

# Premenstrual Syndrome

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❖ **Definition:** premenstrual syndrome (PMS) is the occurrence of cyclical somatic, psychological and emotional symptoms that occur in the luteal (premenstrual) phase of the cycle and resolve by the time menstruation ceases.

-premenstrual symptoms occur in almost all women of reproductive age. In 3 – 60% symptoms are severe, causing disruption to everyday life.

❖ **Etiology :** precise etiology is unknown but cyclical ovarian activity and the effects of oestradiol and progesterone on certain neurotransmitters including serotonin, appear to play a role .

❖ **History and examination :**Cyclical nature of the symptoms is the corner stone of the diagnosis. The patient may have some or all of the following :

- Bloating.
- Cyclical weight gain
- Mastalgia.
- Abdominal cramps.
- Fatigue.
- Headache
- Depression.
- Irritability

-A symptom chart to be filled by the patient prospectively may help.

# Signs and Symptoms of PMS

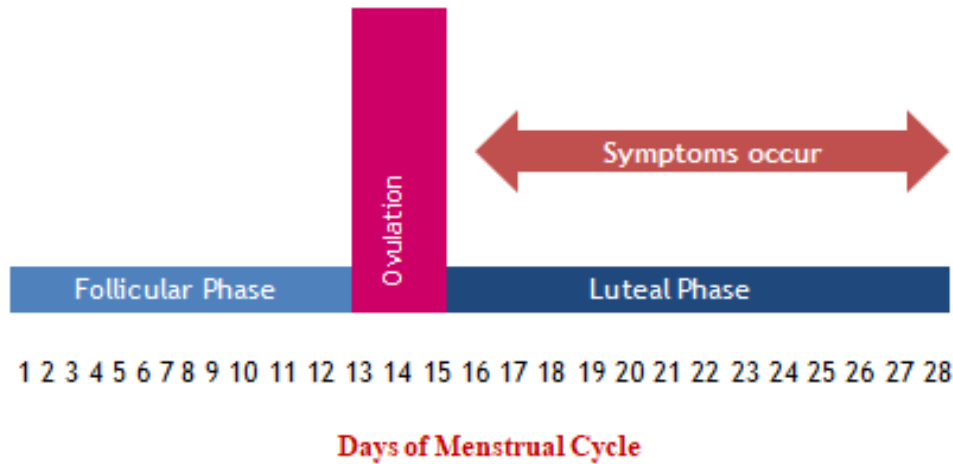


Figure (1) Luteal phase relation of symptoms

## Menstrual Symptoms Chart for Diagnosis of PMS

List the symptoms you have in the left column. Circle the dates of your menstrual period. Fill in the boxes on the days your symptoms occur. Indicate severity by filling in the boxes as shown: *Mild, Moderate, Severe*

Symptoms	Day of the month																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Figure (2) symptoms chart

# PREMENSTRUAL SYMPTOMS

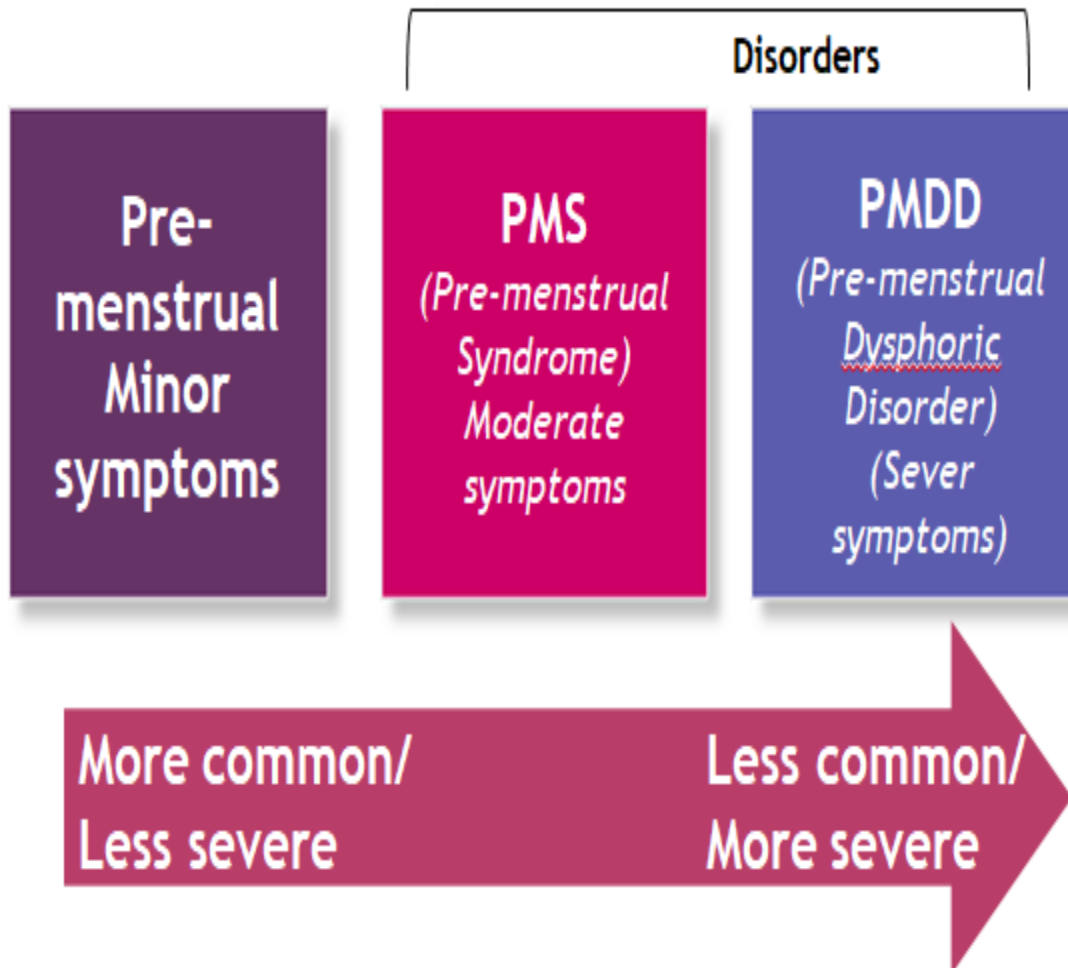


Figure- 3-Severity of symptoms

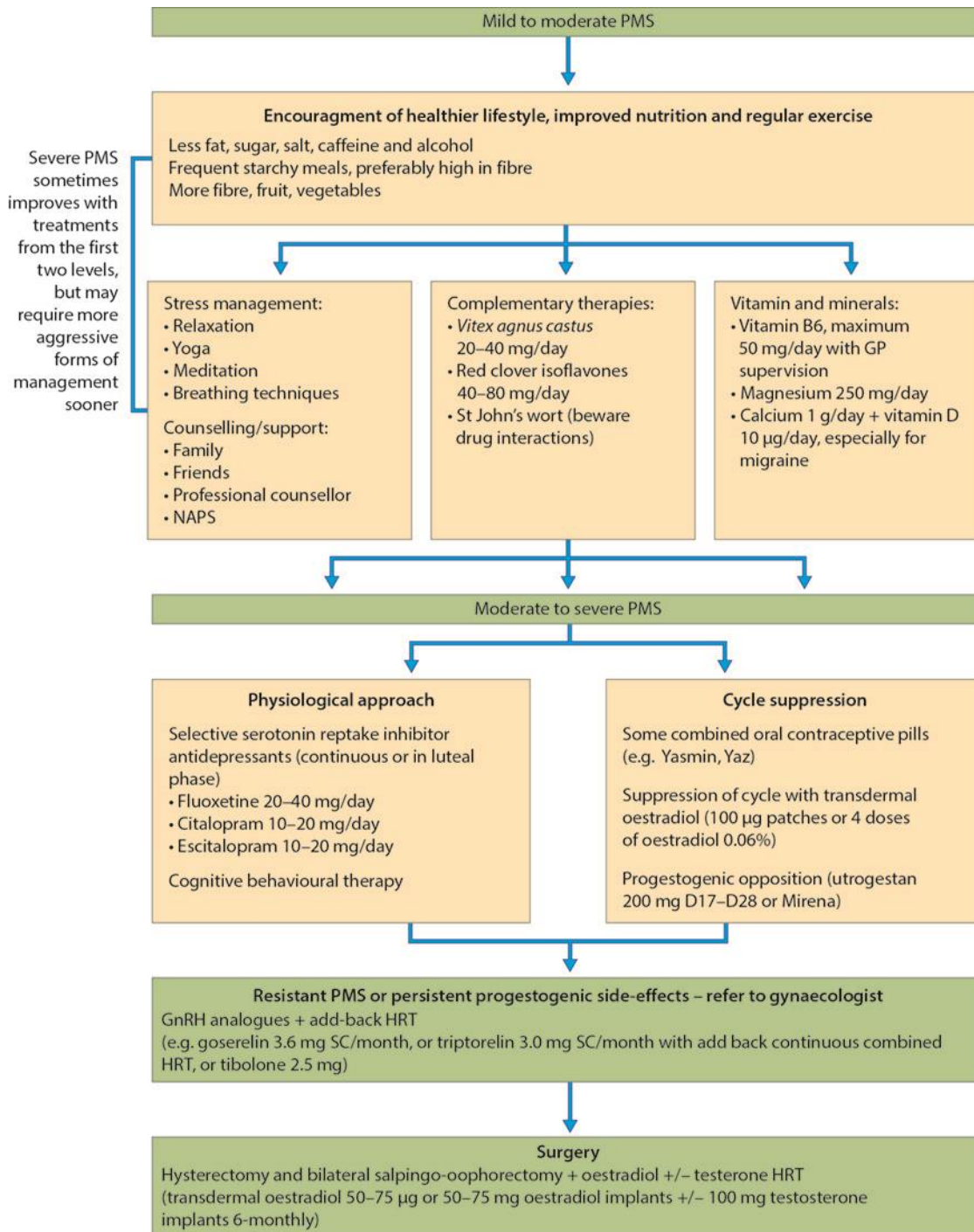


Figure -4- Algorithm for treatment of PMS

## ❖ Management:

**1.Simple therapies:** includes stress reduction,alcohol and caffaine limitation and exercise.

**2.Medical treatments:** include

- Combined oral contraceptive pills:The most effective regime is bicycling or tricycling pill packets (taking 2 or 3 packets in araw without scheduled break).
- Transdermal oestrogen:Significantly reduce PMS symptoms by overcoming the fluctuations of the normal cycle.
- GnRH analogues :Are very effective because they turn off ovarian activity.Contineous combined form of hormone replacement therapy should be adminstered concurrently to reduce the risk of osteoporosis.
- Selective serotonin reuptake inhibitors(SSRIs):There is good evidence that they significantly improves PMS.

**3.Vitamins:** Magnisium,calcium,isoflavones and vitamin B6 may be useful in the treatment.

**4.Alternative therapies:**

- St John's Wort improve mood. Evening prime rose although commonly used but there is no evidence to support its use in treating PMS.

- Cognitive-behavioral therapy (CBT): Is particularly effective when combined with SSRIs

**5. Hysterectomy** with bilateral salpingo-oophorectomy: This should only be performed when all other treatments fail. Preoperative trial of GnRH analogue as a (test) to ensure that switching off ovarian function (by oophorectomy) will indeed cure the problem