

Premenstrual Syndrome (PMS)

What is PMS?

PMS causes symptoms that occur in the second half of the menstrual cycle. These symptoms improve dramatically with menstruation and disappear after about 2-3 days following the start of the period. For symptoms to be due to premenstrual syndrome (PMS), there must be a time in the month when you are completely free of these symptoms. Most women (about 90%) admit to having some symptoms before they menstruate. It is only termed PMS if these symptoms interfere significantly with your daily activities (about 5% of women). PMS seems to have a family link and so may be more common in women whose mothers suffered from PMS.

What causes PMS?

No one knows what causes PMS. Women with PMS appear to have normal hormone levels. However it is thought that normal fluctuations in hormone levels can affect women in different ways. In some women, these changes in hormone levels appear to cause PMS symptoms. There is increasing evidence that a substance called serotonin plays an important role in PMS. This substance is present in the brain and blood stream of all women but may be lower in women who suffer from PMS. However, there is no helpful test for serotonin levels.

Premenstrual Dysphoric Disorder

This is a term frequently referred to in some countries, especially in the USA. It generally represents the severe end of the premenstrual syndrome. It refers almost exclusively to psychological rather than physical symptoms.

What are the symptoms of PMS?

Physical symptoms:

- breast tenderness
- abdominal bloating
- headache
- lethargy
- acne
- lack of libido

Psychological symptoms:

- mood swings
- depression
- anxiety
- irritability
- anger, tension and aggression, feeling 'out of control'
- paranoia
- low self-esteem

Other symptoms which are often attributed to PMS:

- poor concentration
- forgetfulness
- food cravings
- insomnia
- clumsiness

What treatment is available?

Lifestyle Changes

It is unlikely that your lifestyle is causing PMS. However, it may be possible for you to improve your symptoms by modifying your lifestyle. Changes which may help are:

Exercise

- Regular exercise may improve your sense of well being and your self-esteem. It may also help with any aggressive feelings you may have.

Stress avoidance

- Many women find stressful situations make their PMS worse. If you are able to avoid stressful situations in the premenstrual time, then it may be beneficial for you.

Diet

- Regular meals, with a high-fibre carbohydrate-based snack, mid morning and mid afternoon, may help keep your sugar levels steady and will help you deal with food cravings. A reduction in your caffeine intake (tea, coffee and cola drinks) may reduce anxiety, headaches and breast pain. It may also help you sleep better. Reducing your salt intake may help with fluid retention. Reducing your alcohol intake may help if you feel very lethargic.

Dietary Supplements

- Some women find Vitamin B6, A or E helpful in relieving symptoms of PMS. The evidence to support their use in PMS is still controversial. Take only the recommended amounts as higher doses may cause harm. Evening Primrose Oil may be helpful in relieving symptoms if breast pain is predominant (500 mg daily). Calcium supplements of 1200 mg daily may help to relieve water retention, negative moods and food cravings. Before starting these supplements it is recommended you discuss them with your doctor.

Medical Treatment

There are several types of medical treatment that may assist in alleviating PMS. The treatments are directed at the predominating symptoms and should only be started after full discussion with your doctor.

Prostaglandin synthetase inhibitors

- These are drugs such as Ponstan, Naprogesic, Nurofen, which are sometimes called anti-inflammatories. They are useful for symptoms such as headache, period pains or fatigue associated with PMS.

Combined Oral Contraceptive Pill ('the Pill')

- Many women on the pill find their symptoms improve. However, in a few women, symptoms of PMS may get worse. You may need to discuss this with your doctor and it may help by switching to a different pill.

Selective serotonin re-uptake inhibitor (SSRI) type drugs

- These drugs are commonly used to treat depression; (the best known of these is Prozac). They are especially helpful for women with PMS symptoms that are predominantly psychological in nature. These drugs are effective and usually well tolerated, however,

like all drugs, they may have some side effects. Sometimes they only need to be taken at the predicted time of symptoms.

Diuretics

- These drugs may be helpful in women with symptoms of bloating and weight gain. They work by enabling the kidneys to get rid of extra fluid, but are used infrequently as they tend to be needed in increasingly higher doses to control symptoms.

Hormonal preparations

- There are a variety of hormonal preparations which have been tried with mixed success. Their use is generally confined to specialist PMS clinics.

There are some other medications, which can be used when symptoms are very severe. It is best to make an appointment with your own doctor, or a Family Planning doctor, who will spend time listening to your symptoms and who can discuss with you the treatment options which are most likely to help your specific symptoms. It is important to remember there are a lot of options which can be considered.

Psychotherapeutic approaches

Counseling or other psychotherapeutic approaches may be beneficial to some women with PMS. These techniques are often used successfully in combination with other medical treatments such as SSRIs.

Complementary therapies

Some women have found acupuncture, relaxation therapies and hypnotherapy helpful. There is, however, very little evidence as yet available, to tell us how effective these treatments are.



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