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PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Dear Dr. Brown,

I have been struggling with the time a week to ten days before my regular cycle. I feel like I turn into a different person. I become exhausted, things that wouldn't normally bother me send me into a rage, I experience a lot of swelling all over, and tenderness in my breasts. Is this really just PMS or is there something more going on?

As always, thank you for your question and sharing this condition with me.

These feelings are consistent with premenstrual/peri-menstrual dysphoric disorder (PMDD) which is a more severe form of what is known commonly as Premenstrual Syndrome (PMS). This is a physiologic change that happens before the beginning of menses- I refer to it as "the storm before the rain" and it affects about 3 to 8 percent of menstruating females. In most instances this resolves at onset of menses or may endure through the duration of menses and resolves shortly thereafter.

CAUSE:

Not much is known about the cause of the changes that occur in a woman's body in the days before the onset of menses, but it is believed to be hormonal (chemical) rather than psychological. These hormonal changes include changes in the levels of serotonin, dopamine and norepinephrine- chemicals in the body that play a central role in the sending of signals (information) in the brain cells, as well as changes in the amount of estrogen and progesterone chemicals produced by the ovaries days before menses. A decrease in the level of these hormones (chemicals) in the brain and body may be linked to these changes causing some of the symptoms listed below.

SYMPTOMS:

The symptoms may include but not limited to:

- Sense of helplessness and or hopelessness
- Irritable
- Anxiety
- Difficulty concentrating and staying focused



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- Anger for no apparent reason at your co-workers, spouse and family members, even your pet (...even when they are on best behavior!)
- Inability to sleep or excessive sleep
- Tiredness
- Increased or decreased appetite
- Bloating
- Extreme breast pain
- Headaches,
- Occasionally hot flashes.

RISK FACTORS:

This condition is said to be common in late teens females through 20's and 30's but had been reported in other age groups as well. Individuals with certain mood disorders such as anxiety as well as family history of these conditions are most at risk.

DIAGNOSIS:

To properly diagnose this condition, you should keep a diary of these symptoms for at least 2 to 4 cycles and should include the following:

Five to seven of the above listed symptoms should be present

The symptoms occur about 7 days before your menses begins

These symptoms noted to go away after you complete your menses (...your co-workers and close family members wonder if you were the same person they knew a week or two earlier)

You should discuss this with your doctor. He or she must make sure there are no other major mood disorders such as DEPRESSION, ANXIETY, BIPOLAR DISORDER, CHRONIC FATIGUE SYNDROME, organic causes such as migraine, uterine fibroids, endometriosis, physiologic conditions such as perimenopause (almost menopause) or other hormonal problem such as thyroid disorder involvement. A thorough medical and emotional history and physical exam is important and cannot be overemphasized. Once these possible causes are eliminated, then PMDD may be the underlying cause till proven otherwise. Which is to say PMDD is a diagnosis of exclusion.

TREATMENT:

The treatment may be mostly supportive as this is usually transient and self-resolving. But when it becomes disabling and interferes with work, social life and immediate relationships, then other interventions such as non-medical and medical management should be considered. Your



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physician may recommend lifestyle changes like nutritional supplements such as calcium with vitamin D, low doses of Vitamin B6, adequate exercise, yoga, adequate sleep. Your doctor could also suggest that you reduce your consumption of alcohol and caffeine. Phototherapy (light therapy) and herbal remedies such as chasteberry extracts had been found to be helpful.

Prescription interventions include oral contraceptive pills to lessen changes in estrogen and progesterone levels. Anti-depressants such as selective serotonin reuptake inhibitors (does not mean you are depressed per se, could be taken a week before beginning of your menses) have been used successfully to minimize mood change. Non-steroidal anti-inflammatory such as Motrin/ibuprofen can help with cramps. Your doctor may also recommend a diuretic (water pill) to ease the bloating. Since PMDD symptoms can vary greatly from one patient to another, the particular approach and length of treatment will depend on your specific symptoms and watched closely by your physician.

CONCLUSION:

I hope this brief discussion had been helpful and as always please contact me by email at: ibrown@pineridgeobgyn.com or through my web site: pineridgeobgyn.com.

Reference:

<https://Womensmentalhealth.org>