

Premenstrual syndrome - treatment options

Premenstrual syndrome (PMS) refers to the range of physical and emotional symptoms that many women experience in the lead-up to menstruation (the period). Most menstruating women are affected, with symptoms ranging from relatively mild to severe. Women aged between 30 and 40 years appear to be at most risk.

Since the cause remains unknown, PMS can't be cured or prevented. However, it can be successfully managed with appropriate self-care and a range of different treatments. Consult with your doctor before starting any PMS treatment program.

Keeping a PMS diary

There are more than 150 recognised PMS symptoms, and PMS differs from one woman to the next. Common symptoms include irritability, moodiness, fluid retention, breast tenderness and food cravings. There are no specific tests for PMS, so diagnosis depends on ruling out other possible causes.

In most cases, you can identify PMS by keeping a symptoms diary. Include the details of your menstrual cycle – for example, the first and last days of your menstrual period – and any ovulation symptoms. Keep this diary for at least three menstrual cycles. If your symptoms are due to PMS, the following pattern should occur:

- Symptoms are experienced in the two weeks before your period starts
- Symptoms resolve with the period
- Once the period is over, you experience at least seven days with no symptoms
- Symptoms start to return about mid-cycle or in the week before your period starts.

If symptoms continue throughout the menstrual cycle without change, PMS is probably not the cause – see your doctor for further investigation.

PMS management

PMS can be successfully managed with lifestyle changes, dietary modifications, supplements and medications. You may have to experiment to find the balance of treatments that works best for you. It's a good idea to continue your PMS diary and record any symptoms while you trial the remedies. Be sure to consult with your doctor or health care practitioner during this trial period.

Lifestyle changes

Recommended lifestyle changes include:

- Exercise regularly, at least three times a week – try to exercise daily in the premenstrual period.
- Don't smoke.
- Cut back on caffeine and alcohol in the two weeks before menstruation.
- Ensure that you get enough sleep.
- Manage your stress in whatever way works for you – for example counselling, Tai Chi or meditation, walking or gardening.

Dietary changes

An Australian study found that women experiencing PMS symptoms crave high fat and high sugar foods like chocolate, biscuits and icecream. They also were found to increase their food intake by about 20 per cent. You can manage your weight and help reduce your PMS symptoms by making a few dietary changes, including:

- Eat smaller meals more often – for example, have six 'mini-meals' instead of three main meals.
- Reduce your intake of salty foods.
- Include more fresh fruits and vegetables and wholegrain foods in your daily diet.
- Boost your dairy food intake, but switch to reduced fat or non-fat versions.
- Don't keep high fat and high sugar foods in the house.
- Make sure you always have tasty and healthy snack alternatives on hand.
- Record your food choices in your PMS diary – charting your food intake may help you become more aware of high fat and high sugar snacking.

Supplements

Check with your doctor before taking any type of supplement. Complementary therapies should be viewed as a medicine and should be treated with the same respect.

Supplements that have been shown to help reduce PMS symptoms include:

- **Calcium** – about 1,200mg per day of calcium carbonate can reduce PMS symptoms by half. You need to take these supplements for at least three cycles before you may notice an improvement.
- **Magnesium** – about 200mg per day of magnesium can reduce PMS-related bloating, fluid retention and breast tenderness by 40 per cent. You need to take these supplements for at least two cycles before you may notice any improvement.
- **Chaste tree** – a study showed that the herbal supplement chaste tree (also known as chaste berry, or *vitex agnus castus*) reduces PMS symptoms by half. The study was conducted on a specific extract of *Vitex agnus-castus* (Ze 440) available in Australia as Premular® and was shown to reduce symptoms of irritability, mood swings, anger, headache and breast fullness. This herbal treatment needs to be taken for at least three months and should only be prescribed by qualified herbalists.
- **Vitamin E** – about 400 units of vitamin E per day may reduce breast tenderness. Vitamin E taken with selenium supplement of 25–50 micrograms daily may be beneficial. High doses of selenium can cause toxicity and should not exceed 100 micrograms per day.
- **Evening primrose oil** – this supplement may reduce breast tenderness. Therapeutic doses are 3000–4000mg daily.
- **Vitamin B6 (pyridoxine)** – evidence is mixed about the effectiveness of vitamin B6 supplements. High doses of vitamin B6 are toxic to the nervous system. Use with caution and avoid long-term use.
- **Other supplements** – Black cohosh, and dandelion are anecdotally thought to reduce PMS symptoms. However, their effects have not been established. There are some concerns that black cohosh may harm the liver in some individuals. Always consult your doctor before taking any supplement, including herbal supplements.
- **St John's Wort** – is a mood stabiliser and has been shown to improve mood. This supplement may interact with other medications so always check with your doctor before taking St John's Wort.

Medical treatments

There is no cure for PMS. If lifestyle changes and supplements do not work, there is also a range of hormone treatments and medications available to help you manage your symptoms.

Hormonal treatments

The aim of hormone treatment is to suppress ovulation and reduce the hormones of the premenstrual phase. Many different hormone therapies have been trialled for PMS:

- **The combined oral contraceptive pill** – 'the pill' may relieve premenstrual symptoms. The monophasic pill is preferable, where all the hormone tablets are the same dose. Studies show mixed results. A pill-free interval of 3–4 days seems to give better results.

- **Oestrogen therapy** – high-dose non-oral oestrogen to inhibit ovulation has been effective. The oestrogen is given either as a patch or an implant. Unless the woman has had a hysterectomy, progesterone-like therapy will also be needed. This may cause side effects similar to PMS.
- **GnRH agonists** – these medications are usually prescribed as a treatment for endometriosis or fibroids and are used for a maximum of six months. They stop ovulation and periods, creating a temporary menopause. Tibolone is often added to relieve menopause-like symptoms.
- **Mirena IUD** – this IUD (intra uterine device) releases a low-dose progesterone-like hormone and may reduce symptoms in some women.
- **Danazol** – this medication may also stop ovulation and reduce PMS, but has significant side effects.
- **Implanon** – this progestin only rod contraceptive suppresses ovulation and may reduce symptoms
- **Depo-Provera** – this injectable contraceptive stops ovulation and may relieve PMS symptoms. Side effects may include irregular bleeding and mood changes.
- **Bilateral salpingo-oophorectomy** – removing both ovaries can abolish PMS but can also lead to menopause and severe menopausal symptoms if oestrogen and progesterone-like treatment is not given after the operation.

Medications

There are a number of medications that have been trialled for PMS:

- **SSRIs (selective serotonin reuptake inhibitors) and SNRIs (selective noradrenaline reuptake inhibitors)** – this group of medicines are mood stabilisers and antidepressants and can improve PMS symptoms significantly. These medicines increase the brain chemicals serotonin and noradrenaline respectively, both of which appear to fall during the premenstrual phase in women who experience PMS. The simplest SSRI is St John's Wort, but the most studied form is fluoxetine.
- **Non-steroidal anti-inflammatory drugs (NSAIDs)** – these drugs are taken in the premenstrual phase of your cycle and help to reduce breast tenderness and pain. However, long-term use of NSAIDs can cause serious side effects such as stomach ulcers.
- **Anti-prostaglandin and anti-inflammatories** – medicines such as Nurofen, Naprogesic or Ponstan may help when nausea and pain occur.
- **Diuretics (fluid pills)** – these rarely help, except when there is genuine fluid retention. Spironolactone seems effective for breast pain and bloating.

Many of these treatments can have side effects, so make sure you are well informed about them before you and your doctor decide on your treatment.

Complementary therapies

Many women feel they benefit from a variety of natural therapies, although a lack of controlled studies means there is no clear evidence of their benefits.

Options include:

- **Cognitive behavioural relaxation therapy** – uses one or a variety of relaxation techniques to relieve psychological and/or physical symptoms.
- **Complementary therapies** – such as acupuncture or naturopathy.

If you would like to use complementary therapies, it is important to seek advice from a qualified professional and to let your doctor know about any herbal or complementary therapies you are using.

Where to get help

- Your doctor
- Women's health clinic
- Women's Health Information Centre (WHIC) , Tel. (03) 8345 3045 or 1800 442 007
- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100

Things to remember

- If symptoms don't resolve with menstruation, PMS is probably not the cause – see your doctor for further investigation.
- The main treatment for severe PMS symptoms is low dose SSRIs (antidepressants).
- Regular exercise or herbal remedies may be effective.
- PMS responds well to self-care but may need medications to help relieve symptoms.

This page has been produced in consultation with, and approved by:

Jean Hailes for Women's Health

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2012 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.