

# PREMENSTRUAL SYNDROME

(Premenstrual Tension; PMS)



## BASIC INFORMATION

### DESCRIPTION

Premenstrual syndrome (PMS) involves symptoms that begin 7 to 14 days prior to a menstrual period and usually stop when menstruation begins. About half of all women experience PMS at some time, some very frequently. It most often affects women ages 25 to 40.

### FREQUENT SIGNS AND SYMPTOMS

- Depressed mood.
- Nervousness and irritability.
- Dizziness or fainting.
- Fatigue.
- Emotional instability; mood swings.
- Increased or decreased sex drive.
- Headaches.
- Tender, swollen breasts.
- Bloating, constipation, or diarrhea.
- Other digestive disturbances.
- Fluid retention (edema) in ankles, hands, and face.
- Higher incidence of minor infections such as colds.
- Acne outbreaks.
- Decreased urination.
- Many other symptoms (over 150) have been attributed to PMS.

### CAUSES

Unknown, but may be due to changes in the level of hormones (especially estrogen and progesterone). These changes cause retention of sodium in the bloodstream, resulting in edema in body tissues including the brain. Increased levels of prostaglandin (a chemical) in the bloodstream may be a factor. More theories about the basis of PMS include emotional, diet, changes in brain chemicals, and other factors.

### RISK INCREASES WITH

- Increased levels of emotional stress.
- Caffeine and high fluid intake may worsen symptoms.
- Smoking may also intensify or increase symptoms.
- PMS risk increases with age.
- May occur with other disorders such as depression.

### PREVENTIVE MEASURES

No specific preventive measures. Try to avoid stressful situations at the expected time of PMS. Also share your feelings and needs with a close friend or spouse.

### EXPECTED OUTCOME

Treatment may be effective. Drugs can sometimes help control some symptoms. PMS stops with menopause.

### POSSIBLE COMPLICATIONS

- Severe emotional stress that disrupts a woman's life.
- Premenstrual dysphoric disorder (symptoms are more severe than with PMS).



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider may do a physical exam to rule out other disorders. Diagnosis usually depends on a history of symptoms. Keep a menstrual diary. Write down your symptoms and when they occur, your physical and emotional changes, and the pain involved.
- Treatment steps involve education about PMS, diet, exercise, lifestyle changes, and drugs.
- Reduce stress where possible. Learn relaxation techniques. Reduce activities on days you have symptoms.
- Quit smoking. Find a way to stop that works for you.
- Individual or couple counseling helps some patients.
- Join a support group. Talking about your PMS symptoms with others can help.
- To learn more, do an Internet search or visit a library.

### MEDICATION

- These are used with varying degrees of success:
  - Nonsteroidal anti-inflammatory drugs (NSAIDs) to decrease prostaglandin levels.
  - Antidepressants or anti-anxiety drugs.
  - Diuretics to reduce fluid retention.
  - Pain drugs such as acetaminophen or ibuprofen.
  - Vitamin B6, vitamin E, magnesium, or calcium.
  - Hormones to suppress ovarian function.
  - Certain herbal products, such as evening primrose oil.
  - Oral contraceptives.

### ACTIVITY

- Begin a regular, aerobic exercise program (such as walking or biking). Exercise can help relieve or reduce PMS symptoms.
- Go to sleep and wake up at the same times each day.

### DIET

Eat a low-fat, low-salt, high complex carbohydrate diet with frequent small meals. Limit use of caffeine.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of PMS that interfere with normal activities or relationships.
- Symptoms don't improve, despite treatment.
- New, unexplained symptoms develop.

Special notes:

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More notes on the back of this page