



Ask an Expert: PMS/PMDD

Dr Rosie Worsley
Endocrinologist
MBBS, FRACP



jeanhailes.org.au

1

Premenstrual syndrome (PMS)

- Symptoms in the **1-2 weeks before** a period that get better after a period
- Around **80%** of women notice some symptoms premenstrually – normal!



Jean Hailes for Women's Health | jeanhailes.org.au

2

Common symptoms of PMS

Fatigue	Increased appetite
Irritability	Oversensitivity
Bloating	Swelling
Anxiety/tension	Expressed anger
Breast tenderness	Crying easily
Mood lability	Feeling of isolation
Depression	Headache
Food cravings	Forgetfulness
Acne	Gastrointestinal symptoms
	Poor concentration
	Hot flashes
	Heart palpitations
	Dizziness

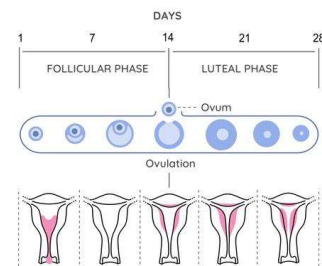
Mortola, JF, Girton, L, Beck, L, Yen, SS. Diagnosis of premenstrual syndrome by a simple prospective reliable instrument. *Obstet Gynecol* 1990; 76:302. Reprinted with permission from the American College of Obstetricians and Gynecologists (*Obstetrics and Gynecology*, 1990; 76:302). FROM UPTODATE

Jean Hailes for Women's Health | jeanhailes.org.au

3

Premenstrual dysphoric disorder (PMDD)

- **PMDD diagnosis focuses on mood**
- **5-10%** women reproductive age
- Symptoms occur in the luteal phase, remit in the first few days of cycle.
- Symptom free in follicular phase.
- Diagnosis requires a 2-month daily **DIARY**



Jean Hailes for Women's Health | jeanhailes.org.au

4

PMDD diagnosis:

- Five of:
 - depression, irritability, anxiety, affect lability
 - decreased interest, difficulty concentrating, fatigue, feeling out of control, insomnia, change in appetite, breast tenderness, breast swelling
 - interfere with usual activities
- Body aching in PMDD vs PME

Jean Hailes for Women's Health | jeanhailes.org.au

5

Premenstrual Exacerbation of Mental Illness

- The major differential diagnosis
- Persistent symptoms in the follicular phase
- ?PMDD + mental illness



Jean Hailes for Women's Health | jeanhailes.org.au

6

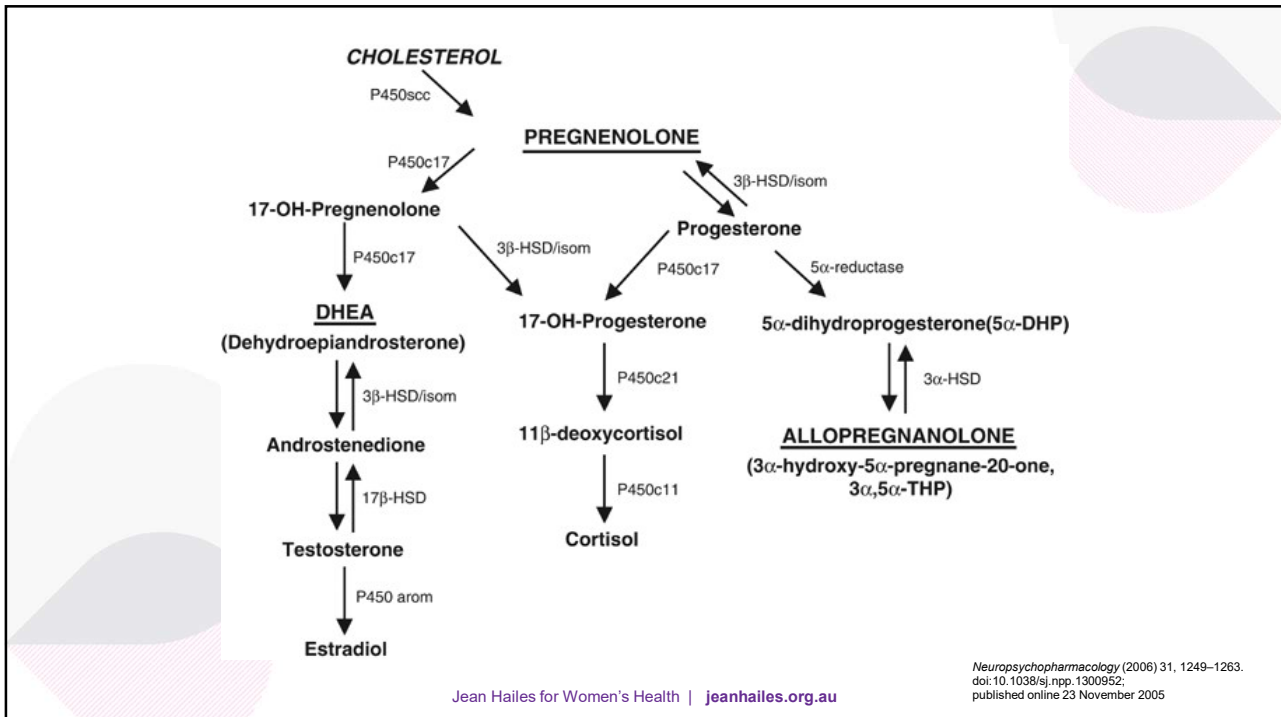
? Cause

- Normal hormone levels / Different brain response
- Progesterone sensitivity
- Progesterone metabolite → Allopregnanolone
- Migraine/PME – symptoms triggered by premenstrual decline in estradiol
- ↑ Inflammatory markers in luteal phase (IL-4, IL-10, IFN- γ ; affective symptoms correlate w IL-2, physical symptoms w IL-4)

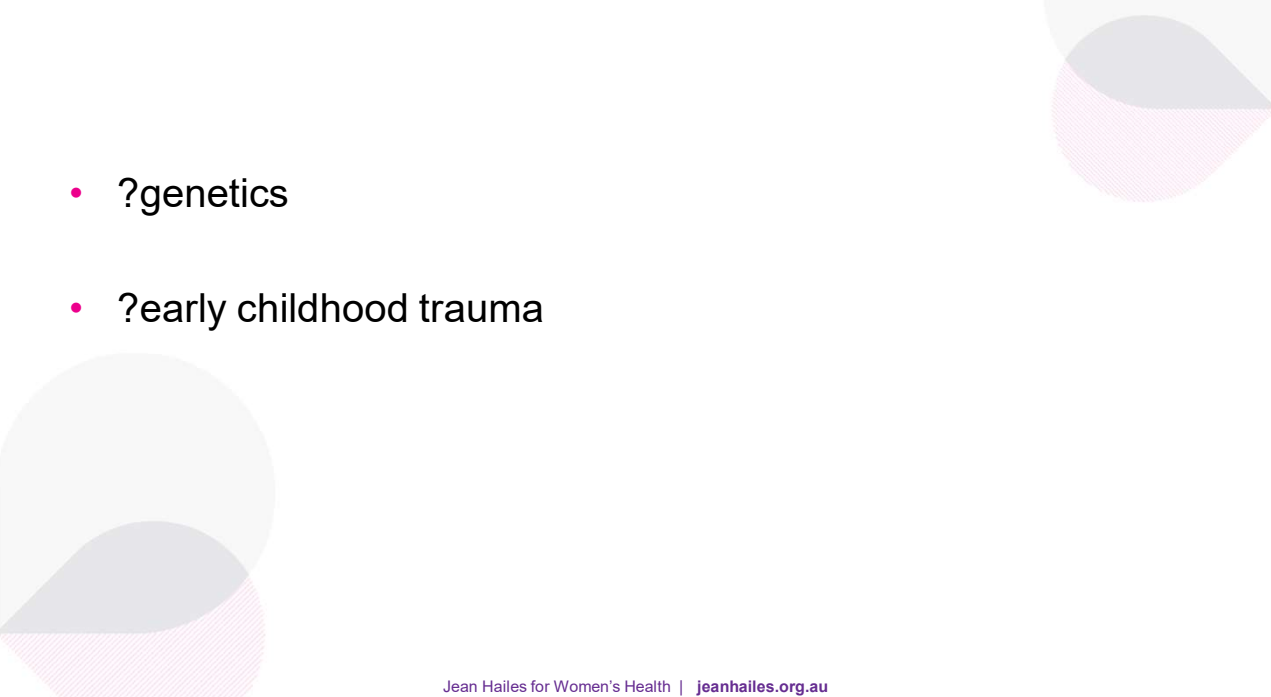
No way to test which mechanism

Jean Hailes for Women's Health | jeanhailes.org.au

7



8



- ?genetics
- ?early childhood trauma

Jean Hailes for Women's Health | jeanhailes.org.au

9

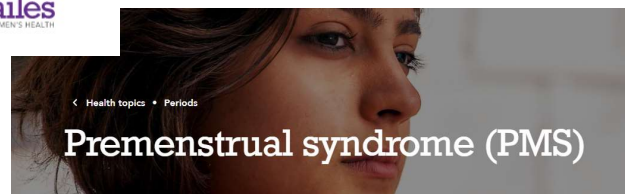


Management

 jeanhailes.org.au

10

Resources



Jean Hailes for Women's Health | jeanhailes.org.au

11

Management: medical questions

- What medications are best?
- Best COCP
- Optimal medical management
- SSRIs – use and prescription
- Using anti-depressants, luteal phase, entire month, increase dose again in luteal phase?
- Best management for PMS which seems to be morphing into perimenopausal mood disturbance?

Jean Hailes for Women's Health | jeanhailes.org.au

12

Management: pharmacological

- SSRIs
- Stop ovulation
- Discuss through case studies

Management: non-medical questions

- What non-pharmacological management methods do you recommend?
- Do herbal remedies work?
- Evidence behind using nutritional therapy in PMDD
- Are there any risks/side effects of vitex agnus castus?
- Diet and natural approaches for managing PMDD (e.g. foods, herbal supplements, types of exercise)

Management: Non-medical

- Vitex agnus castus
- Vitamin B6 (pyridoxine): 50mg, (doses >100mg neuropathy)
- Magnesium: 900mg daily for menstrual migraine, may help PMS
- Calcium: has been shown to improve symptoms in the dose of about 600mg twice a day
- Low level evidence
- Can use in addition to other therapies



Jean Hailes for Women's Health | jeanhailes.org.au

15

Management: lifestyle – evidence free zone

- Physical activity increases endorphins - only helps if done throughout the cycle
- Stress reduction/psychological strategies/diary management/delegation
- Sleep
- Avoid alcohol or minimise as much as possible
- Smoking cessation
- Avoid illicit drugs

Jean Hailes for Women's Health | jeanhailes.org.au

16

Case studies

Jean Hailes for Women's Health | jeanhailes.org.au

17

Case one: management

- 28yo with PMDD
- not responding to Fluoxetine or Sertraline.
- Has Mirena in situ.
- SSRI dose? (daily vs cyclical), trial other SSRI, SNRI
- Psychiatrist?
- Transdermal estrogen – rationale for moderate dose (50mcg) and high dose (100mcg) therapy

Jean Hailes for Women's Health | jeanhailes.org.au

18

Case two: ?Surgical menopause

- severe pmdd
- first and second line treatments have failed
- when is chemical or surgical menopause indicated?
- how to approach chemical menopause, if surgery unavailable for patient
- is it appropriate to trial GNRH in general practice or is this the point to get specialist endocrine input first?

Jean Hailes for Women's Health | jeanhailes.org.au

19

Chemical menopause

- Look at history very carefully, document in detail
- Try everything else first including transdermal estrogen
- Treat any contributing factors/comorbidities
 - migraine
 - endometriosis
 - iron deficiency, thyroid etc
 - I usually check;
 - FBE / UEC / LFT / CMP / TSH / FSH / LH / E2 / Testosterone / SHBG / vitamin D / coeliac screen / ferritin / B12
 - but this is arbitrary and almost certainly not conformant to 'evolve' recommendations!

Jean Hailes for Women's Health | jeanhailes.org.au

20

Chemical menopause

- Have the patient read the chemical/surgical menopause section of iampmd.org website
- Ensure excellent **psycho-social support** in place – psychiatrist, psychologist, family – have a plan about what to do if menopause triggers a depressive episode
- Explain consequences of medical menopause (not fully negated by add back hormone replacement therapy). BMD.
- Work out the aim of therapy – is this a bridge to hysterectomy? Is this financially viable in the long term (Synarel = \$120/month, Zoladex \$275/month)
- Use add back HRT/MHT

Jean Hailes for Women's Health | jeanhailes.org.au

21

Case three

- 30yr old mother, daughters 3 yrs, 18mth.
- She has been diagnosed with PMDD.
- Her biggest concern currently are the intrusive self-harm thoughts has experiences for approximately 1 week prior to her period (which seems to be returning to very heavy bleeding).
- Her mood drops so quickly she finds it very difficult to activate behavioural strategies and finds she is extremely fatigued.
- Recommendations for tx approach?

Jean Hailes for Women's Health | jeanhailes.org.au

22

- Psychiatrist if doesn't already have one – antidepressant etc
- Ferritin?
- Mirena for bleeding
- Transdermal estrogen

Case four

- SSX: 46 yrs old female gets bad anxiety attacks exactly 4 days before her periods, improves after she finishes her period, has kept a diary
- Best management for PMS which seems to be morphing into perimenopausal mood disturbance?
- PMS/PMDD/anxiety/depression often worsens or first presents in the 40s & perimenopause
- HRT/MHT often very helpful
- Femoston 2/10 often very good or Transdermal Estrogen + MIRENA
- Antidepressant

- Perimenopausal cognition & mood changes in woman who has reported a history of worsening mood on hormonal contraceptives in the past.
- Usually SEs to progestin
- Femoston, tibolone, low dose OCP
- E2 + prometrium (less SEs if used PV)
- E2 + MIRENA

Jean Hailes for Women's Health | jeanhailes.org.au

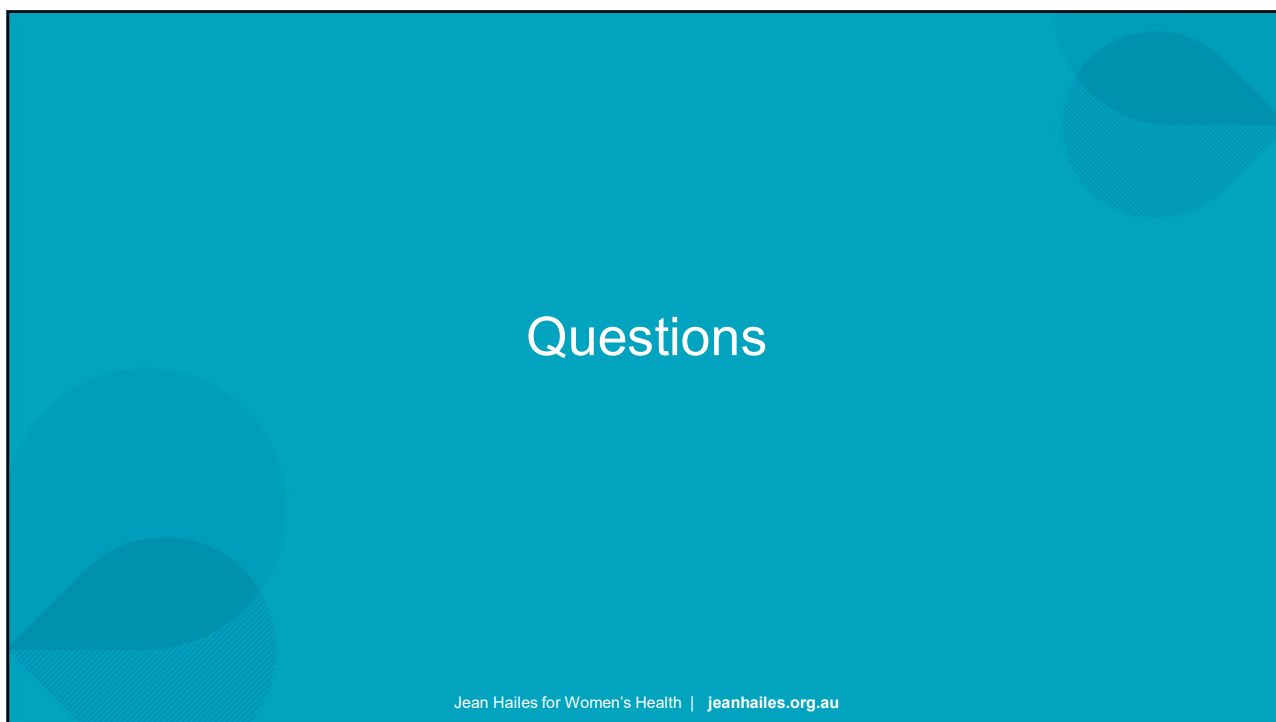
25

Other Questions

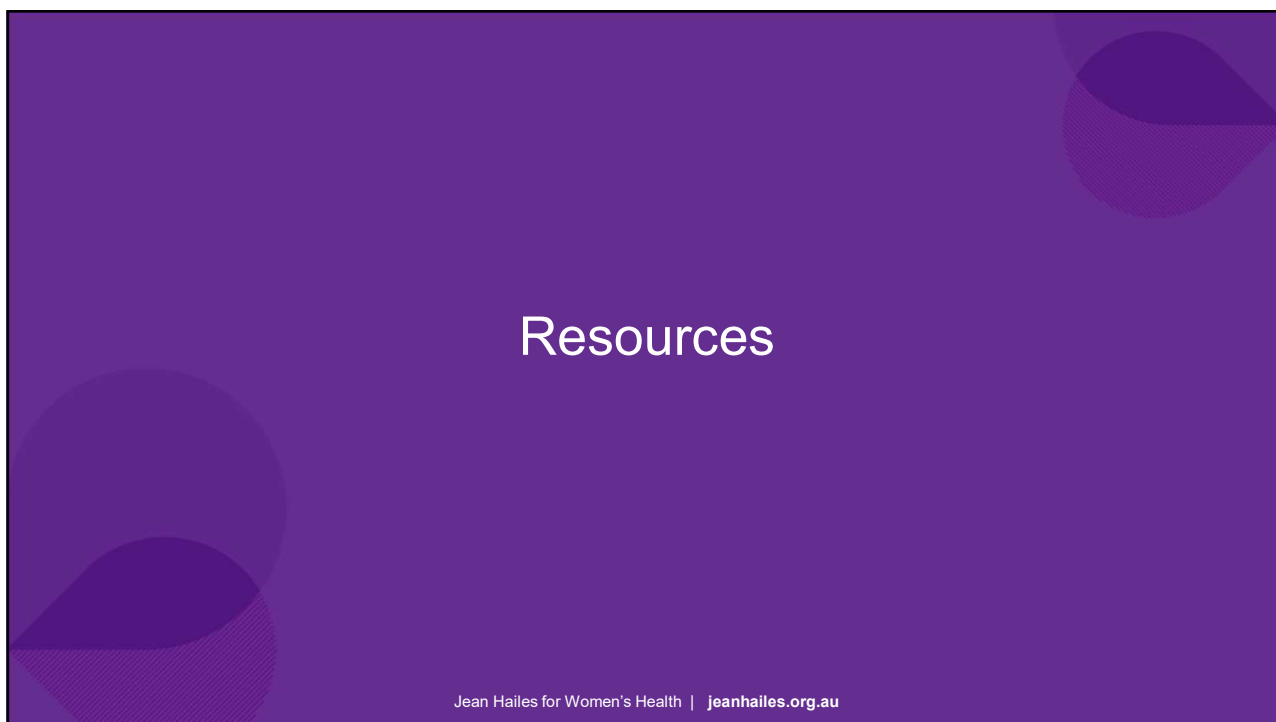
- Does PMDD improve with age or after giving birth?
- Do PMS / PMDD symptoms spike at different times in a menstrual cycle for different women depending on their individual hormone profiles?
- How do you differentiate PMS and PMDD ?

Jean Hailes for Women's Health | jeanhailes.org.au

26



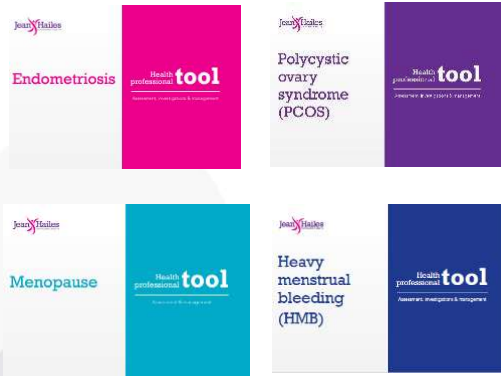
27



28

Health professional resources

Health professional tools:



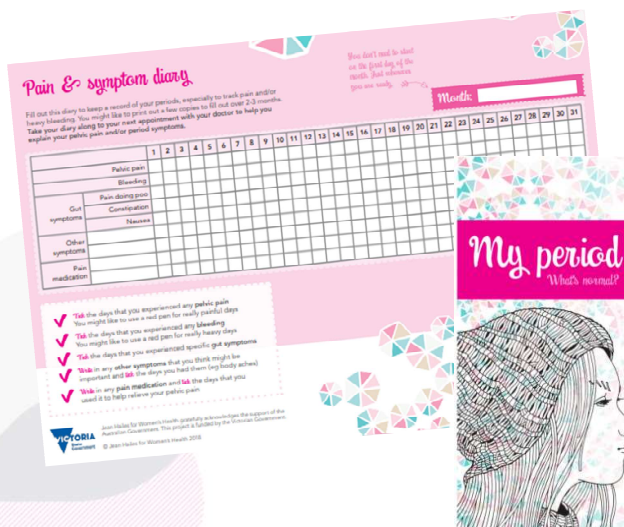
Health professional education:

- E-learning course:
 - Fertility, infertility and preconception care
 - Managing menopause: weighing up the evidence
 - Diagnosis and management of PCOS
- Webinars:
 - PCOS: an updated overview
 - Endometriosis: an overview
 - Menopause and mood

Jean Hailes for Women's Health | jeanhailes.org.au

29

Consumer booklets and fact sheets



Jean Hailes for Women's Health | jeanhailes.org.au

30

Other resources



- iapmd.org
- Premenstrual assessment scoring sheets.
- Research papers
- Online training



Jean Hailes for Women's Health | jeanhailes.org.au

31

Thank you

 **Jean Hailes**
FOR WOMEN'S HEALTH jeanhailes.org.au

32