Topic Page: Premenstrual syndrome

Summary Article: **Premenstrual Syndrome**
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Premenstrual syndrome (PMS) refers to the cyclic recurrence of certain physical, psychological, and behavioral symptoms that begin about a week before the menstrual period and disappear within a few days after menstruation starts.

Although American women commonly say that they have PMS or are “PMSing” anytime they notice a cyclic change, the term *PMS* should only be used to describe the experience of symptoms that are severe enough to interfere with a woman's daily life. According to the National Institutes of Health, symptom intensity must increase at least 30 percent in the six days before menstruation, and this pattern must occur for at least two consecutive menstrual cycles for the symptoms to be called PMS.

PMS symptoms vary from woman to woman, and even from one menstrual cycle to another in some women. Self-help books for women with PMS sometimes list as many as 200 different possible symptoms, but most of these have not been clearly linked to menstrual cycle–related processes.

Among the more commonly reported physical symptoms are backache; bloating; edema (swelling, particularly in the hands, ankles, and feet); breast tenderness; fatigue; insomnia; constipation or diarrhea; appetite changes (e.g., cravings or overeating, loss of appetite); weight gain; acne; and changes in libido (e.g., feeling more or less sexy, increased or decreased sex drive). The more commonly reported psychological and behavioral symptoms include sadness, anxiety, irritability, mood swings, difficulty concentrating, increased sensitivity to rejection, decreased interest in work and social activities, and feeling overwhelmed.

PMS was originally known as premenstrual tension, and it was first described in 1931. However, it did not become well known until the 1980s, when PMS was used as a criminal defense in England. It is interesting to consider that before 1980 few women had even heard of PMS, yet, today, the term is so commonly used in the United States and other Western countries that most women think they have it. Researchers estimate that up to 85 percent of women will report premenstrual symptoms at some point during their childbearing years, but only a small percentage (3–5 percent) of women will experience symptoms that are severe enough to interefere with daily functioning.

Some healthcare professionals and researchers have suggested that PMS is a culture-bound or socially constructed syndrome because it is not experienced in the same way around the world. For example, in China women are much more likely to complain of temperature changes than of emotional changes. PMS seems to be more common in cultures with negative and stigmatizing attitudes toward menstruation. Such a negative view leads women to consider normal physical and behavioral fluctuations to be symptoms of an illness and any stress, strain, nervousness, or unhappiness to be related to the menstrual cycle. In actuality, when most women chart their fluctuations, they find that there is not a cyclical pattern and that the symptoms are not actually severe enough to interfere with daily living. In addition, when men chart their moods and behaviors, they too find changes in energy, libido, and emotions throughout the month, but their changes are obviously not caused by a menstrual cycle or considered to be a medical problem.

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A small percentage of women experience premenstrual syndrome symptoms that affect their daily functioning.

Causes, Symptoms, and Treatments

The exact causes of PMS are unknown. A hereditary link has been found; twin studies reveal that the occurrence of PMS is twice as high in mono-zygotic (identical) twins as in dizygotic (fraternal) twins. Other studies have suggested that: PMS may be caused by nutritional or sleep deficits or by biochemical malfunctions in neurotransmitters (seratonin, dopamine); prostaglandins (hormone-like substances that act on smooth muscle); melatonin (the substance that regulates the biological clock); the renin-angiotensin-aldosterone system (regulates water and electrolyte balance); or ovarian hormone ratios (estrogen, progesterone).

PMS also may be more common in women who are under a lot of stress or who have experienced depression and/or trauma. The ovarian hormone hypothesis is the best known, but the fact is that none of these hypotheses has been reliably substantiated (i.e., results of studies vary considerably, and some findings could not be replicated).

Because of the wide range of possible symptoms and vast differences in women's experiences during the premenstrual phase of their cycles, it is possible that no one “cause” of PMS will ever be determined. More than 80 treatments have been suggested for PMS, but no single treatment works for everyone. Treatments range from medical interventions (e.g., hormonal treatments, painkillers, antianxiety medications, antidepressants) to lifestyle interventions (e.g., exercise, dietary supplements) and psychotherapy (e.g., cognitive-behavioral therapy, relaxation training).

During the 1980s, the favored treatments were progesterone therapy and evening primrose oil, but these have faded away with time, as they did not prove useful in the long run. Most women whose symptoms are not severe would probably benefit from stress management and other self-care activities. Those whose symptoms are severe should consult their doctors about treatments targeted toward the particular symptoms they experience most often. For example, they may need to take diuretics for water retention and edema.

Treatments of PMS also are challenging because premenstrual symptoms can sometimes be caused by other conditions. For example, women with chronic illnesses (e.g., multiple sclerosis, migraine headaches, epilepsy, major depression) sometimes report that their symptoms get worse just before menstruation. This is referred to as PMM or premenstrual magnification of existing symptoms. According the National Institutes of Health, 50 to 60 percent of women with severe PMS have an underlying psychiatric disorder, such as premenstrual dysphoric disorder (PMDD) or major depression (MDD).

See Also:

Health, Mental and Physical, Menstruation, Premenstrual Dysphoric Disorder.

Further Readings

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