

Premenstrual Syndrome

Background:

- Premenstrual Syndrome, also known as PMS, involves a number of symptoms that occur one to two weeks before a woman's period. Some women may have some of the symptoms that will go away when their period starts, but for some women symptoms may be very severe. Severe PMS symptoms are also known as Premenstrual Dysphoric Disorder. (NLM 2008)
- The most common symptoms of PMS include, swelling and tenderness of breasts, acne, bloating and/or weight gain, headache and joint pain, food cravings, irritability, crying spells, mood swings, and depression. (NLM 2008)
- There is no explained cause of PMS, but symptoms are triggered by changes in hormones. "No single PMS treatment works for everyone. Over-the-counter pain relievers such as ibuprofen, aspirin or naproxen may help ease cramps, headaches, backaches and breast tenderness. Avoiding salt, caffeine and alcohol, exercising and getting enough sleep can also help." (NLM 2008)
- "According to the American College of Obstetricians and Gynecologists, at least 85 percent of menstruating women have at least one PMS symptom as part of their monthly cycle. Most of these women have symptoms that are fairly mild and do not need treatment." (WH 2007)
- Most of the time, PMS occurs in women that
 - Are between their late 20s and early 40s
 - have at least one child
 - have a family history of depression
 - have a past history of postpartum depression or a mood disorder (WH 2007)
- Premenstrual Dysphoric Disorder (PMDD) involves the role of the brain chemical serotonin. Symptoms of PMDD include feeling sad with possible suicidal thoughts, feeling tense or anxious, panic attacks, mood swings, crying, lasting irritability or anger, disinterest in activities, trouble concentrating or thinking, low energy, binge eating, food cravings, trouble

sleeping, and feeling out of control. To be diagnosed with PMDD, you must have five or more of these symptoms. (WH 2007)

- “Premenstrual syndrome (PMS), a common cyclic disorder occurring in up to 40% of reproductive-aged women, is characterized by emotional and physical symptoms consistently occurring during the menstrual cycle's luteal phase (the phase that begins with ovulation and ends with the onset of menses).” (MS 2006)

Statement of the Problem:

- According to Obstet Gynecol, “The management of adverse premenstrual symptoms has presented a difficult challenge for clinicians. However, based on numerous well-designed research studies over the last decade, we now have diagnostic criteria for the severe form of the syndrome, premenstrual dysphoric disorder, and a variety of evidence-based therapeutic strategies.” (NCBI 2004)
- Obstet Gynecol also states that, “A treatment approach is recommended that matches the treatment to the degree of problems the woman is experiencing. Serotonin reuptake inhibitors are the treatment of choice for severe symptoms, and most women with PMS/premenstrual dysphoric disorder will respond to intermittent, luteal phase-only therapy. Ovulation suppression should be reserved for women who do not respond to other forms of therapy.” (NCBI 2004)
- According to an article from J Women’s Health, “PMDD is distinguished from PMS by the severity of symptoms, predominance of mood symptoms, and role dysfunction, particularly in personal relationships and marital/family domains.” (NCBI 2006)
- According to Dr. Gary Farr, “Up to 150 different symptoms have been reported. The most common symptoms associated with PMS are approximately as follows: 80% experience irritability, anxiety, abdominal cramps; 60% report cravings for sweets and binge eating; 40% report bloating, weight gain and fluid retention; 5-20% describe depression. Mood swings, breast tenderness, fatigue, headaches, insomnia, dizziness or fainting, crying, alternating constipation and diarrhea, allergic complaints and skin irritations are also cited.” (BHN 2001)
- Web MD states that up to 85% of menstruating women may experience some of the symptoms of PMS, where as only 2-10% experience more severe symptoms. (WM 2007)

Epidemiologic Picture of the Problem:

- Dr. Gary Farr notes that, according to Dr. Susan Lark, “Up to half of all American women between 20 and 50 years of age (10 to 14 million) suffer from some of the symptoms of PMS.” He also notes that, according to a PMS expert, Dr. G.E. Abraham, “PMS also has a great impact on the family and society at large. Child abuse and marital strife have been reported in some PMS patients.” Abraham also mentions that over 30 years ago, absence from work due to PMS resulted in a loss of about 5 billion dollars to the American industry. Since there are more than 40% more women in the workforce now, the loss to industry is probably greater in amount.
- MedlinePlus states that PMS effects up to 75% of women during their childbearing years. It occurs more in women between their late 20s and early 40s, women who have at least one child, and women that have a family history of a depression or mood disorder. They state that, “50-55% of women with severe PMS have an underlying psychiatric disorder.” (NLM 2008)
- PMS occurs in women who are in their fourth and fifth decades of their lives. (EMH 2005)
- A woman who has a hysterectomy may still experience PMS if at least one ovary remains. (EMH 2005)
- 3-8% of women have PMDD, where women become severely depressed for a week or more before their period. (EMH 2005)
- According to Medicine Net, “About 80% of women experience some premenstrual symptoms. The incidence of true PMS has often been overestimated by including all women who experience any physical or emotional symptoms prior to menstruation. It is estimated that clinically significant PMS occurs in 20% to 30% of women. About 2% to 6% of women are believed to have the more severe variant known as PMDD.”
- According to Wrong Diagnosis, due to PMS, 30-40% of women may be impaired by daily activities, 75% of women have symptoms, and approximately 40.8 million women suffer from PMS in the United States. (WD 1998)

Solutions:

- According to the National Institute of Nursing Research, “Researchers have tested an intervention model to reduce the severity of PMS and promote general health. Through group meetings and individual assignments, PMS sufferers learned how to be aware of their own symptoms, and developed specific strategies to cope. They also learned health practices, how to make changes in their diet and exercise habits, and how to manage their environment. Results from these behavioral interventions compared favorably to antidepressant drug therapy.” (NINR 2001)
- There are many natural ways to ease the symptoms and recurrence of PMS. Such as taking a Multivitamin and Mineral, 50mg a day of Vitamin B6 which is helpful for breast tenderness and mood swings, 200mg per day of Magnesium which help with tension and anxiety, 150mg per day of GLA, and 206 mg of an Herb called Agnus Castus which may restore a balance of hormones, but women are warned not to take this herb if on the Pill, Fertility Drugs, or HRT. (MG 2001-08)
- It is helpful to eat a balanced diet of low-fat and nutrient rich foods, avoiding caffeine which contributes to anxiety, irritability, and insomnia, avoiding smoking and consumption of alcohol, and to limit the amount of refined sugar in your diet and your salt intake. Also, you should exercise regularly and get at least eight hours of sleep a night. (GGB 2005)
- Some women are advised to go on birth control pills in order to relieve symptoms of PMS, because birth control pills can relieve discomfort by decreasing the menstrual flow, and can minimize painful cramping. Progesterone supplements can safely balance hormone levels to relieve PMS, but could worsen symptoms. Also, antidepressant and anti-anxiety drugs may help some women by directly targeting mood symptoms. (GGB 2005)

Internet Resources:

MedicineNet. (1996-2008) *Premenstrual Syndrome (PMS)*. Retrieved March 10, 2008, from www.medicinenet.com/premenstrual_syndrome/article.htm

National Center for Biotechnology Information. (1988-2008) *Premenstrual syndrome, premenstrual dysphoric disorder, and beyond: a clinical primer for practitioners*. Retrieved March 10, 2008, from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15458909&dopt=Abstract

Become Healthy Now. (2000-2004) *Women's Conditions/ PMS (Premenstrual Syndrome)*. Retrieved March 10, 2008, from <http://www.becomehealthynow.com/article/conditionwomen/116>

Bibliography:

Women's Health. (1998-2008) *Premenstrual Syndrome (PMS)*. Retrieved March 10, 2008, from <http://www.mayoclinic.com/health/premenstrual-syndrome/DS00134/DSECTION=1>

WebMD. (2005-2008) *Your Guide to Premenstrual Syndrome, or PMS*. Retrieved March 10, 2008, from <http://women.webmd.com/guide/premenstrual-syndrome>

Medline Plus. (1997-2008) *Premenstrual Syndrome*. Retrieved March 10, 2008, from <http://www.nlm.nih.gov/medlineplus/ency/article/001505.htm>

eMedicine Health. (2005-2008) *Premenstrual Syndrome (PMS)*. Retrieved March 10, 2008, from http://www.emedicinehealth.com/premenstrual_syndrome_pms/article_em.htm

Wrong Diagnosis. (2000-2007) *Premenstrual Syndrome: NWHIC*. Retrieved March 10, 2008, from http://wrongdiagnosis.com/artic/premenstrual_syndrome_nwhic.htm

National Institute of Nursing Research. (1996-2001) *Current Research Perspectives*. Retrieved March, 10, 2008, from http://www.ninr.nih.gov/NR/rdonlyres/5B7C2DB8-9C63-4F26-A26B-13D1F947FFCB/4863/research_perspectives.pdf

The Natural Health Website for Women. (2001-2008) *Natural Solutions to Premenstrual Symptoms*. Retrieved March, 10, 2008 from <http://www.marilynglennville.com/pms.htm>

National Center for Biotechnology Information. (1988-2008) *Expert guidelines for the treatment of severe PMS, PMDD, and comorbidities: the role of SSRIs*. Retrieved March 10, 2008, from http://www.ncbi.nlm.nih.gov/pubmed/16417420?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA

GoogoBits. (2005) *Recognizing and Treating Premenstrual Syndrome or PMS*. Retrieved March 10, 2008, from <http://www.googobits.com/articles/2119-recognizing-and-treating-premenstrual-syndrome-or-pms.html>

Medscape. (1994-2008) *Premenstrual Syndrome and Premenstrual Dysphoric Disorder in Adolescence*. Retrieved March 10, 2008, from <http://www.medscape.com/viewarticle/551199>

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