



PMS and PMDD and you

Premenstrual symptoms don't have to be a part of life. There are treatments that can help.

By Nerissa Bentley

For many women, the week before their period can be difficult. For some, it can be debilitating. But the good news is that premenstrual syndrome (PMS) and its close relative, premenstrual dysphoric disorder (PMDD), can be treated.

What is PMS?

PMS refers to a broad range of physical and emotional symptoms experienced by women in the days leading up to their period. Up to 90% of women experience at least one symptom most months, with 50% of women experiencing several symptoms each month. Symptoms can start anywhere between 4-10 days before menstruation, and often resolve once bleeding begins.

Some of the most common symptoms include bloating, fluid retention, breast swelling and tenderness, headaches, skin problems, lethargy, constipation and/or diarrhoea, as well as mood changes. However, there are many other symptoms women may also experience.

"There are over 200 different symptoms associated with PMS that have been reported," says Jean Hailes naturopath, Ms Sandra VILLELLA, "but women typically experience the same set of symptoms from one cycle to the next."

When symptoms are more severe

Along with physical premenstrual symptoms, between 3-8% of women experience debilitating mood or psychological symptoms that interfere with their daily lives and even prevent some women from holding down a job. This is known as premenstrual dysphoric disorder (PMDD).

Jean Hailes endocrinologist Dr Rosie Worsley says PMDD is a subset of PMS that refers specifically to very severe mood or psychological symptoms, particularly depressive symptoms and irritability.

"Typically, the pattern is that women feel really unwell in the week before their period," says Dr Worsley. "They may have very low moods and experience a lot of fatigue, but once they get their period, it's like a switch has been flipped back to normal."

There are no tests for PMDD, so diagnosis is determined by the pattern of symptoms, usually over three cycles. The key difference between PMDD and depression is that symptoms get better once menstruation begins.

"You can use an app or a journal to track symptoms," says Ms VILLELLA. "Tracking them under different categories will help you notice certain patterns. For example, you might ask



Pictured: chaste tree
(also known as chaste berry
and *vitex agnus castus*)

'do I have generalised anxiety, or is it that I'm just anxious in the pre-menstrual phase?'

"By definition, symptoms need to occur on one or more of the five days before menstruation, appearing in the previous three menstrual cycles, and have to dissipate within four days after the start of menstruation. If symptoms continue, then it's probably not PMDD."

What causes PMDD?

Contrary to popular belief, PMS and PMDD aren't a result of high or low hormone levels, but rather an increased sensitivity to hormones in the lead-up to menstruation. This sensitivity is caused by an interaction between hormones from the ovaries and brain neurotransmitters, which influence mood.

The exact causes of this sensitivity aren't fully understood, but several factors may increase the risk of PMDD.

"PMDD is largely genetic," says Dr Worsley. "Rates are also higher in women who have experienced early childhood trauma or have a history of depression. It can occur after having

a baby, and closer to menopause, as these events can change the way some women's brains react to these hormones."

Treating and managing PMS and PMDD

The good news is that PMS and PMDD can be treated and managed successfully, although sometimes it can take trial-and-error to find what works.

Natural remedies

Lifestyle changes such as regular physical activity, using alcohol sensibly, reducing stress, avoiding smoking and maintaining a healthy weight can all make a difference.

Ms Vilella says vitamin B6 (between 100mg and 200mg) has also been shown to be effective and is considered part of the first line of treatment for PMS.

"While the research to support the use of B6 for PMS is limited, it has been shown to have a significant impact on the central production of both serotonin and GABA-neurotransmitters that control depression, pain perception and



"[PMDD] can occur after having a baby, and closer to menopause, as these events can change the way some women's brains react to these hormones."



anxiety," she says. "It's best taken as part of a B-complex."

However, Ms Villella warns that higher doses don't equal greater benefits – in fact, far from it.

"Doses over 200mg can lead to irreversible nerve damage, so it's really important for women to speak to their health practitioner before taking B6," she says.

Ms Villella says chaste tree (also known as chaste berry and *vitex agnus castus*) can reduce mood swings and irritability.

"It has the most convincing clinical data out of all of the botanicals for efficacy in the treatment of PMS," she says. "It's highly effective, but needs to be prescribed by a health practitioner trained in herbal medicine."

Other natural remedies that have some clinical evidence of relieving PMS symptoms include lemon balm, magnesium and calcium.

However, before taking any supplement, speak to your health practitioner to ensure correct dosage, and to avoid adverse reactions with other supplements or medication you're already taking. This is especially so for St. John's wort, which is often used to treat depression.

Medical treatment

Women who don't respond to lifestyle remedies and natural therapies may need further medical advice. Dr Worsley says treatment will depend on symptoms and whether there are other underlying conditions.

"If we're talking about PMDD and severe irritability or low mood, and often bad fatigue, they may have separate period issues," she says.

"Because we don't have specific treatments, I tend to screen everybody for factors that might be making them worse, such as thyroid issues, low iron or endometriosis and treat those things. Other treatments can include anti-depressants which are about 70% effective, as well as hormonal options like the pill and MHT [menopausal hormone therapy]."

While these treatments will work for most women, Dr Worsley says medical menopause – the use of medicines, such as a nasal spray or

implant under the skin to 'turn off' the ovaries – is an option that will work if others have not.

What else can you do

Both Ms Villella and Dr Worsley say that being aware of your symptoms, when they occur and how they make you feel can help you plan and make sure you don't do too much during this phase. It's also important to educate your family about the issue, so they can support you.

Cognitive therapy can also be helpful. "Talking to someone can help, either by addressing underlying issues or coming up with strategies for those days," says Dr Worsley.

When to seek help

Dr Worsley urges women to speak to their GP if they experience premenstrual symptoms, as these conditions can be successfully treated.

"There is actually quite a bit of research going on overseas now, so I really think the next 10 years are going to provide women with more hope, better treatments and more understanding of what's going on with PMS and PMDD." **NB**

3 THINGS TO KNOW

1. PMS refers to a broad range of physical and emotional symptoms experienced by women in the days leading up to their period. As many as 90% of women experience at least one symptom.
2. PMDD is a subset of PMS that refers to very severe mood or psychological symptoms, particularly depressive symptoms and irritability. PMDD can impact a woman's life significantly.
3. There are many lifestyle, natural and medical therapies available that can help. You don't have to suffer in silence.



Learn more about PMS and PMDD