

Premenstrual syndrome:

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Introduction:

Two weeks before your period you may experience a variety of emotional and physical symptoms and this condition is commonly referred to as premenstrual syndrome (PMS). It was previously also referred to as premenstrual tension to highlight the behavioral changes that may accompany the syndrome. It is approximated that about one third of women complain of this condition. This condition usually is worst before the onset of your period (luteal phase of the menstrual cycle), then improves while on your periods (relieved within 4 days of beginning the period) and disappears at the end of the period. This condition may be mild and about 10% of women will experience severe symptoms that interfere with their social and occupational lives. The symptoms maybe different each month but you may find a pattern over time. It is also reported that if you have PMS, you may have a high chance of developing postpartum depression.

What are the common symptoms?

Over 150 symptoms have been ascribed to PMS, but the most commonly reported symptoms are grouped as follows:

Psychological:

- Anxiety, irritability, tension, depressed, anger

Physical:

- Changes in appetite (weight gain), bloating, painful breasts
- Headaches, tiredness,

It is recommended to keep a diary of your symptoms at-least over 2 cycles, and discuss these symptoms with your doctor if necessary. For the diagnosis to be made it is important that these symptoms are present in the absence of any medication that you are taking, any hormone ingestion, and drug or alcohol abuse.

What is the cause of PMS?

Despite a lot of research in this area, the exact cause is still unknown. However, it has been suggested that hormones (the fluctuation in hormones), excessive fluid retention, vitamin deficiency (Vitamin B6 and magnesium), and a genetic predisposition.

What is the treatment for PMS?

Most women will cope with mild forms, unlike those with moderate to severe complaints. Treatment approach is as follows:

- Educate yourself about this condition, and discuss with a gynaecologist
- Any stresses that aggravate your symptoms must be addressed
- Dietary changes – limit your intake of refined sugars, animal fats and dairy products
- Limit intake of tea, coffee chocolate and caffeine –containing soft drinks as well as alcohol. Wholemeal bread and whole grain cereals, brown rice, nuts and seeds are generally recommended.
- Nutritional supplementation with evening primrose oil, Vitamin B6 (100mg/day), magnesium, and calcium (600mg twice a day) maybe worth trying
- A scheduled exercise program, since it is noted that PMS is less common in women that exercise. Exercise will increase your endorphin levels (the 'feel good' hormone
- If no improvement is noted after the above strategy is employed for about 2-3 menstrual cycles, then your doctor may add pharmacological treatment such as an antidepressant (from day 14 of the cycle to the first day of your period). Painful periods can be managed with analgesics.
- Contraceptive-pill- those containing the hormone that prevents water retention (drospirinone) are generally recommended.

- Other medication to prevent ovulation can have other severe side-effects and this is usually considered as a last option.

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