Pre-Menstrual Syndrome (PMS)

Information leaflet
Useful contact numbers / addresses: -

Local Helpline (based at Dumfries & Galloway Royal Infirmary) - Sr. K Martin
Tel: 01387 241121 - Thursday mornings 9am to 12 noon

National Association for Premenstrual Syndrome (NAPS)
41 Old Road
East Peckham
Kent
TN12 5AP
Tel: 0844 8157311
Email: contact@pms.org.uk
Website – www.pms.org.uk
symptoms are a common side effect. Menopausal symptoms can be controlled however by “adding back” a continuous low dose of HRT.

**Removal of ovaries (oophorectomy)** – this is usually done as a last resort in women with severe PMS and requires careful consideration and discussion with a gynaecologist. It is often done along with a hysterectomy. It is important to note that a hysterectomy (removal of the womb) alone will not help PMS as removal of the ovaries is required as an effective surgical treatment for PMS.

**Conclusion**

As women, we are all different. Most women will have some PMS type symptoms each month and in most these symptoms can be managed by simple measures such as making changes to diet and lifestyle. Others may require additional help in the form of medication and the advice and support of health professionals. Several factors will influence management including the severity of symptoms and quality of life issues. Information and advice is available to help women manage their PMS.
Introduction

Pre-menstrual syndrome (PMS) is the term used to describe a collection of physical, psychological and emotional symptoms, which most commonly occur from up to 2 weeks to a few days before a period starts and which cease with, or shortly after it begins. These symptoms occur with each monthly cycle and it is the way in which they occur month after month, which is important in defining true PMS. It is therefore worthwhile keeping a diary of symptoms as a means of identifying PMS.

Many women suffer the symptoms of PMS to some degree with up to 90% of women experiencing some symptoms each month. These symptoms are usually mild but for a minority of women (5-10%), symptoms of PMS can be so severe that it dominates and disrupts their everyday lives, and affects relationships and performance at work.

Symptoms of PMS are many and varied with as many as 200 being reported, but they can basically be divided into 3 categories. Some of the most common include:

Physical
- Bloating / fluid retention (which can lead to feeling of weight gain)
- Tiredness
- Acne
- Tender / Sore breasts
- Nausea
- Headache / Migraine
- Backache
- Generalised aches
- Altered bowel habit

Hormone Therapy
May be indicated in moderate to severe PMS when other treatments have been unhelpful. The aim of hormone therapy is to suppress the ovarian cycle and thereby suppress the “ups and downs” of hormones which aggrivate PMS. This can be done in various ways including:

Contraceptive Pill – combined oral contraceptive pills contain estrogen and progestogen hormones which regulate the hormonal fluctuations and prevent ovulation and can thereby help PMS.

Estrogen – as well as the oral contraceptive pill, estrogen can also be given in the form of a patch along with cyclical progestogen (ie the progestogen is only taken in the second half of the menstrual cycle). The progestogen is taken in tablet form.

Progestogens – some progestogens, when given continuously can suppress ovulation and hence suppress the hormone fluctuations, and thereby treating PMS.

Mirena Intra-Uterine System (IUS) – another way of giving progestogen is via the Mirena IUS which is inserted into the womb. Mirena IUS is often used to stop heavy periods as the progestogen causes the lining of the womb to become thin often resulting in much lighter periods or no periods at all. It also acts as an effective contraceptive. It may also be helpful in controlling PMS as it has been found to suppress ovulation in about 20% of women and can be used along with estrogen patches instead of progestogen tablets.

GnRH analogues – these medications are available as a daily nasal spray or monthly / 3 monthly injection and work by “switching off” the ovaries. These medications can be very effective in controlling PMS symptoms although menopausal
Counselling / Support
Talking to other people can help PMS by reducing stress and sharing information. Support, education and counselling can help improve knowledge about PMS, allowing a greater understanding for women and their families. Support from GP’s, Practice Nurses and local clinics, for example, Healthy Woman / Family Planning / PMS Clinics, as well as from family and friends is important in coping with PMS. National organisations and support groups also provide helpful information and support. (See useful contact numbers / addresses)

Complementary Therapies
Complementary therapies such as aromatherapy, reflexology, homeopathy, acupuncture and cognitive behavioural therapy (CBT), may be helpful in relieving specific symptoms and in dealing with PMS. It is important that women find a reputable therapist and make their own individual choices in treatment.

Anti-depressant therapy
Studies have shown that some anti-depressants can help with symptoms of depression and mood swings. They are known as selective serotonin reuptake inhibitors (SSRI’s) and work by raising the levels of serotonin (a chemical in the brain) which affects the sensitivity to hormone fluctuations. Examples of such drugs include Prozac (Fluoxetine), Seroxat (Paroxetine) and Cipramil (Citalopram). They can either be prescribed to take throughout the monthly cycle or just in the second part of the cycle when symptoms are at their worst.

Psychological
Many women find these symptoms the most difficult to cope with as they often feel “out of control” and confused at the turmoil of emotions and changes in their personality and behaviour.

♦ Nervous tension
♦ Anxiety
♦ Agitation
♦ Irritability
♦ Depression
♦ Confusion
♦ Forgetfulness
♦ Crying
♦ Loss of interest in sex
♦ Loss of confidence
♦ Low self esteem
♦ Mood swings
♦ Poor concentration

Behavioural
♦ Clumsiness
♦ Loss of work performance
♦ Avoidance of social activities
♦ Alcohol binges

Symptoms can start at an early age for some women, whereas for others they may not appear until a significant event or change in life occurs e.g. childbirth, stopping the contraceptive pill, the peri-menopause or a particularly stressful event such as bereavement.
Causes of PMS

PMS is still a poorly understood problem with several theories on its cause having been put forward. As yet it is difficult to pinpoint an exact cause although there does seem to be an obvious link between PMS and the cyclical activity of the ovaries as symptoms do not occur before puberty, after the menopause, during pregnancy or when the ovaries are removed. PMS is probably due to the "ups and downs" in the hormone levels, which occur during each monthly cycle, which some women are more sensitive to than others.

Diagnosis of PMS

A diagnosis of PMS should be made by recording symptoms, in a symptom diary, for at least 2 menstrual cycles. Keeping a symptom diary is also useful to assess the effectiveness of any recommended treatments.

Treatment of PMS

Symptoms of PMS can be treated in a variety of ways, depending on the severity of symptoms.

Treatments include: -

♦ Self help remedies e.g. dietary and lifestyle changes
♦ Calcium & Vitamin D
♦ Magnesium

Herbal remedies

Herbal remedies such as St John’s Wort and Agnus Castus may be useful in relieving symptoms.

♦ St John’s Wort – some studies have shown this may be helpful in alleviating mild / moderate symptoms such as low mood, anxiety and nervous tension. It does however have many drug interactions including the contraceptive pill (reduces effectiveness), anti-depressants, migraine drugs and drugs used to thin the blood (anticoagulants). It should therefore be used with caution.

♦ Agnus Castus – seems to have a hormone regulating effect, studies have shown this can be effective in relieving symptoms such as irritability, low mood, breast pain and headache. Aim for a dose of 20mg daily. Caution - there may be possible interactions with the contraceptive pill and hormone replacement therapy.

Stress Management

Stressful situations can worsen PMS therefore it may generally be helpful if women try and avoid particularly stressful or important times or events when symptoms are likeliest to be at their worst e.g. starting a new job, organising meetings or a social event. At work it may be worthwhile speaking to colleagues about potentially stressful events and try and rearrange these for another time. Of course, this may be difficult to do, therefore learning relaxation techniques may be helpful in dealing with the stresses of everyday life, for example yoga, meditation and breathing techniques. Even simple measures such as going out for a walk away from a stressful situation may also be helpful.
Weight regulation – maintaining a healthy weight may help with symptoms. Being overweight can worsen symptoms such as bloating and fluid retention, and affect self esteem.

Calcium & Vitamin D
Studies have reported that women with the highest calcium intake (average of 1200mg/day) & vitamin D (average 700iu/day) had a lower risk of PMS than those with the lowest intakes. An adequate dietary intake of calcium and vitamin D intake is important, not only for PMS but also for strong, healthy bones.

Magnesium
Deficiency of magnesium has been suggested to cause PMS with levels thought to vary during the menstrual cycle. It is therefore important to try and ensure an adequate dietary intake. A few studies have shown that magnesium supplements (200mg daily) can help PMS. Magnesium supplements are usually well tolerated but higher doses (350-400mg daily) can cause diarrhoea.

Evening Primrose Oil
Evening Primrose Oil is a rich source of Gamma – Linolenic Acid, (GLA) which is an essential fatty acid necessary for a healthy nervous system. The main benefit of this is in alleviating breast tenderness (mastalgia) and needs to be taken for at least 2-3 months for maximum benefit. Doses can vary, aim for 240mg GLA daily (check the dosage on the bottle) for the first 3 months.

Diet
Changing eating habits can help to relieve symptoms of PMS and it is important that women eat a well balanced diet not only to help relieve symptoms but to promote overall health and well-being, including heart and bone health. Although many women may think they are eating healthily, the balance may be wrong with too much or too little of certain foods. The following dietary recommendations may help to alleviate symptoms of PMS.

- Eat little and often and do not skip meals. Have 6 small meals a day, e.g. breakfast, mid morning snack, lunch, mid afternoon snack, evening meal, bedtime snack, but do not overeat or have extra calories.
- Reduce / limit sugar and “junk foods” e.g. sweets, cakes, biscuits, chocolate, puddings, and soft drinks. Try and eat as much fresh, unrefined food as possible. Avoiding sugary foods helps to prevent the rapid rise and fall of sugar within the blood which can worsen symptoms such as irritability, shaking, tiredness and anxiety.
♦ **Eat more carbohydrates / starchy foods** e.g. wholemeal bread, pitta bread, brown rice, pasta, potatoes, cereals, and bananas. Good starchy snacks include crispbreads, oatcakes, plain tea biscuits and dried fruit. Starchy foods give a slower release of glucose and keep energy levels up because they take longer to digest thus avoiding the sudden rise and fall of glucose which can aggravate symptoms.

♦ **Reduce salt** by cutting down on amounts in cooking and at the table and restricting salty foods such as pickles, crisps, salted nuts, cheese, preserved meats and fish, tinned vegetables, and processed foods. This may help alleviate fluid retention, bloating, breast tenderness and migraine.

♦ **Reduce caffeine intake** by limiting tea, coffee, cola and soft drinks. Caffeine can worsen symptoms of PMS by increasing the pulse rate, trembling, feelings of anxiety and irritability. Spring water, water, decaffeinated drinks and herbal teas are good alternatives.

♦ **Reduce fat intake**, especially saturated fats, as eating too much fat can affect the production of the hormone like substance called prostaglandin which can worsen PMS by making the body more sensitive to the changing hormone levels. Reducing fat consumption also contributes to overall health and reduces risks of heart disease.

♦ **Increase fibre** by, for example, eating more wholegrain foods, wholemeal bread, cereals, and pulses. Also eat plenty of fruit and vegetables, aim for 5 portions per day to increase fibre and ensure an adequate vitamin intake.

♦ **Limit alcohol intake** as excess alcohol can worsen PMS symptoms such as mood swings, by affecting prostaglandin production.

♦ **Ensure an adequate intake of calcium & vitamin D and magnesium** as deficiencies can cause or worsen PMS. Rich sources of calcium include dairy products (slightly more calcium in skimmed and semi-skimmed products) oily fish, & green vegetables, with vitamin D found in oily fish, margarine and eggs. Aim for at least 700mg calcium per day which is the equivalent of a pint of semi-skimmed milk. Foods high in magnesium include dried grains, beans, seafood, tomatoes and peanuts.

### Lifestyle

♦ **Exercise** – Exercises such as walking, jogging, swimming, yoga, and aerobics, can be beneficial in PMS as it is thought that exercise stimulates the body’s natural endorphins which produce a sense of well-being and can help lift mood. Any exercise is better than none at all.

♦ **Rest and relaxation** - It is important that women take “time out” and make time for themselves to do things which aid rest and relaxation, and reduce stress. This can be difficult but even simple things like having a warm bath, reading a book, going for a walk, or pursuing a hobby or interest can be both relaxing and refreshing. It is also important that family and friends understand the need for rest and relaxation and adequate “me time” and allow women the time to do so.