

Premenstrual Syndrome

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Overview

Mood swings, tender breasts, a swollen abdomen, food cravings, fatigue, irritability and depression. If you experience some or all of these problems in the days before your monthly period, you may have premenstrual syndrome (PMS).

An estimated 70 percent to 90 percent of menstruating women experience some form of PMS. These problems are more likely to trouble women in their 20s and 30s, and they tend to recur in a predictable pattern. Yet the physical and emotional changes you experience may be more or less intense with each menstrual cycle.

Still, you don't have to let these problems control your life. In recent years, much has been learned about PMS. Treatments and lifestyle adjustments can help you reduce or manage your signs and symptoms.

Signs and symptoms

For many women the signs and symptoms of PMS are an uncomfortable and unwelcome part of their monthly menstrual cycle. The most common physical and emotional signs and symptoms associated with PMS include:

- Weight gain from fluid retention
- Abdominal bloating
- Breast tenderness
- Tension or anxiety
- Depressed mood
- Crying spells
- Mood swings and irritability or anger
- Appetite changes and food cravings
- Trouble falling asleep (insomnia)
- Joint or muscle pain
- Headache
- Fatigue

Although the list of potential signs and symptoms is long, most women with PMS experience only a few of these problems.

For an estimated 30 percent to 40 percent of women, the physical pain and emotional stress are severe enough to affect their daily routines and activities. For most of these women, symptoms disappear as the menstrual period begins.

But for some women with PMS, symptoms are so severe they're considered disabling. This form of PMS has its own psychiatric designation — premenstrual dysphoric disorder (PMDD). PMDD is a severe form of premenstrual syndrome with symptoms including severe depression, feelings of hopelessness, anger, anxiety, low self-esteem, difficulty concentrating, irritability and tension. As many as 50 percent to 60 percent of women with severe PMS may have an underlying psychiatric disorder.

Causes

No one knows the exact cause of PMS, but several factors may contribute to the condition. Cyclic changes in hormones seem to be an important cause, because signs and symptoms of PMS change with hormonal fluctuations and also disappear with pregnancy and menopause.

Chemical changes in the brain also may be involved. One clue to the cause may be traced to fluctuations of serotonin, a brain chemical (neurotransmitter) that is thought to play a crucial role in mood states, especially depression. Insufficient amounts of serotonin may contribute to other symptoms of PMS, such as fatigue, food cravings and sleep problems.

Occasionally, some women with severe PMS have undiagnosed depression, though depression alone does not cause all of the symptoms associated with PMS. Stress also may aggravate some of the symptoms, but alone isn't a cause.

Some PMS symptoms have been linked to low levels of vitamins and minerals. Eating a lot of salty foods, which may cause fluid retention, and drinking alcohol and caffeinated beverages, which may cause mood and energy level disturbances, also have been identified as possible contributors to PMS.

When to seek medical advice

If you've tried managing your PMS with lifestyle changes, but with little or no success, and signs and symptoms of PMS are seriously affecting your health and daily activities, see your doctor.

Screening and diagnosis

There are no unique physical findings or laboratory tests to positively diagnose PMS. Your doctor may attribute a particular symptom to PMS if it's part of your predictable premenstrual pattern. To establish a pattern, your physician may ask you to keep a record of your signs and symptoms on a calendar or in a diary for at least two menstrual cycles.

Note the day that you first noticed symptoms appear and disappear. Also be sure to mark the day your period started.

Treatment

Your doctor may prescribe one or more medications for PMS. The success of medications in relieving symptoms varies from woman to woman. Commonly prescribed medications for PMS include:

- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Taken before or at the onset of your period, NSAIDs such as ibuprofen (Advil, Motrin, others) or naproxen sodium (Aleve) can ease cramping and breast discomfort.
- **Oral contraceptives.** These stop ovulation and stabilize hormonal swings, thereby offering relief from PMS symptoms.
- **Antidepressants.** Selective serotonin reuptake inhibitors (SSRIs), which include fluoxetine (Prozac, Sarafem), paroxetine (Paxil) and sertraline (Zoloft), have been successful in reducing symptoms such as fatigue, food cravings and sleep problems. These drugs are generally taken daily. But for some women with PMS, use of antidepressants may be limited to the two weeks before menstruation begins.
- **Medroxyprogesterone acetate (Depo-Provera).** For severe PMS or PMDD, this injection can be used to temporarily stop ovulation. However, Depo-Provera may cause an increase in some signs and symptoms of PMS, such as increased appetite, weight gain, headache and depressed mood.

Treatment for PMDD is similar to that of PMS, but may be more intense.

Self-care

You can manage or sometimes reduce the symptoms of PMS by making changes in the way you eat, exercise and approach daily life. Try these steps:

- Modify your diet
- Eat smaller, more frequent meals each day to reduce bloating and the sensation of fullness.
- Limit salt and salty foods to reduce bloating and fluid retention.
- Choose foods high in complex carbohydrates, such as fruits, vegetables and whole grains.
- Choose foods rich in calcium. If you can't tolerate dairy products or aren't getting adequate calcium in your diet, you may need a daily calcium supplement.
- Take a daily multivitamin supplement.
- Avoid caffeine.
- Avoid alcohol.
- Incorporate exercise into your regular routine
- Engage in brisk walking, cycling, swimming or other aerobic activity at least 30 to 60 minutes most days of the week. Regular daily exercise can help improve your overall health and alleviate symptoms such as fatigue and a depressed mood.

- Reduce stress
- Get plenty of sleep.
- Practice progressive muscle relaxation or deep-breathing exercises to help reduce headaches, anxiety or trouble sleeping (insomnia).
- Record your symptoms for a few months
- Keep a record to identify the triggers and timing of your symptoms. This will allow you to intervene with strategies that may help to lessen them.

Complementary and alternative medicine

Here's what's currently known about the effectiveness of some of the more common complementary products and remedies used to soothe the symptoms of PMS:

- Calcium. Consuming 1,200 milligrams (mg) of dietary and supplemental calcium, such as chewable calcium carbonate (Tums, Rolaids, others), may reduce the physical and psychological symptoms of PMS. Regular, long-term use of calcium carbonate also reduces your risk of osteoporosis.
- Magnesium. Taking 200 mg of magnesium daily may help to reduce fluid retention, breast tenderness and bloating in women with PMS.
- Vitamin B-6. A daily dose of 50 to 100 mg of vitamin B-6 may help some women with troublesome PMS symptoms.
- Vitamin E. This vitamin, taken in 400 international units daily, may ease PMS symptoms by reducing the production of prostaglandin, hormone-like substances that cause cramps and breast tenderness.
- Herbal remedies. Some women report relief of PMS symptoms with the use of herbs such as black cohosh, ginger, red raspberry leaf, dandelion tea, chaste tree berry and evening primrose oil. However, few scientific studies prove the effectiveness of herbs thought to help reduce the effects of PMS. The Food and Drug Administration does not regulate herbs. That means their safety and effectiveness is not proved. You have no assurance that the product you buy contains the active ingredients on the label or that it isn't contaminated with other potentially harmful substances.
- Natural progesterone creams. These are derived from wild yams and soybeans. Some women report that these creams relieve symptoms. No scientific studies prove their effectiveness.

Check with your doctor before taking any herb or dietary supplement.

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