

What are PMS and PMDD?

Premenstrual Syndrome (PMS) is a chronic condition experienced by many women who menstruate, with approximately 25% experiencing moderate to severe symptoms. It is characterised by physical, psychological and behavioural symptoms in the luteal phase (before period) of the menstrual cycle. These symptoms will then disappear when menstruation occurs (period begins) or by the day of the heaviest flow.

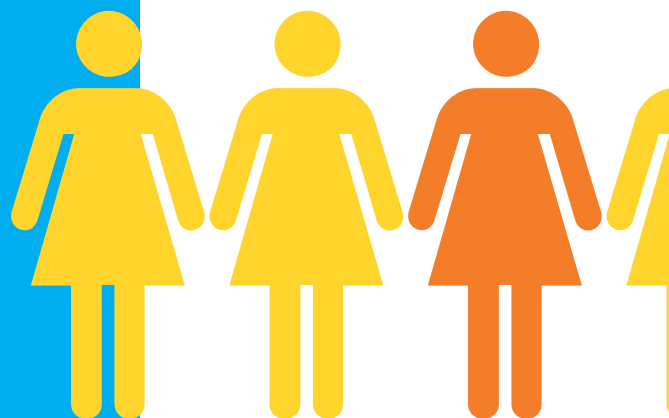
Premenstrual Dysphoric Disorder (PMDD) is a severe form of PMS and a complex hormone-based mood disorder characterised by extreme mood changes, anxiety, sleep disturbance and physical changes that start in the luteal phase.

If premenstrual symptoms impact on every day functioning and wellbeing this should be recognised as clinically significant and the woman should be offered appropriate treatment and care.

Anyone assigned as female at birth may experience symptoms and so people who identify as trans, non-binary or gender fluid may also suffer from PMS/PMDD.

Facts and figures

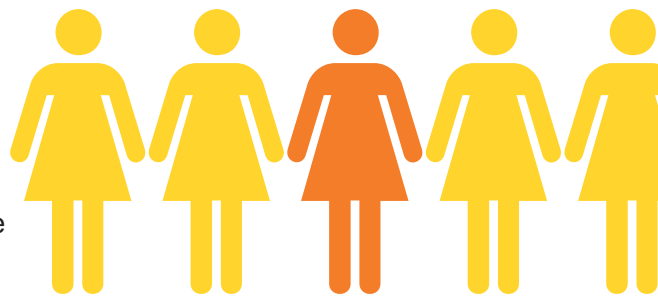
- Estimated 25% of menstruating women have moderate or severe PMS.
- Around 5-8% of all menstruating women diagnosed with PMDD.
- There is emerging evidence that thoughts of self harm/ suicide present with severe PMS.
- Misdiagnosis and delays in diagnosis are common and prevent women, who are living with these conditions, from accessing the treatment they need.
- Symptoms first present and may increase in severity at times of hormonal change in the reproductive lifespan, such as menarche (onset of periods), pregnancy loss, postnatally, cessation of breastfeeding, sterilisation and during the peri-menopause.



“I have lost friends and family as a result of PMDD.”

Symptoms

There are more than 150 identified cyclical symptoms, and no-one experiences them all. Not all cycles are the same or as severe as each other. For example, one symptom may be more dominant, or symptoms may vary in severity from one cycle to the next. New symptoms can also present during the woman's ongoing experience of PMS.



Below are some of the most common symptoms:

Physical symptoms 	Behavioural symptoms 	Psychological symptoms 
Breast tenderness	Food cravings	Depression
Bloating or weight gain	Extreme tiredness	Mood swings
Headaches	Poor concentration	Anxiety
Clumsiness	Sleep disorders eg, insomnia or hypersomnia	Irritability
Acne		Anger or feeling out of control
		Hopelessness

Diagnosis:

- menstrual cycle tracking/diary for a minimum of two months
- symptom reporting
- blood tests may be used to eliminate other conditions.

An example of a diary can be found at: pms.org.uk/support/menstrual-diary

Management and treatment options

Management and treatment varies on the needs of the individual, the severity of symptoms and response to treatment options, which may need to change over time. Treatment may include a combination of:

- lifestyle changes
- talking therapies
- complementary therapies
- selective serotonin reuptake inhibitors (SSRIs)
- hormone treatment to suppress ovulation
- surgery.

How can nurses and other health care professionals make a difference?

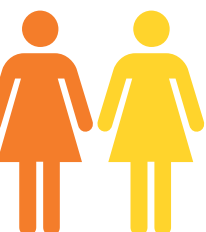
- Listening attentively to the person's experience and record findings fully.
- Encouraging them to complete a menstrual diary or symptom tracker app.
- Signposting them to resources and support available.
- Recognising the serious nature of symptoms and refer on for diagnosis and treatment.

Resources for health care professionals

- RCN clinical topics web page: rcn.org.uk/clinical-topics/womens-health/promoting-menstrual-wellbeing
- NAPS guidelines on PMS: pms.org.uk/app/uploads/2018/06/guidelinesfinal60210.pdf
- Premenstrual Syndrome management: rcog.org.uk/en/guidelines-research-services/guidelines/gtg48

Resources for women/carers

- National Association for Premenstrual Syndromes: pms.org.uk
- International Association for Pre-Menstrual Disorders: iapmd.org



“My PMS is a recurring monthly nightmare of anxiety, depression, anger and fatigue.”