

Premenstrual Dysphoric Disorder

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WHAT IS PREMENSTRUAL SYNDROME?

At least 40% of women who menstruate have some symptoms of discomfort in the days or weeks before their menstrual periods begin. These discomforts can include any combination of the following: breast tenderness, bloating, food craving, depression, anxiety, irritability, and mood swings. These symptoms can occur in varying degrees of intensity. When these feelings are sufficient to cause problems for a woman, they are called Premenstrual Syndrome (PMS).

The symptoms of PMS generally begin within two weeks of the upcoming menstrual period. This is the second half of the menstrual cycle, after ovulation, and is referred to as the luteal phase. The symptoms then subside at the onset of the menses, or shortly thereafter. There are no symptoms in the first half of the cycle (the first 10-14 days immediately after a menstrual period).

CAUSES

Studies have shown that the symptoms of PMS are clearly related to the hormones of the menstrual cycle. Interestingly, these studies indicate that the hormone production by the ovaries is normal. The levels and timing of increases in hormones are normal. What is not normal is the effect these hormones have on the central nervous system. It is not yet understood why some women experience these central nervous system changes to otherwise normal hormone cycles.

There are other problems that can have symptoms similar to PMS:

The most common is depression, which in women can seem worse just before each menstrual period. Unlike PMS, however, depression will often cause some symptoms throughout the month, including during the first half of the cycle.

Cyclic breast tenderness can be caused by fibrocystic breast changes. This is a common condition characterized by small lumps and cysts in the breasts that can become swollen and tender each month. The problem is not serious, and can be relieved by reducing caffeine intake and increasing vitamin E. Birth control pills are also very effective in reducing cyclic breast tenderness.

Dysmenorrhea refers to painful menstrual cramps. It can be associated with bloating, low back pain, and severe cramping. Endometriosis, a condition in which tissue that lines the cavity of the uterus is found in the pelvis, can also cause cyclic pelvic pain and bloating.

Because other conditions can resemble PMS, it is important to establish that PMS is the cause of a woman's symptoms. This can be accomplished by keeping a symptom diary. Each day, specific symptoms, if experienced, are recorded in the diary, as well as the days of menstruation. After two or three

months, the diary will indicate if the symptoms are related to the menstrual cycle, occur only during the luteal phase, and resolve after the onset of menses. If so, PMS is the likely cause.

TREATMENT

Fortunately, there are several effective treatments for PMS. Although many vitamins, herbs, and hormones have been promoted as being effective, most are not. The following regimens have been shown in scientifically valid studies to reduce the symptoms of PMS:

Regular exercise. The benefits of regular exercise are so profound and widespread, that everyone should be doing it anyway! But it clearly reduces PMS in particular.

Calcium supplementation of 1200 mg per day.

A well-balanced diet with adequate amounts of protein, complex carbohydrates (such as fruits and vegetables), and low in fat and simple sugars (starch, sweets, etc.).

For more severe cases of PMS, medical therapy may be necessary. The following are safe and effective:

Serotonin-increasing antidepressant medications significantly reduce the emotional symptoms of PMS.

Anti-anxiety medication.

Hormones that suppress ovarian function.

CONCLUSION

While PMS is a very common problem, it can be effectively treated in the vast majority of women. The key to improvement is recognizing the symptoms, confirming that PMS is the cause, and initiating the appropriate treatment. The type of treatment will depend on the predominant symptoms, but it is recommended that all women make the lifestyle changes discussed above.