Prenmenstrual syndrome (PMS)

Summary

- Prenmenstrual syndrome (PMS) refers to the physical and emotional symptoms that some women experience in the lead up to menstruation.
- PMS symptoms can impact on quality of life.
- Symptoms usually stop during or at the beginning of the menstrual period. There is at least one symptom-free week before symptoms start returning.
- Keep a detailed diary for at least two menstrual cycles to work out if your symptoms are caused by PMS.

What is premenstrual syndrome (PMS)?

Prenmenstrual syndrome, or PMS, refers to the physical and emotional symptoms that many women experience in the lead-up to a period (menstruation). Symptoms ease during the woman’s period and there is usually at least one symptom-free week before the symptoms return.

It is thought that most women who have periods have premenstrual symptoms, ranging from mild (in 75 per cent of women) to severe (in 20 to 30 per cent of women). For 8 per cent of women with severe symptoms, PMS is linked to reduced quality of life.

PMS is a complex condition that includes physical and emotional symptoms. Research shows that:
- women with PMS are hypersensitive to their own normal cyclic hormones (progesterone and oestrogen) during their menstrual cycle
- brain chemicals (specifically the neurotransmitters serotonin and gamma butyric acid) play a role
- symptoms do not occur during pregnancy or after menopause.

Although the cause of PMS isn’t clear, you can manage it with medication and other strategies.

Symptoms of PMS

PMS differs from one woman to the next. PMS symptoms can include physical and mood symptoms.

Physical symptoms of PMS can include:
- abdominal bloating
- acne
- clumsiness
- digestive upsets, including constipation and diarrhoea
- fluid retention
- weight gain
- breast tenderness or swelling
- joint or muscle pain
- tiredness
- poor sleep or sleepiness
- food cravings
- headache and migraine
- hot flushes or sweats
increased appetite
increased sensitivity to sounds, light and touch.

Mood symptoms of PMS can include:
- anxiety
- confusion
- depression and lowered mood, which may include suicidal thoughts
- difficulties concentrating, memory lapses
- drop in self-esteem and confidence, leading to social isolation
- drop in sexual desire, or (occasionally) an increase
- feelings of loneliness and paranoia
- irritability, including angry outbursts
- mood swings, weepiness.

Factors contributing to PMS
The cause of PMS is unknown. Factors that may contribute to PMS symptoms include:
- stress
- psychological state
- poor physical health
- overweight and obesity – women with a BMI higher than 30 are three times more likely to have PMS than those with a normal weight
- smoking – smokers are twice as likely to have severe PMS symptoms compared to non-smokers
- family history and genetics
- cultural and social environment.

Incorrect theories about the causes of PMS have included oestrogen excess, progestogen deficiency, vitamin B6 deficiency, abnormal glucose metabolism and electrolyte imbalances.

Premenstrual dysphoric disorder (PMDD)
Between 3 and 8 per cent of menstruating women suffer from seriously debilitating PMS, which is sometimes known as premenstrual dysphoric disorder (PMDD). The symptoms may have a serious impact on a woman’s mental health and can be so severe that an affected woman is unable to carry out her normal activities.

Diagnosis of PMS
There are no specific diagnostic tests for PMS, as hormone levels are within the normal range. Diagnosis relies on an examination of your medical history and a description of the symptoms.

In most cases, it is recommended that you keep a daily symptoms diary to help identify whether you have PMS. Include the details of your menstrual cycle – for example, the first and last days of your menstrual period. Keep this daily diary for at least two menstrual cycles. If the symptoms don’t resolve at menstruation, other causes may be suspected and would need to be investigated.

If you’re not sure if you have PMS, or if you need help understanding your symptoms, talk to your doctor.

PMS management
There is no cure for PMS, but symptoms may be managed successfully with:
- lifestyle changes
- dietary modifications
- supplements
- hormone treatments
- other therapies.
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 try out these therapies and treatments. Consult with your doctor or healthcare professional during this trial period.

**Lifestyle changes and PMS**

Recommended lifestyle changes include:

- Exercise regularly, at least 3 times a week. Try to exercise daily as the increased endorphins will help.
- Don’t smoke.
- Cut back on caffeine and alcohol in the two weeks before your period.
- Get enough sleep.
- Manage your stress in whatever way works for you – for example, counselling, cognitive behaviour therapy (CBT), tai chi or meditation, mindfulness, walking or gardening.

**Dietary changes for PMS**

If you experience PMS symptoms you may crave high-fat and high-sugar foods like chocolate, biscuits and ice cream, which can cause weight gain.

You can manage your weight and help reduce your PMS symptoms by making a few dietary changes. You might like to try:

- eating smaller meals more often – for example, have six ‘mini-meals’ instead of three main meals
- reducing your intake of salty foods
- including more fresh fruits and vegetables, and wholegrain foods in your daily diet
- increasing your dairy food intake
- not keeping high-fat and high-sugar food in the house
- making sure you always have tasty and healthy snack alternatives on hand
- recording your food choices in your PMS diary – charting your food intake may help you become more aware of high-fat and high-sugar snacking.

**Medication and hormone treatments for PMS**

There are different types of medications and hormone treatments available to help you manage your symptoms.

Treatments that have been proven to relieve symptoms include:

- SSRIs (selective serotonin reuptake inhibitors): fluoxetine, sertraline, paroxetine and escitalopram – these medications are mood stabilisers and antidepressants. They can improve PMS symptoms significantly by boosting brain chemicals (neurotransmitters). They may be prescribed just in the premenstrual phase, or taken continuously
- combined oral contraceptive pill preparations
- agents that suppress ovulation – including GnRH analogues and danazol might improve symptoms, but it has not been shown to be consistently of any advantage but may help if there is fluid retention.

Treatments that have not been proven to relieve symptoms include:

- progesterone and progestogens (such as intrauterine devices or IUDs)
- intrauterine devices (Implanon)
- Depo-Provera (injection).

**Complementary medicine and PMS**

Many women feel they benefit from a variety of other therapies, such as cognitive behaviour therapy, and complementary therapies.

If you would like to use complementary therapies, it is important to seek advice from a qualified professional. Let your doctor know about any herbal or complementary therapies you are using. Complementary therapies should be viewed as a medicine and treated with the same respect.
Complementary therapies that can help reduce PMS symptoms include calcium, vitamin D and vitex agnus-castus. Gingko biloba, evening primrose oil, lemon balm, curcumin, vitamin B6, isoflavones, St John’s wort and wheatgerm have been shown to provide some benefit.

Many herbal or complementary medicines can have side effects. Make sure you are well informed about them before you and your doctor decide on your treatment.

Where to get help
- Your **GP (doctor)**
- Women’s health clinic
- **Family Planning Victoria** Tel. 1800 013 952 or (03) 9257 0100