

PMS

Once again, I have taken a survey of staff and patients as to what would be a topic of interest. PMS (premenstrual tension syndrome) was an overwhelming favorite. The physical and mood changes during the days before menstruation are normal but when they affect a woman's normal life, they are known as PMS. The symptoms are common to at least 85% of menstruating women. The pattern is repeated month after month usually two weeks before a period and relieved by the period. Common emotional and behavioral symptoms are: depression, angry outbursts, being irritable, crying spells, anxiety, confusion, social withdrawal, poor concentration, and sleep disturbance, food cravings (especially salt, caffeine and chocolate). Physical symptoms include tender breasts, bloating and weight gain, headache, swelling of the hands and feet and miscellaneous aches and pains. To truly be called PMS a pattern of symptoms must be confirmed: present in the five days before a period at least three cycles in a row; end within four days of the start of period; interfere with some of her normal activities. It is important to make the distinction because other conditions can mimic PMS such as Premenstrual Dysphoric Disorder (PMDD), depression, and anxiety. Depression and anxiety are commonly confused with PMS because the symptoms are the same however, they are present all month long and do not go away with a period. PMDD can be thought of as a more serious variant of PMS with increased feelings of hopelessness, sadness, frequent crying, lack of energy and feeling overwhelmed. Women entering menopause may have pms-like symptoms and their doctor can help to distinguish the difference.

Once lifestyle and interpersonal relationships are affected, it is time to seek professional advice. The diagnosis is made using the above criteria and options will be discussed to find relief. Aerobic exercise lessens PMS symptoms possibly by the release of endorphins by the brain. In addition to alleviating these symptoms it also improves heart health and weight control and adds to a better sense of "wellness". Relaxation that reduces stress is known to help. Yoga has been found to be useful as well as massage and biofeedback exercises. Dietary changes that reduce the intake of fat, salt, sugar, caffeine and alcohol help immeasurably but ironically these are craved during the two weeks before menses. Calcium and magnesium can help physical and mood symptoms but many herbal products have not been proven and in many cases can interfere with prescription medications. As a last resort medications in the antidepressant category can be used. These are called SSRI's (serial serotonin reuptake inhibitors) and raise the level of serotonin (called the "feel good hormone"). Drugs such as Zoloft, Effexor, Celexa, and Lexapro are in this category. Diuretics can be used very carefully to reduce bloat and swelling but do have short term and long term ramifications. Occasionally birth control pills may lessen the physical symptoms by preventing ovulation but will not alter the mood swings and, in some patients, make them worse. Above all this is neither a shameful condition nor one that should be swept under the rug despite all the tasteless jokes made at its expense. Talking to others and sharing feelings may help family and associates be more supportive and may prevent conflicts with others. As you can see there are many treatment options and your medical provider will go over all of them at length.