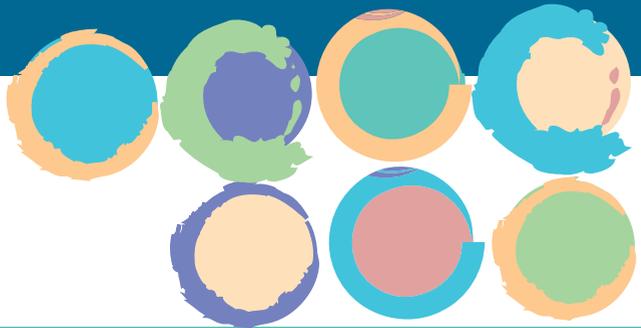


# Information about Pre Menstrual Syndrome

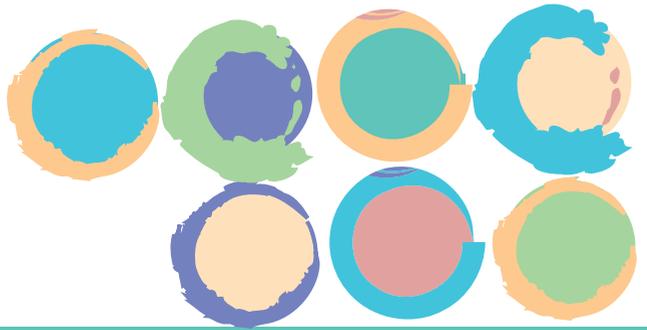
## **SANDYFORD**

caring about sexual, reproductive and emotional health



[www.sandyford.org](http://www.sandyford.org)

Telephone 0141 211 8130





## What is Pre Menstrual Syndrome (PMS)?

PMS is the name given to a collection of physical and emotional symptoms that can start in the two weeks before you have your period. These symptoms usually get better once your period starts and often disappear by the end of your period.

It also is sometimes called premenstrual tension (PMT) or premenstrual disorder (PMD).



## What are the symptoms of PMS?

Nearly all women have some symptoms, however the severity and pattern varies from one woman to another. You may have one or more of these symptoms, which may be mild or bad enough to interfere with everyday life:

- mood swings
- feeling depressed, irritable or bad-tempered
- feeling upset, anxious, lacking confidence or emotional
- tiredness or trouble sleeping
- headaches or migraines
- changes in appetite and food cravings
- feeling clumsy, possibly leading to increased accidents
- fluid retention and feeling bloated
- changes to skin or hair
- having sore or tender breasts
- conditions such as epilepsy and asthma may become worse before a period



## Who gets PMS?

It can affect you at any age, but most commonly between 30-40 years. For most women, symptoms are mild and not troublesome.

Between 5-10% of women (1-2 in 20) have PMS which is severe and can prevent them from getting on with their daily lives.

A very small number of women get a more intense form of PMS, known as premenstrual dysphoric disorder (PMDD).



## Why does it happen?

The exact cause of PMS is not known. One or more factors may be involved:

### 1. **Hormone activity**

Blood levels of oestrogen and progesterone vary naturally during the menstrual cycle (time from the first day of your period until the day before your next starts).

Some women may be more sensitive to these hormonal fluctuations, in particular progesterone. PMS is absent before puberty, in pregnancy or after the menopause.

### 2. **Weight and exercise**

There is an increased likelihood of PMS if you are obese (a body mass index (BMI) over 30) and do little exercise.

An excess of foods with a high salt content (crisps, convenience meals and fast food), alcohol (over 14 units a week) and caffeinated drinks have been shown to affect mood and energy levels.

### 3. **Stress**

Some women find that their PMS is worse when they are stressed.



## How is it diagnosed?

There are no blood tests that can be taken to confirm PMS. Diagnosis depends entirely on the timing of symptoms. Keeping a diary or chart of your symptoms over at least two consecutive periods is the only reliable method of diagnosis. It is useful to continue this after you have made any lifestyle changes or started treatments. Blank symptom diaries are readily available on the internet or at the clinic.



## What can I do to help?

### **Lifestyle**

- **Prepare**

By mapping out your symptoms, you should be able to predict when symptoms may occur and be ready for them. You could maybe avoid doing important things on the days you expect symptoms. Loose fitting clothing may help with bloating, and wearing a more supportive bra can help with breast pain.

- **Talk**

Talking to your family, friends or partner. It may help them to understand how you are feeling. It may be best to do this after your period when symptoms have eased.

- **Exercise**

Taking more regular exercise several times a week can help reduce fluid retention and release chemicals into your body that make you feel better.

- **Food and drink**

Eating small meals regularly can help maintain blood sugar levels and reduce mood swings.

Increase	Decrease
Fruit and vegetables (green vegetables)	Refined carbohydrates
Wholefoods (wholemeal bread, wholegrain cereals, brown rice, wholewheat spaghetti, nuts and seeds)	Salt
Lean meat, fish and chicken	Caffeine
Water	Alcohol

If your symptoms persist despite changing your lifestyle, you should be referred for more specialist help. A team of health professionals may be involved in your care, including a GP, nurse specialist, a dietician, a counsellor, a psychologist and a gynaecologist. The team will depend on the clinic you attend.



## Treatment Options

- **Psychological support and therapy**

Cognitive behavioural therapy (CBT) is a talking treatment with a trained therapist, during which you learn new ways of managing some of your symptoms to help reduce their impact on your daily life.

- **Drug treatments**

There are a number of medicines for PMS, including:

### **1. Antidepressants**

There are many different types of antidepressants. Two types have been shown to help PMS symptoms in some women, even if you are not depressed.

- **Selective serotonin reuptake inhibitors (SSRIs)**
- **Serotonin-norepinephrine reuptake inhibitors (SNRIs)**

They work by increasing the level of serotonin in the brain, which can help reduce PMS symptoms. They can be taken daily or even daily for the two weeks before and during your periods. This can be just as effective as taking them daily.

Like all medicines, you may experience side effects. Common side effects include nausea (feeling sick), insomnia (difficulty in sleeping) and low libido (not being interested in having sex).

When you want to stop taking antidepressants it is important that you do so gradually. Your body can get used to these medicines, so if you stop taking them suddenly it can cause withdrawal symptoms such as headaches. Your doctor or specialist nurse will advise you.

## **2. Hormonal Treatments**

- **Oral contraception (combined pill)**

The combined pill may help with PMS as it prevents ovulation. It therefore reduces hormonal fluctuations, which may trigger PMS symptoms. It also provides contraception.

It doesn't work well for everyone as it contains progestogen hormones. Pills containing drospirenone (progestogen) may be better at controlling PMS symptoms, however the evidence is limited. If you take the pill, your doctor may advise you to reduce the pill-free week to only four days, or to run three packets together without having a break.

- **Oestrogen Patches/Gels**

Using oestrogen-only hormone patches or gels can improve your symptoms. Unless you have had a hysterectomy (removal of your uterus) these need to be used with a low dose of the hormone progestogen for a minimum of 10 days each month. This may be in the form of progestogen tablets or by using the progestogen-releasing intrauterine system (IUS) known as Mirena®. Mirena® is also a very effective contraceptive.

Oestrogen hormone patches or gels alone do not work as contraceptives.

- **Gonadotropin-releasing hormone (GnRH) analogues**

GnRH analogues are injections (monthly or three-monthly) which should only be used by women with severe PMS and when all other treatments have failed.

The drugs work by blocking the production of natural oestrogen and progesterone and cause a temporary menopause, so you will not ovulate and you will not have any periods.

You should only use GnRH analogues alone for up to six months. If they are used for longer than this you will be advised to take hormone replacement therapy (HRT) to reduce menopausal complications, such as osteoporosis (thinning of the bones). You should have a bone density scan each year to check for osteoporosis if you use these GnRH analogues for more than two years.

- **Progesterone or progestogen**

Taking natural progesterone or synthetic progestogen hormones does **not** improve PMS symptoms.

### **3. Complementary**

Alternative therapies such as reflexology, traditional Chinese medicine, homoeopathy and massage may help. Many women prefer to take this route, although there is little evidence to show they are effective. However there is also little evidence to say they cause harm.

If you are taking any complementary medicine or supplements, please inform your doctor. Some, for example St John's Wort can reduce the effectiveness of some hormonal contraception (e.g. the pill).

Some examples of complementary therapies, which may help, include:

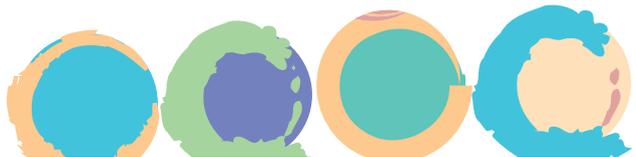
- Calcium and Vitamin D
- Magnesium
- Agnus castus (known as chasteberry)
- Evening primrose oil (may reduce breast tenderness)
- Vitamin B6

#### **4. Surgery**

Removal of your ovaries combined with removal of your uterus (hysterectomy) results in you having the menopause and can improve PMS symptoms. This is a major operation, which is limited to those with severe PMS when all other treatments have failed.

If you are younger than 50 years old you are likely to get menopause symptoms (hot flushes, drier skin) and you will be more at risk of osteoporosis after the operation. Taking HRT until the age of 50 can help menopause symptoms and protect your bones.

If you are considering this option, your doctor may suggest you use GnRH analogues and HRT for three to six months. GnRH analogues have a similar effect on your hormones as having your ovaries removed and will give you an idea of how you will feel after the operation. By improving your symptoms, therefore, it will give you a chance to see if you will benefit from surgery. You will also be able to see if taking HRT after the operation will suit you.



## **Useful support organisations**

### **National Association for Pre Menstrual Syndrome**

[www.pms.org.uk](http://www.pms.org.uk)

### **Patient.co.uk**

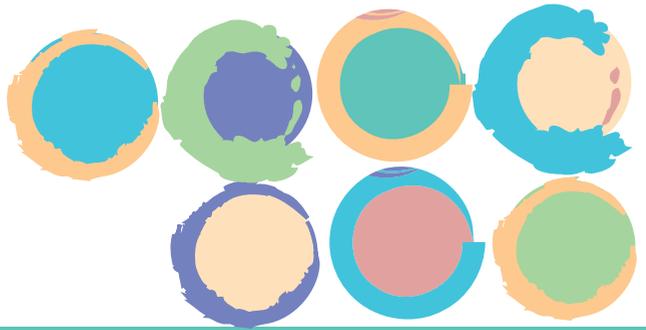
[www.patient.info/health/premenstrual-syndrome-leaflet](http://www.patient.info/health/premenstrual-syndrome-leaflet)

### **RCOG**

[www.rcog.org.uk/en/patients/patient-leaflets/managing-pre-menstrual-syndrome-pms/](http://www.rcog.org.uk/en/patients/patient-leaflets/managing-pre-menstrual-syndrome-pms/)

### **Health Scotland**

[www.healthscotland.com/uploads/documents/12520-WhatDoYouKnowAboutPMS.pdf](http://www.healthscotland.com/uploads/documents/12520-WhatDoYouKnowAboutPMS.pdf)





If you would like this document in large print, Braille or audio format, please contact Sandyford on:

If you would like this document in another language, please contact:

如果您需要该信息的其它语言版本，请联系：

اگر این اطلاعات را به زبانی دیگر میخواهید لطفاً با این ادرس تماس بگیرید:

إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:

Eğer bu bilgiyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:

Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:



0141 211 8130

