

Premenstrual Syndrome (PMS)

Patient Information Leaflet

What is premenstrual syndrome?

- Premenstrual Syndrome (PMS) refers to the physical and emotional symptoms affecting your daily life in the 2 weeks before you have your period. These symptoms usually get better once your period starts.
- Common symptoms of PMS are:
 - mood swings
 - feeling depressed, irritable or bad-tempered
 - feeling upset, anxious or emotional
 - tiredness or having trouble sleeping
 - headaches
 - changes in appetite and food cravings
 - feeling clumsy
 - fluid retention and feeling bloated
 - changes to skin or hair
 - sore or tender breasts.
- Between 2 and 4 in 100 women get PMS that is severe enough to prevent them from getting on with their daily lives.

What causes PMS?

- Exact cause is unknown.
- Linked to changes in the levels of your hormones and body chemicals
- Linked to a variety of chemical substances in your blood called neurotransmitters, such as serotonin and gamma-aminobutyric acid (GABA).

How do I know if I have PMS?

- Write down your symptoms in a diary for at least 2 menstrual cycles in a row and show it to your healthcare professional.
- You may be offered treatment with gonadotrophin releasing hormone (GnRH) analogues for a period of 3 months. This will temporarily stop your ovaries producing hormones, which may help with your diagnosis.

What are the treatment options?

Whichever treatment option you choose, we advise you to keep a symptom diary prior to and after starting treatment to assess the response to the treatment.

Lifestyle Changes

- Exercise
- Healthy balanced eating. Please scan the QR code below to access the NHS choices website for healthy eating.



- Try to reduce and manage stress, for example, by using meditation, yoga and mindfulness.

Psychological Support and Therapy

- Cognitive behavioural therapy (CBT)
- This involves discussing your symptoms with a therapist. This will help you learn new ways of managing your symptoms such that it reduced their impact on your daily life.

Complementary therapy

- These are alternative therapies with less evidence to show that they are effective.
- Supplements of calcium, vitamin D, Vitex agnus-castus (a herb known as chasteberry) or Ginkgo biloba may be helpful.
- Evening primrose oil can reduce breast tenderness.

Medical Treatment

Non-hormonal treatment

- Two types of antidepressant medications have been shown to help PMS symptoms, namely selective serotonin reuptake inhibitors (SSRIs) and serotonin–noradrenaline reuptake inhibitors (SNRIs).
 - These can be taken on a daily basis for 2 weeks before your period or all the way through your cycle.
 - Side effects may include nausea (feeling sick), insomnia (difficulty sleeping), tiredness and low libido (not being interested in having sex).
 - SSRIs are recommended as one of the first-choice treatments for severe PMS.
 - If you choose to stop taking antidepressants, it is important that you do so gradually so that you do not get withdrawal symptoms, such as headaches.
- If you are planning a pregnancy or if you get pregnant, you should talk to your healthcare professional before stopping any medication.
- Water tablets (diuretics) such as spironolactone may help some women with some physical symptoms of PMS.

Hormonal Treatment

- Combined oral contraceptive pill
 - First choice treatment
 - Newer types of combined pills containing progesterone called drospirenone have shown to improve PMS symptoms.
 - May be advised to take continuously without a break for better symptom control
- Estrogen hormone patches or gel
 - Improves physical and psychological symptoms of PMS
 - If you have not had hysterectomy (removal of womb), these must be used in combination with low dose progesterone to prevent abnormal thickening of womb lining. Progesterone can be taken in the form of tablets, pessaries or hormone containing coil.
- Danazol
 - Reduces breast tenderness
 - Potential permanent side effects are deepening of voice and enlargement of clitoris
 - It is important to use contraceptive while on danazol as it can affect growth of female baby if pregnant.
- Gonadotrophin- releasing hormone analogues (GnRH)
 - This is recommended if you have severe PMS symptoms and other options have not worked or are not suitable.
 - Causes temporary and reversible menopause, where you do not produce eggs and do not have periods.
 - If used more than 6 months, it may affect bone strength. Hence, hormone replacement therapy (HRT) is recommended to protect your bones and reduce menopausal symptoms like hot flushes.
 - If used for more than 2 years, you will be advised to have regular bone density scans to check for osteoporosis.

Surgical Treatment

- This is only recommended if you have severe PMS symptoms and no other treatment options have worked.
- Removal of your womb, ovaries and fallopian tubes can improve your symptoms by making you menopausal.
- Post surgery, you may be advised to use HRT to prevent menopausal symptoms. If your uterus and ovaries have been removed, this will be estrogen-only HRT. If you still have your uterus, you will need both estrogen and progestogen. Progestogens protect the lining of your womb, but may then re-introduce symptoms of PMS.
- If you are considering surgical treatment, your healthcare professional will advise you to use **GnRH analogues and HRT for 3–6 months before surgery**. GnRH analogues have a similar effect on your hormones as having your ovaries removed and will give you an idea of how you may feel after the operation. You may also be able to see whether you will benefit from surgery and whether HRT suits you.

Treatment, information and further support are available in the following links.

1. National Association for Premenstrual Syndrome (NAPS)



2. Women's Health Concern (WHC), the patient arm of the British Menopause Society (BMS)



3. NHS Choices – Premenstrual dysphoric disorder (PMDD)



4. Mind – Premenstrual dysphoric disorder (PMDD)



Reference

1. Managing Pre-menstrual Symptoms, Patient Information Leaflet, by RCOG, published in March 2018

**This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg**