Caring Choice
Women's Center
Obstetrics & Gynecology

PMS: Get out of my face!

Like the spines of a porcupine, PMS or premenstrual syndrome, could be nature's way of telling those around you to stand back and give you space.

40% of women experience unpleasant mood, behavioral or physical changes during the 7-10 days before the start of their periods. In 2-10% of women, these changes are dramatic enough to interfere with work or life and relationships outside of work.

The symptoms of PMS are variable, but can include:

1) Depressed mood, feelings of helplessness
2) Anxiety or tension
3) Sudden feelings of sadness, tearfulness, irritability or anger
4) Increased interpersonal conflicts
5) Decreased interest in usual activities
6) Easy fatigability or decreased energy
7) A feeling that one can't concentrate
8) Over eating, food cravings
9) Sleeping too much or inability to sleep
10) Feeling overwhelmed or out of control
11) Physical symptoms such as breast tenderness, headaches, swelling, joint or muscle pain, bloatedness or weight gain.

Before you diagnose yourself with PMS, be aware that over half of women who think they suffer from PMS turn out to have these symptoms scattered randomly throughout the month. If your symptoms occur throughout the month, you may be suffering from depression, anxiety or other diagnoses, but not PMS. Keeping a symptom diary or calendar over 2-3 months can be valuable in making this distinction.

Fortunately, PMS is not as bad as it was once thought to be. In the 1800's, women were found not guilty, that is acquitted, of murder and shoplifting on the grounds of obstructed, disordered or suppressed menstruation. Dalton, who

coined the term '**premenstrual syndrome**' in 1953, believed that PMS was responsible for increased crime, alcoholism, accidents and impaired performance in school.

Today we know that PMS does not impair one's ability to think or solve problems. It does not impair motor skills. It does not effect performance on school exams. It does not increase one's likelihood of participating in crime. Sadly, it can no longer be used as an excuse for absolving criminal responsibility in a court of law.

Over the years, there have been many theories about the cause of PMS: low progesterone, high estrogen, low estrogen, low blood sugar, vitamin deficiencies and many others, each one suggestive of a treatment, such as progesterone, vitamins, oral contraceptives, or primrose oil. The theories proved to be false. The treatments were no better than placebo.

Today we know that PMS is related to a temporary decrease in a neurotransmitter in the brain called **serotonin**. Normal levels of serotonin are required for feelings of happiness and wellbeing. Serotonin influences sleep, appetite, and sexual desire.

Serotonin is produced in some parts of the brain and is taken up and destroyed in other parts of the brain. Medicines called 'serotonin reuptake inhibitors' (SRI's), slow the reuptake and destruction of serotonin, allowing one's serotonin to rise to normal levels. SRI's include Prozac, Zoloft, Paxil, Celexa, Effexor and others. They have proven to be highly effective in treating PMS in those women whose symptoms are interfering with work or life. These medicines can decrease libido.

Other effective medicines include Anapraxil, a tricyclic antidepressant and Xanax, a benzodiazepine, less frequently used because of its risk of dependence.

Bottom-line: If you think someone you know suffers from PMS, back off! (or at least show some understanding). If you think you suffer from PMS, try keeping a calendar of symptoms, and know that help is available if the symptoms are significantly disrupting your life.

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