

# When it's not just PMS

There's a more severe condition than pre-menstrual syndrome (PMS), and it's called premenstrual dysphoric disorder (PMDD).



starhealth@thestar.com.my

**E**VERY month, Alicia goes through a painful ordeal several days before her menstruation begins.

She will be swamped by despair, sometimes even having suicidal thoughts. She will have bizarre mood swings, suddenly bursting into tears or lashing out in anger. She loses interest in work or in her own family.

During this period, her husband puts in extra effort to take care of the children, because he knows that she cannot do it.

In Alicia's own words, she becomes "out of control". But strangely enough, these mood problems always occur a few days before her period, and go away once she starts menstruating.

You may think that Alicia just has a form of PMS (premenstrual syndrome) or that she's exaggerating her symptoms. But in fact, what she has is a more severe condition than PMS, called PMDD (premenstrual

dysphoric disorder).

PMDD affects a woman's mood significantly and should be taken seriously as a condition requiring medical attention.

It is a biological condition, caused by changes in the chemicals produced by the brain. It is not a psychological or personality disorder, nor is it a figment of the imagination.

PMDD affects about 5% of women who are in their reproductive years. Although this doesn't sound like a big statistic, it is still a significant disorder because of the way it affects women.

The most noticeable thing about PMDD is the way it interferes with a woman's lifestyle in the days before her period. Her behaviour may seem out of control, she may try to avoid contact with people, and she will be unable to function normally at work, at home or in her social life.

Do you suffer from five or more of the following symptoms, during all or most menstrual cycles?

- Markedly depressed mood or feelings of hopelessness
- Marked anxiety or tension, feeling keyed up or on edge
- Marked shifts in mood (suddenly tearful, overly sensitive)
- Persistent, marked anger or irritability, increased conflicts
- Loss of interest in usual activities (e.g., work, hobbies)
- Difficulty concentrating and focusing attention
- Marked lack of energy, feeling very easily tired
- Marked change in appetite, overeating, or food cravings
- Sleeping too much or having a hard time sleeping
- Feeling overwhelmed or out of control
- Physical symptoms (e.g., breast tenderness/swelling, headache,

joint/muscle pain, bloatedness, weight gain).

These symptoms usually appear quite regularly – in the middle of a woman's monthly cycle, roughly a week before her period – and disappear during menstruation.

PMDD should not be confused with other mood disorders, like major depression or anxiety disorders. One easy way to tell them apart is the characteristic pattern of symptoms – the woman will feel mentally and physically well for at least seven to 10 days every month. PMDD symptoms also do not occur in women who are pregnant, breastfeeding or post-menopausal.

If you suffer from at least five PMDD symptoms during each menstrual cycle, do not be afraid to ask your gynaecologist for advice. There is no diagnostic test for this condition, but your doctor may ask you for a detailed description of your symptoms, or may ask you to keep a daily symptom diary.

If you have been diagnosed with PMDD, do not despair. There are many treatment options to help you manage the mood changes and help you get back on track again.

Your doctor may prescribe antidepressants to treat the emotional symptoms, such as depression, tearfulness, mood swings, anxiety, anger, irritability, fatigue and difficulty concentrating. One type of antidepressants called SSRIs have been shown to be most useful for women with PMDD.

These medications may be combined with anti-anxiety medications or other medications to treat the physical symptoms. Be very careful to take these medications only as advised by your doctor – increasing the dosage or mixing them indiscriminately may cause side effects or complications.

There hasn't been much research

done to study other therapies, but a healthy lifestyle never hurts!

Some nutritional practices that might be helpful include cutting down on alcohol, caffeine and salt, as well as eating more complex carbohydrates. However, there is no evidence that vitamins, supplements or herbal preparations have any effect on PMDD.

We already know that regular exercise is very good for PMS symptoms, so it may also help in PMDD. You can also try relaxation techniques, meditation and yoga.

Finally, counselling (individual or group) with a professional may also help you to understand and cope with the mood changes you are going through.

Treatment for PMDD may take two or three menstrual cycles to take effect. Do not lose hope, and do not think that getting treatment is a sign of weakness.

There is no reason to be frightened or ashamed of having PMDD. Most importantly, the people around you, especially your doctor, partner and family members, should also understand what you are going through.

■ **Datuk Dr Nor Ashikin Mokhtar** is a consultant obstetrician & gynaecologist (FRCOG, UK). She is co-chairman of Nur Sejahtera, Women &

Family Healthcare Program, Ministry of Women, Family and Development. For further information, e-mail [www.primanora.com](mailto:www.primanora.com). The information provided is for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader's own medical care. The Star does not give any warranty on accuracy, completeness, functionality, usefulness or other assurances as to the content appearing in this column. The Star disclaims all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.



PMDD affects about 5% of women who are in their reproductive years.