Premenstrual Dysphoric Disorder (PMDD)

What is Premenstrual Dysphoric Disorder (PMDD)?

Premenstrual Dysphoric Disorder (PMDD) is a severe form of premenstrual syndrome (PMS). It is a cyclical, hormone-based disorder with symptoms arising during the second half of the menstrual cycle (the luteal phase), and remitting within a few days of the onset of menstruation.

What are the symptoms?

Symptoms of PMDD are more severe than those seen with PMS, and significantly interfere with work, school, social activities, and relationships. They typically start 7 to 10 days before menstruation and end a few days after menstruation has begun.

The common symptoms are:

- **Emotional symptoms**: Mood swings, feelings of hopelessness, intense anger, irritability, anxiety, depression, and even thoughts of suicide.
- **Physical symptoms**: Breast tenderness or swelling, headaches, joint or muscle pain, a sensation of "bloating", and weight gain.
- **Behavioural symptoms**: Lack of energy, problems with concentration, sleep disturbances, and changes in appetite.

Who is at risk?

PMDD affects up to 5% of women of childbearing age. The exact cause is unknown, but it's believed to be linked to hormonal changes during the menstrual cycle. Certain factors increase the risk, including a family history of PMDD or PMS, a history of depression, postpartum depression, or other mood disorders, and physical or emotional trauma.

How is it diagnosed?

PMDD is diagnosed based on a thorough clinical interview that includes a psychiatric history and a history of menstrual cycles. You may be asked to keep a symptom diary for several months, to help confirm the diagnosis.

What treatments are available?

PMDD can be treated, and most women find symptom relief through a combination of lifestyle changes and medication.

- **Lifestyle changes**: Regular exercise, balanced diet, reduced intake of caffeine and alcohol, increased hydration, and stress management can all help reduce symptoms of PMDD.
- **Medications**: Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), can be effective in treating PMDD. Other medications may include birth control pills or, in some cases, hormone medications.
- **Psychotherapy**: Cognitive-behavioral therapy (CBT) can be useful in helping manage symptoms and improve quality of life.

When should you see a doctor?

If you're struggling with symptoms that interfere with your quality of life, particularly those that occur in the week or two leading up to your period, consult your healthcare provider. PMDD is a serious, chronic condition that needs treatment, and there is no need for you to suffer in silence.

Where can you find more information?

Speak to your GP for more information about PMDD, treatment options and local support services. Reputable online resources, such as the Australian Department of Health website, Beyond Blue, and the Jean Hailes Foundation for Women's Health, also provide useful information about PMDD.

This information is intended for general informational purposes and should not be used as a substitute for professional medical advice. If you have any health concerns, please see your healthcare provider.

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