

Premenstrual Syndrome (PMS)

One in three women suffers discomforting symptoms in the days before their period. For one in 20 the symptoms are bad enough to affect their lives. It is not known what causes PMS. Doctors think it is linked to fluctuating levels of female hormones after ovulation.

Symptoms

There are more than 100 recognised symptoms linked to PMS, but most women only experience a handful of them.

The most common are:

- Irritability and mood swings
- Loss of confidence
- Aggression
- Crying and depression
- Tiredness
- Poor concentration
- Weight gain
- Abdominal bloating
- Tender and lumpy breasts
- Swollen ankles
- Headaches
- Backaches
- Acne
- Upset stomach

Diagnosis

There is no laboratory test that can diagnose PMS, although blood and urine tests can rule out other causes. The condition is recognised by noting the type of symptoms and when they occur in relation to the period. Some symptoms of PMS are shared by other conditions such as depression or thyroid gland problems.

Treatment

Understanding the condition is the first step. For most women, the symptoms are a mild inconvenience which they can deal with themselves. Comfortable clothing with an elasticated waist band and a more supportive bra can give support for those who find bloating a problem. Relaxation

and gentle exercise is beneficial. Trying to manage stress levels can also help women cope with PMS e.g. rearranging potentially difficult meetings, avoiding having guests to stay, arranging extra childcare etc. Make sure you get enough sleep, try to get eight hours every night. It's also a good idea to avoid smoking.

If the symptoms are so bad that they are affecting your work, daily routines and relationships, you should see your GP. A number of treatments are available. However, few provide relief for more than a few months.

Diet

Many people believe eating the right foods lessens the symptoms of PMS. Generally you should try to consume less junk food, fat, sugar, salt, caffeine and alcohol, and eat more starch, fibre, vegetables and fruit. It also helps to eat small meals regularly.

Hormone treatments

- Combined oral contraceptive pill: thought to alleviate PMS by stopping ovulation and reducing hormonal fluctuations. However, in some women the hormones in the pill cause PMS.
- Progestogens: widely prescribed, they provide short-term relief of mild symptoms for some women although medical trials show they are no more effective than placebo or 'dummy pills'.
- Danazol: a synthetic hormone based on the male hormone testosterone. It can help women with PMS but has side effects, must be given in low doses, and is not tolerated by everyone.
- Oestrogen patches and implants: there is scientific evidence that extra oestrogen given this way can relieve PMS symptoms by suppressing ovulation and reducing hormonal fluctuations.
- Mirena intra-uterine system (IUS): this is a contraceptive coil which releases a small dose of a progestogen. Some women say it improves PMS, as well as reduce the heaviness and duration of their periods.



- Other powerful medicines called luteinising hormone releasing hormone (LHRH) analogues are available which temporarily switch off the ovaries. They are reserved for severe cases of PMS.

Non-hormonal treatments

Alternative therapies: although there is little scientific evidence, many women have found significant relief from PMS by using complementary or alternative therapies.

- Vitamin B6: also known as pyridoxine, is recommended for mood swings and irritability. You should not take too high a dose.
- Evening primrose oil (EPO): EPO capsules can help alleviate pre-menstrual breast pain.

Drug Treatments

- Over-the-counter pain relievers can help ease cramps and pain.
- Antidepressants: these can have a dramatic effect on symptoms such as depression, mood swings and irritability. but side effects can be a problem
- Diuretics (water tablets): May help prevent ankle swelling, but not abdominal bloating.
- Bromocriptine and cabergoline: two prescription medicines which may help if breast pain is a major problem.

Surgery

Removal of the ovaries may be necessary for a few women who suffer from severe PMS. Removing the womb without the ovaries may not improve the symptoms as there will still be fluctuations in the hormonal cycle. This will only be undertaken if all other treatments have been unsuccessful.

Useful contacts

National Association for Premenstrual Syndrome

41 Old Road, East Peckham, Kent TN12 5AP

Helpline: 0870 777 2177 (UK)

International: +44 1622 872 578

Website: www.pms.org.uk

The National Women's Health Information Center

U.S. Department of Health and Human Services

Office on Women's Health

www.womenshealth.gov/faq/pms.htm

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This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Review date: November 2007.**