

Premenstrual syndrome (PMS)

Overview

Premenstrual syndrome (PMS) is a range of physical, psychological and behavioural symptoms that women can suffer up to two weeks before their period begins.^{1, 2}

Doctors are still unsure what causes PMS but it's been attributed to hormonal change, chemicals called neurotransmitters, hormone-like prostaglandins, diet and lifestyle.²

PMS often increases at times of hormonal change, for example, puberty, childbirth, after miscarriage or pregnancy termination or changes in contraception.¹ Women aged 30 to 45 years often experience most severe PMS.¹ Although most women learn to deal with PMS, about one in 20 women find their symptoms interfere with day-to-day living.¹

Around three to five percent of women of reproductive age may be diagnosed with premenstrual dysphoric disorder (PMDD), where mood swings, depression, anxiety and irritability can make life very difficult.¹

Symptoms

More than 100 symptoms have been recognised in association with PMS.¹

Physical

The most common include:

- Breast pain
- Bloating
- Lower back and stomach pain.¹

Some women also suffer migraines.⁴ They can start a couple of days before your period or during your period, often masking their association with the menstrual cycle.⁴ They are triggered by a sudden fall in oestrogen levels at the end of a woman's cycle before bleeding and can last for up to five days.⁴ Migraine is more common in women in their 40s as they enter the menopause because hormone levels fluctuate much more.⁴

Psychological

The most common are depression, aggression and mood swings.¹ Depression can be very debilitating, as well as being difficult for loved ones to deal with.¹

Symptoms include:¹

- Negative thoughts about yourself
- Being over-sensitive
- Loss of energy
- Poor concentration
- Difficulty in sleeping or wanting to sleep more
- Irrational thoughts

Behavioural

Some of the most common include:¹

- Irritability
- Anger
- Panic attacks
- Alcohol abuse
- Craving sweet foods
- Binge eating

Prevention

There are a number of self-help measures that you can try to reduce the chance of suffering unpleasant PMS symptoms.¹

Keep a diary¹

One of the best ways is to discover what triggers your symptoms.¹ Record your symptoms in a diary for three months.¹ The *National Association for Premenstrual Syndrome*, a UK charity devoted to PMS awareness, has an interactive diary on its website for anyone who suffers PMS. ¹ (*Go to www.pms.org.uk/Menstrual+Diary*)¹ It aims to reveal when your symptoms first arise, when they're most severe and when they start to decline.¹ You can then show the diary to your GP or consultant if you need to seek treatment.¹

Look at your diet¹

Although there isn't any clinical evidence to show that a healthy diet can improve symptoms, there is plenty of anecdotal evidence to say that it can.¹ And there is no doubt that a healthy, balanced diet can lead to a sense of well being.¹

You should:¹

- Cut back on sugar, salt, caffeine and alcohol
- Eat at least five portions of fruit and vegetables day
- Increase the amount of water you drink

- Some women find that three hourly carbohydrate snacks, where you eat food such as rice cakes, crackers, bread sticks help. These are slow releasing energy foods which help to keep up energy levels.¹

Release stress

Try and do at least 30 minutes of exercise every day.¹ Although there is no evidence to say that exercise improves symptoms of PMS, there is plenty of evidence to show that it boosts levels of endorphins, the body's own happy hormones. Also make time for yourself.¹ Do something you enjoy just for yourself, even if it's just going for a long walk, or a hot bath.¹

Diagnosis

Your GP can only make a diagnosis of PMS based on the description of your symptoms.^{1,2} That's why it's best to keep a diary over three periods so that you can show your GP if symptoms are related to your periods, and not other problems.¹

Use the online diary provided by the National Association for Premenstrual Syndrome.¹

Treatment

Headaches, lower back pain and stomach pain¹

Over-the-counter painkillers will help you cope with pain.^{1,2} Your GP may prescribe mefenamic acid, a prescription anti-inflammatory drug, which may reduce pain, but can cause side effects, such as nausea.^{1,2}

Migraines

If you think your migraines are associated with your menstrual cycle, talk to your GP about drugs available to treat them, including stronger painkillers.⁴ You may be offered the contraceptive pill or hormone replacement therapy, where treatment will focus on stabilising your oestrogen levels.⁴ Some people are offered beta-blockers, anti-epilepsy drugs, which are thought to stabilise activity in the brain.⁴ Again, with migraine, it's good to keep a diary to help you recognise any other triggers that may cause migraines apart from your menstrual cycle.⁴

PMDD

If you have this extreme form of PMS, your GP may prescribe anti-depressant medicines called selective serotonin reuptake inhibitors (SSRIs).¹ Fluoxetine is one anti-depressant that appears to improve the physical and behavioural symptoms, but does cause side effects, such as nausea, tiredness, vomiting, diarrhoea or constipation and difficulty sleeping.²

Bloating, breast tenderness and mood

A diuretic (water tablet) called spironolactone, may ease bloating and breast tenderness as well as improve mood.² Anti-anxiety drugs called alprazolam or buspirone may also help relieve severe anxiety symptoms, although they carry potential side effects which you need to ask your GP about.²

General symptoms

An exotic fruit extract called **Agnus castus** has been proved to be very effective in treating most PMS symptoms - irritability, mood alteration, anger, headache, and breast fullness, but not bloating.³ A study looking into its effectiveness was published in the British Medical Journal (BMJ) in 2001.³ It found that over half the women, who took part, had significant improvement in their symptoms. ¹Treatment was also found to be safe and generally free of side effects.³ You may need to take it for at least one year to see improvements and you should stop taking it if you become pregnant.³

Vitamin B6 has also been found to be effective in easing symptoms over a period of two to six months.²

There still needs to be more evidence to prove that **calcium supplements** and **Evening Primrose Oil**, one of the most popular self-help remedies, ease symptoms.²

Some women take **magnesium supplements** but there is no evidence to suggest it eases symptoms.²

There needs to be more research into how effective the **oral contraceptive pill** and **hormone treatments with progesterone** are in easing symptoms.^{1,2} However, there is limited evidence to say that they do improve some mood and physical symptoms.^{1,2}

However, both treatments have potential side effects, including excessive bleeding, abdominal pain, nausea, headache, breast discomfort and irregular periods. ²In fact, progesterone may induce PMS symptoms in some women.^{1,2}

More information:

National Association for Premenstrual symptoms

www.pms.org.uk

Migraine Action Association

<http://www.migraine.org.uk/>

Sources:

1. **National Association for Premenstrual symptoms**
www.pms.org.uk

2. **Premenstrual syndrome – Clinical Review**
Irene Kwan and Joseph Loze Onwude
<http://clinicalevidence.bmj.com/ceweb/conditions/woh/0806/0806.jsp#Q1>

3. Treatment for the premenstrual syndrome with agnus castus fruit extract: prospective, randomised, placebo controlled study

<http://www.bmj.com/cgi/content/full/322/7279/134>

4. Migraine Action Association

<http://www.migraine.org.uk/>

A wide range of women's health resources are available at www.healthywomen.org.uk

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