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Pre Menstrual Syndrome

Premenstrual emotional and physical changes occur in up to 80% of women of reproductive age, and are most prevalent in women ages 30 – 40. While up to 5% of women report a significant impact on work, life-style or relationships, most do not seek professional care for treatment of their symptoms. While there are up to 150 different symptoms associated with PMS, they do not all occur in every woman. The most common symptoms can be broken down into behavioral or physical manifestations:

Behavioral: fatigue, irritability, labile mood alternating between sadness and anger, depression, food cravings, crying spells, difficulty concentrating

Physical: abdominal bloating, breast tenderness, acne, headache, GI upset, swelling of extremities; hot flashes, heart palpitations, dizziness are less common.

There have been many theories proposed concerning causes for these symptoms, and there have been just as many studies refuting them. Because estrogen and progesterone levels throughout the menstrual cycle appear to be similar in women with PMS and those who are not affected, there are no lab tests that can help diagnose the problem. The diagnosis depends on the demonstration of truly cyclic symptoms with a symptom free period between days 4 – 12 and increasing severity of symptoms in the last 7 days of the cycle, as well as the exclusion of other medical or psychiatric disorders. The coexistence of a psychiatric disorder, especially depression, is observed quite frequently, and up to 50-60% of women who suffer PMS are found to suffer other disorders such as bipolar disorder, anxiety or personality disturbance. Family or marital problems have been found to significantly escalate the symptoms of PMS.

Because the etiology of PMS remains uncertain, the treatment is aimed at alleviating the symptoms. This can be done primarily with a combination of exercise, life-style changes, and medications. There is evidence that women who exercise regularly have milder PMS symptoms. Many patients find the use of oral contraceptives alleviates symptoms. The use of diuretics to relieve symptoms of swelling has had mixed results. Elimination of caffeine and chocolate for those who suffer breast tenderness is also unproven. In a substantial number of cases, PMS is not adequately controlled by the use of these therapies, and more recent evidence supports the use of SSRI's to reduce the severity of symptoms.

With all this conflicting information, it is no small wonder that women and their health care professionals are at odds as to the most beneficial treatment. Women diagnosed with PMS should first attempt to make responsible life-style changes such as eating fresh rather than processed foods, increase fruits and vegetables, and decrease sugars and fats. Eating six small meals rather than three large ones during the day can help decrease hypoglycemic episodes. Decreasing salt can reduce the swelling in extremities, and decreasing caffeine can help with the feelings of nervousness and anxiety. Getting regular daily exercise is also important. Pharmacological therapies should be considered, including diuretics, oral contraceptives, or SSRI's in those cases that do not respond to diet and exercise. This is a true disorder, and education is key to understanding it in order to help women and their families cope with the symptoms.