

GYNAECOLOGY & OBSTETRICS UPDATE

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Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD)

Regular cyclic psychological and/or somatic symptoms which occur only during the luteal phase of most of the menstrual cycle and resolve by the end of menstruation (usually at the onset or on the day of heaviest flow). The number and type of symptoms vary between individuals and severity may vary from month to month. Mild symptoms occur in 95% of all women of reproductive age (PMS); severe, debilitating symptoms occur in about 5% of women and are accompanied by impairment in social and/or occupational function (PMDD). The aetiology remains unknown. However it seems to be an enhanced sensitivity to progesterone, possibly caused by a deficiency of serotonin.

Diagnosis

Menstrual Chart to provide the precise dates of menstruation and symptoms for at least two cycles. The duration of the luteal phase is always 14 ± 1 days. In short cycles, the follicular phase may be only a few days long and symptoms may be present in most of the days between menstruations.

Initial Steps of treatment

1. Sympathetic approach taking account of the woman's own assessment of the severity of the symptoms. Reassurance that they affect many women with varying degree.
2. *Advise on healthier life, improved nutrition, Caffeine limitation, regular exercises.*

Beneficial Treatment

* Overall PMDD symptoms

1. Selective serotonin reuptake inhibitors: Significant improvement. **Fluoxetine** 20 mg/day or **Sertraline** 50 mg/day. Luteal phase Sertraline is as effective as full-cycle treatment (JAMA, 1997;278:983). Initial treatment for 6 months, and then reassess
2. Prostaglandin inhibitors: Mefenamic acid 500 mg tds during luteal phase: Improvement for a variety of symptoms especially pain but not breast pain.

* Breast symptoms only

1. Evening primrose oil (Efamast 80): 3-4 capsules once daily for 3 months then continue in a lower maintenance dose.
2. Danazol: 200 mg daily during luteal phase but better avoided due to side effects.

* Bloatedness and swelling

Spironolactone: 100 mg (or Bendrofluazide 2.5 mg) during luteal phase

Likely to be beneficial treatment for overall symptoms

1. Oestradiol: **Transdermal patch**: 100 μ g twice weekly and dydrogesterone 10 mg on days 17-28 of cycle (or Mirena but not studied). **Gel** may be effective for migraine.
2. Vitamin B6: 50-100 mg/day.
3. Gonadotrophin releasing hormone analogues with Continuous combined HRT.
4. Hysterectomy with bilateral oophorectomy (and HRT) for very severe symptoms.

Unknown effectiveness

Cognitive behavioural treatment, OCPs, Progesterone, Progestogens, Mineral supplements