficulty concentrating
- Change in appetite, food cravings, overeating
- Diminished interest in usual activities
- Easy fatigability, decreased energy
- Feeling overwhelmed or out of control
- Breast tenderness, bloating, weight gain, lower abdomen cramps or joint/muscle aches
- Sleeping too much or not sleeping enough
- Headache

Other symptoms include:

- Acne flares
- Bowel changes
- Nausea, vomiting
- Alcohol intolerance

Symptoms of PMDD include:

- Anger, irritability
- Internal Tension, anxiety, feeling on edge
- Mood swings, sudden sadness, increased self-critical thoughts

It also includes one or more of the common symptoms of PMS.

PLEASE CONTACT YOUR PROVIDER IF YOU EXPERIENCE SUICIDAL IDEATION OR ATTEMPTS.

It is important to note that the varied symptoms of PMS and PMDD differ between individuals and can be influenced by psychosocial, biological, external and environmental factors.

Treatment of PMS

Mild Symptoms:

- Drink plenty of fluids to reduce bloating.
- Eat frequent small meals including whole grains, fresh fruits and vegetables, and avoid saturated fats and high salt snack foods.
- Increase complex carbohydrates found in whole grains.
- Avoid Alcohol use or misuse
- Reduce or eliminate caffeine consumption
- Engage in exercise and relaxation techniques as part of overall stress reduction.
- Improve sleep hygiene.
- Try NSAIDS like Ibuprofen or Tylenol for cramps, muscle/joint aches and breast tenderness. Please avoid Ibuprofen if you

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have a history of gastritis or peptic ulcer disease.

- Consider supplements: use of *Vitex Agnus Castus* (chasteberry) in 20 to 40mg daily dosing has been found to be useful and evidence of efficacy is moderate. Primrose oil, vitamin B6, vitamin E, calcium, and magnesium may be useful although evidence is low.

Moderate to Severe Symptoms:

- Antidepressants called SSRIs (selective serotonin reuptake inhibitors) such as fluoxetine, sertraline, citalopram, escitalopram.
- Agents that suppress ovulation: combined estrogen-progestin contraception (COCs)
 - COC containing 20 mcg EE/3 mg drospirenone
 - COC containing 20 mcg EE/90 mcg levonorgestrel

Other options:

- Gonadotropin-releasing hormone agonist (GnRH):
 - Leuprolide acetate 3.75 mg depot monthly injection.
 - Addition of continuous daily administration of low-dose estradiol to avoid hot flashes and bone loss if GnRH is recommended.
 - Estradiol dosing includes 1 mg oral plus 100 mg progesterone.
- Cognitive behavioral therapy (CBT)
- Acupuncture
- Occasionally diuretics, which increase urination, are prescribed to reduce bloating and breast fullness/tenderness.

Medication choice is based on individual preference, ideology and level of comfort.

Note: Anti Anxiety drugs such as the benzodiazepine class are not recommended as they are addicting.

Special Consideration:

If you have symptoms of PMS and/or PMDD and do not menstruate (does not include individuals with IUDs or other forms of contraception) please contact your Provider for further assessment, advice and recommendation.