



## Premenstrual Syndrome (PMS)

- **What is premenstrual syndrome (PMS)?**
- **What are some common symptoms of PMS?**
- **How is PMS diagnosed?**
- **Can other conditions mimic PMS?**
- **Can PMS make other conditions worse?**
- **What is premenstrual dysphoric disorder?**
- **Can PMS be treated?**
- **Can exercise help lessen PMS symptoms?**
- **What relaxation methods can help relieve PMS symptoms?**
- **What dietary changes can be made to help relieve PMS symptoms?**
- **Can dietary supplements help with PMS symptom relief?**
- **What medications reduce PMS symptoms?**
- **Glossary**

### **What is premenstrual syndrome (PMS)?**

Many women feel physical or mood changes during the days before **menstruation**. When these symptoms happen month after month, and they affect a woman's normal life, they are known as PMS.

### **What are some common symptoms of PMS?**

Emotional symptoms include the following:

- Depression
- Angry outbursts
- Irritability
- Crying spells
- Anxiety
- Confusion
- Social withdrawal
- Poor concentration
- Insomnia
- Increased nap taking
- Changes in sexual desire

Physical symptoms include the following:

- Thirst and appetite changes (food cravings)
- Breast tenderness

- Bloating and weight gain
- Headache
- Swelling of the hands or feet
- Aches and pains
- Fatigue
- Skin problems
- Gastrointestinal symptoms
- Abdominal pain

### How is PMS diagnosed?

To diagnose PMS, a health care provider must confirm a pattern of symptoms. A woman's symptoms must

- be present in the 5 days before her period for at least three menstrual cycles in a row
- end within 4 days after her period starts
- interfere with some of her normal activities

Keeping a record of your symptoms can help your health care provider decide if you have PMS. Each day for at least 2–3 months, write down and rate any symptoms you feel. Record the dates of your periods as well.

### Can other conditions mimic PMS?

Symptoms of other conditions can mimic PMS or overlap with PMS. Some of these conditions include the following:

- **depression**
- anxiety
- **perimenopause**
- chronic fatigue syndrome
- irritable bowel syndrome
- thyroid disease

Depression and anxiety disorders are the most common conditions that overlap with PMS. About one half of women seeking treatment for PMS have one of these disorders. The symptoms of depression and anxiety are much like the emotional symptoms of PMS. Women with depression, however, often have symptoms that are present all month long. These symptoms may worsen before or during their periods. Your health care provider will want to find out whether you have one of these conditions if you are having PMS symptoms.

### Can PMS make other conditions worse?

In addition to depression and anxiety, symptoms of other disorders can get worse right before your period. Examples include seizure disorders, migraines, asthma, and allergies.

### What is premenstrual dysphoric disorder?

If PMS symptoms are severe and cause problems with work or personal relationships, you may have premenstrual dysphoric disorder (PMDD). PMDD is a severe type of PMS that affects a small percentage of women. Drugs called selective serotonin reuptake inhibitors (SSRIs) can help treat PMDD in some women. These drugs are used to treat depression.

### Can PMS be treated?

If your symptoms are mild to moderate, they often can be relieved by changes in lifestyle or diet. If your PMS symptoms begin to interfere with your life, you may decide to seek medical treatment. Treatment will depend on how severe your symptoms are. In more severe cases, your health care provider may recommend medication.

### Can exercise help lessen PMS symptoms?

For many women, regular aerobic exercise lessens PMS symptoms. It may reduce fatigue and depression. Aerobic exercise, which includes brisk walking, running, cycling, and swimming, increases your heart rate and lung function. Exercise regularly, not just during the days that you have symptoms. A good goal is at least 30 minutes of exercise most days of the week.

### What relaxation methods can help relieve PMS symptoms?

Finding ways to relax and reduce stress can help women who have PMS. Your health care provider might suggest relaxation therapy to help lessen PMS symptoms. Relaxation therapy may include breathing exercises, meditation, and yoga. Massage therapy is another form of relaxation therapy that you may want to try. Some women find therapies like biofeedback and self-hypnosis to be helpful.

Getting enough sleep is important. Regular sleeping habits—in which you wake up and go to sleep at the same times every day, including weekends—may help lessen moodiness and fatigue.

## What dietary changes can be made to help relieve PMS symptoms?

Simple changes in your diet may help relieve the symptoms of PMS:

- Eat a diet rich in complex carbohydrates. A complex carbohydrate-rich diet may reduce mood symptoms and food cravings. Complex carbohydrates are found in foods made with whole grains, like whole wheat bread, pasta, and cereals. Other examples are barley, brown rice, beans, and lentils.
- Add calcium-rich foods, like yogurt and leafy green vegetables, to your diet.
- Reduce your intake of fat, salt, and sugar.
- Avoid caffeine and alcohol.
- Change your eating schedule. Eat six small meals a day rather than three large ones, or eat slightly less at your three meals and add three light snacks. Keeping your blood sugar level stable will help with symptoms.

## Can dietary supplements help with PMS symptom relief?

Taking 1,200 mg of calcium a day can help reduce the physical and mood symptoms that are part of PMS. Taking magnesium supplements may help reduce water retention (“bloating”), breast tenderness, and mood symptoms. One study has shown that vitamin E may help reduce symptoms of PMS.

There are many products that are advertised to help with PMS. Most of these products have either not been tested or have not been proved to be effective. It is important to talk with your health care provider before taking any PMS product or supplement. Taking excess amounts of them or taking them with some medications may be harmful.

## What medications reduce PMS symptoms?

Drugs that prevent **ovulation**, such as hormonal contraceptives, may lessen physical symptoms. However, not all may relieve the mood symptoms of PMS. It may be necessary to try more than one of these medications before finding one that works.

**Antidepressants** can be helpful in treating PMS in some women. These drugs can help lessen mood symptoms. They can be used 2 weeks before the onset of symptoms or throughout the menstrual cycle. There are many kinds of antidepressants. If one does not work for you, your health care provider may prescribe another.

If anxiety is a major PMS symptom for you, an anti-anxiety drug can be tried if other treatments do not seem to help. These drugs are taken as needed when you have symptoms.

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, can help reduce pain. Talk with your health care provider before taking NSAIDs. Long-term use of NSAIDs may cause stomach bleeding or ulcers.

**Diuretics** (“water pills”) are drugs that help reduce fluid buildup. Your health care provider can prescribe a diuretic if water retention is a major symptom for you. Tell your health care provider what other drugs you are taking, especially NSAIDs. Using NSAIDs and diuretics at the same time may cause kidney problems.

## Glossary

**Antidepressants:** Medications used to treat depression.

**Depression:** Feeling of sadness for periods of at least 2 weeks.

**Diuretics:** Drugs given to increase the production of urine.

**Menstruation:** The monthly discharge of blood and tissue from the uterus that occurs in the absence of pregnancy.

**Ovulation:** The release of an egg from one of the ovaries.

**Perimenopause:** The period around menopause that usually extends from age 45 years to 55 years.

## If you have further questions, contact your obstetrician–gynecologist.

**FAQ057:** Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

Copyright May 2015 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.