

PMS – Premenstrual Syndrome

During your premenstrual week or fortnight, your body undergoes natural hormone changes which may leave you especially sensitive to certain foods and drinks, easily tired, unable to concentrate properly or cope well - needing extra time for yourself.

Unwanted physical or emotional changes occurring only in the second half of the menstrual cycle are called the Premenstrual Syndrome - PMS for short (sometimes called Premenstrual Tension - or PMT).

Some women experience positive changes premenstrually, such as being very organised, or feeling more sexy. Other women can feel just the opposite, preferring to withdraw into a quiet part of themselves for a few days. Finding space for yourself can prove difficult in our modern hectic lives!

Symptoms

Some women experience mood swings, irritability and aggressiveness, while others may be weepy, emotional, depressed, clumsy, forgetful, unable to concentrate properly - or may sleep badly. Others may experience sweet cravings or hunger, with headaches, dizziness, anxiety and pounding heart, while some have monthly weight gain, bloating and breast tenderness.

Many women have a mixture of symptoms - which may vary from month to month.

PMS problems should disappear near the start of the period, and usually occur for up to two weeks each menstrual cycle.

If symptoms last longer, they may be due to other physical or emotional disturbances or early menopause (which can rarely happen from the late 30's onwards).

Food, Drink and PMS

With the hormone changes premenstrually many women find that their blood sugar can fall too low very easily on their normal diet. When blood sugar is too low, you may feel exhausted, irritable, weepy, depressed, shaky, dizzy, anxious, aggressive or have a bad headache.

Eating sweet things only makes this worse - as your blood sugar rapidly goes too high - and then is pushed too low again, by the insulin your body releases. Low blood sugar symptoms often return about an hour and a half after a sweet snack.

Stimulants all add to the problem - e.g. caffeine in chocolate bars, tea, coffee and cola, nicotine in cigarettes and alcohol - so cut down as far as possible.

In order to keep your blood sugar steady - try eating small high fibre or slow release carbohydrate snacks or meals every 3 hours during your premenstrual time, e.g. bananas, wholemeal sandwiches wholegrain cereal, pasta, low fat yoghurt, dried fruit, or fresh fruit and vegetables.

Aim for a diet rich in fresh fruit and vegetables, soya, whole grains, oily fish and nuts - as these help maintain natural hormone levels and boost serotonin (the so called 'feel good factor'). Peanuts supply essential fatty acids, magnesium and some Vitamin B6.

Certain foods can make PMS worse, such as sugar - e.g. in sugary drinks and chocolate, saturated and trans fats - e.g. in full fat dairy products, pastries, pies, biscuits, suet, lard and fat on meat. Many block the production of hormones in the body. Avoiding them while eating small amounts of polyunsaturated fats - e.g. in olive oil, grilled oily fish and low-fat dairy products may increase your natural hormone levels and reduce symptoms.

Fluid retention in PMS

Salt can increase fluid retention premenstrually, which causes weight gain, bloating and breast tenderness. Avoid crisps, processed foods and adding salt during cooking or at the table. Natural diuretics such as cucumber or melon may help, or you can try a herbal diuretic in the form of herbal teas and tablets.

Exercise and weight

PMS is more likely in women who are overweight with a Body Mass Index (BMI) over 30 and who do little exercise. Moderate exercise can also help you sleep better, feel more relaxed and boost serotonin levels - so try and make time for some walking, or other exercise you like each day.

Stress *Jekyll and Hyde - or the real you?*

Many women are told they are a 'different person' before a period and may feel guilty about the outbursts of irritation, anger or weeping they experience then.

A lot of women accept too many demands on their time normally and are unable to do everything they expect of themselves when their energy is low before a period.

Try keeping a notepad in the kitchen or at work and write down every incident that upsets you premenstrually and what it was that made you upset or angry. When your period is over look through the list and think about ways to make your life less stressful before a period.

Talk to the people involved and try to arrange less demands on your time in your premenstrual weeks, and maybe throughout the whole month.

Although PMS makes you feel more fragile emotionally, what you feel is unique to you and needs to be heard and taken seriously. If you don't understand your feelings, try talking it through with someone who may be able to help. If you find your problems are overwhelming at times, do talk to your doctor, or a trained counsellor.

Coping with stress premenstrually

The most effective way to handle stress is to prevent it as far as possible! One way to do this is to mark the calendar with your premenstrual weeks for several months ahead.

During your premenstrual time try and cut down on your work load and feel free to say "No" to extra demands at work, at home and socially.

If you find this difficult to do without feeling guilty, consider joining a self-assertiveness class for a while or discuss the problem with a friend or counsellor.

Sleep and Relaxation

Research has shown that premenstrual women actually need extra sleep, although they often suffer disturbed sleep before a period.

Deep relaxation can be a great help in getting a good night's sleep or refreshing you in the middle of a busy day. If you cannot relax easily, think about learning a relaxation method you can use anywhere - from a class, tape or book. You might find massage, yoga, meditation or mindfulness very relaxing too.

Allow yourself to put your feet up every now and then if you are out of energy and try and leave non-essential jobs until you feel more like doing them.

Self Help

There are some good self-help books on PMS which go into the ideas outlined above in more detail. Other books can help with stress management or depression.

You can beat PMS! By Collette Harris and Theresa Cheung (Harper Collins)

Overcoming PMS, the Natural Way by Marilyn Glenville (Piatkus)

Taking Back the Month by Diana Taylor and Stacey Colino (Perigee Books/Penguin)

You could also contact the National Association for PMS at 7 Swift Court, High Street, Seal, Kent TN15 0EG, <http://www.pms.org.uk/> Tel: 0870 7772178

Alongside self-help, management options include talking therapy, complimentary therapies and medical treatments.

Talking therapy – Cognitive behavioural

This can help you to learn new ways of managing some of your symptoms to help reduce their impact on your daily life. Research studies have shown it can be very effective. Talking therapy involves talking one to one with someone trained in this area over several appointments.

Complimentary Therapies

Many women find these helpful although there is little evidence that they work. There is also little evidence that they don't cause any harm.

Ask your doctor for advice before using a complementary therapy.

Always check the patient information leaflet for possible side effects and certain medical conditions where use is not recommended.

Most need to be tried for at least 3 months to see if they help. *Stop supplements after 4 months if there is no improvement to symptoms.*

Vitamins and Minerals

A healthy varied diet should provide all the vitamins we need. However, it may be worth taking a Multi Vitamin and Mineral supplement with the recommended daily allowance of Magnesium, Calcium and Vitamin D for a month at the start of treatment as some women with PMS are low in these vitamins and minerals.

Vitamin B6 - in a dose of 50 milligrams per day has been used in PMS in the past but there are concerns about long term side effects and the Department of Health advises taking more than 10mg a day can be harmful. Stop immediately if you notice any tingling in your hands and feet.

Agnus Castus Vitex

This has been shown research studies to help PMS symptoms. There are lots of preparations available and they vary in dose advised. It's advised to take it earlier in the day as it can cause sleep problems.

St John's Wort

This has been shown to be helpful in treating feelings of anxiety, weepiness or depression.

The dose shown to be effective in research studies is 300 milligrams St Johns Wort standardised to contain 900 micrograms hypericin.

It should not, however be taken at the same time as prescription antidepressants and its use is limited as it can alter the body's absorption of many commonly prescribed tablets and medicines and can stop the contraceptive pill working.

GLA (Gamma Linoleic Acid)

This is found in Starflower or Evening Primrose Oil. Consistent benefit has only been found in research studies for the symptom of premenstrual breast pain. GLA can stop certain epileptic drugs working and must be discussed with a doctor or pharmacist by anyone who has epilepsy and wants to start using it.

Other Complementary Therapies

Some women find relief for their symptoms using acupuncture, reflexology or other treatments.

Medical Treatment Options

Research suggests that PMS symptoms may be due to individual sensitivity to the effects of progesterone / progestogens or due to the effect of changing levels of estrogen and progestogens on two neurotransmitters, serotonin and GABA.

Medical treatments for PMS that work aim to keep female hormone levels steady throughout the month or increase levels of these neurotransmitters.

Different treatments will help different women.

SSRI Antidepressants

Fluoxetine, Citalopram, Escitalopram, Sertraline (and SNRI Antidepressants e.g Venlafaxine, Duloxetine) have been shown in research to be beneficial for some PMS sufferers.

They can be taken continuously or just be taken in the 'luteal' phase of the menstrual cycle which is the part of the monthly cycle when PMS symptoms are experienced. Possible side effects include feeling sick, difficulty sleeping tiredness and loss of sexual desire.

When those on daily SSRI / SNRI stop taking them it is important to do this gradually under the advice of a doctor to reduce the chance of side effects.

Estrogens can be given as:

a) Combined contraceptive pills.

Newer types have been shown in research to help PMS and symptoms may also be improved by missing out the pill free interval: ask your prescriber for more information.

b) Body identical estrogen patches (100 micrograms)

This has to be taken with progestogen, usually in the form of a tablet, for 10-12 days each month (because estrogen given alone can increase the risk of uterine cancer).

PMS symptoms may return when progestogen is taken, but if this happens your doctor can advise on alternative ways to take the progestogen e.g. as body identical progesterone tablets or the Mirena coil. Estrogen patches are not contraceptive so unless used with the Mirena coil you will need to use other contraception as well to avoid pregnancy.

There is no evidence that taking progestogens alone help relieve the symptoms of PMS: natural progesterone used alone in the form of vaginal pessaries or skin cream does not help.

GnRH analogues and certain other drugs over-ride the menstrual cycle, stop periods and therefore prevent PMS. GnRH analogues should only be used alone for 6 months because they may cause osteoporosis and menopausal side effects so are usually given with HRT. They are generally prescribed by gynaecologists in very severe PMS before the last resort of surgical removal of the ovaries is considered.