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pardon my sobbing

FOR SOME WOMEN PREMENSTRUAL SYNDROME (PMS) IS MANAGEABLE.
FOR OTHERS IT'S NO LAUGHING MATTER.

Prior to the 1970s, few had heard of Premenstrual Syndrome (PMS). Today, it's so common, it's fodder for greeting cards. Now, there's plenty we do—and don't—know about it.

Fifty million women suffer from PMS. Although it's different for everyone, one thing is universal: Women who suffer PMS experience at least one physical or emotional symptom that starts five days before the onset of menses and disappears four days after a period starts.

If moodiness and bloating come and go throughout the month, PMS is not the problem. There are more than 150 symptoms that a woman might experience, and 70 to 90 percent of reproductive-age women report at least one during the premenstrual phase of their reproductive cycles. Up to 40 percent feel that their symptoms interfere with the ability to think clearly and feel well, and get in the way of relationships. Most women, however, just live with the monthly misery.

WHAT CAUSES PMS?

Science hasn't figured that out. Women with PMS actually have normal estrogen and progesterone levels, but there is an exaggerated response to normal menstrual cycle changes. There does seem to be a genetic predisposition, but beyond that there is no way to predict who is more likely to struggle.

HOW CAN PMS BE CONTROLLED?

No one really knows. Since PMS was identified, there have been numerous attempts to control symptoms with progesterone, estrogen, vitamins, exercise and dietary modifications.

Some studies show that 100 mg/day of vitamin B6, 400 iu/day of vitamin E, 600 mg/twice a day of calcium and 200-300 mg/day of magnesium reduce PMS symptoms. And chocolate? Well, there is

no question that women crave carbs during menstruation, so it's no surprise that carbohydrate-rich foods reduce symptoms by boosting serotonin production.

In one small study, one daily tablet of chasteberry tree (*Vitex agnus castus*) fruits resulted in a significant decrease in irritability, anger, headache and breast tenderness. There also is evidence that exercise, relaxation and reflexology may help alleviate some symptoms.

WHAT DOES THE FDA RECOMMEND?

Until recently there had been little research on treatments for PMS. The data on diet and supplements are inconsistent, but progesterone, evening primrose oil and ginkgo biloba have proven to be ineffective.

Only two treatments—antidepressants and a birth control pill—have been FDA approved for the treatment of PMS. Three selective serotonin reuptake inhibitors (SSRIs)—fluoxetine, sertraline and paroxetine—have been proven to help alleviate symptoms, but many women prefer not to take antidepressants. Up to 58 percent of women stop using an SSRI, even if it is working. They are afraid of sexual side effects or of growing dependent or unwilling to take an antidepressant even if it is not being prescribed for treatment of depression.

Since PMS is hormonally driven, it makes sense that suppressing the normal menstrual cycle by taking birth control pills would eliminate symptoms. Unfortunately, until recently, no traditional oral contraception has been shown to alter the incidence or severity of PMS. However, Yaz, a recently released birth control pill, is the first



non-antidepressant and the only oral contraceptive to be FDA-approved for the treatment of PMS. Unlike other pills, Yaz contains drospirenone, the only progesterone that acts as a diuretic, encouraging water elimination, which in turn reduces bloating and breast tenderness. Yaz is taken 24 days a month rather than the traditional 21 so that the effects are maintained during the short four-day-off interval. Studies show that at least 50 percent of women have reduction in PMS symptoms with Yaz, much better than in placebo groups or other remedies.

IS PMS THE SAME AS PMDD?

No. Premenstrual dysphoric disorder (PMDD) is a far more severe and debilitating condition, affecting 3 to 8 percent of reproductive-age women. Although a diagnosis of premenstrual syndrome requires the presence of only one symptom, women who suffer from PMDD have a minimum of three symptoms. At least one of those must be severe depression, anxiety or irritability.

The important thing to remember is this: You don't have to live with PMS. Talk to your doctor; life is simply too short to spend the equivalent of three months each year feeling less than your best. ■

GOT PMS? THOSE WHO DO HAVE ONE OR MORE SYMPTOMS

EMOTIONAL SYMPTOMS

- IRRITABILITY
- DEPRESSION
- ANGRY OUTBURSTS
- ANXIETY
- CONFUSION
- SOCIAL WITHDRAWAL

PHYSICAL SYMPTOMS

- BREAST TENDERNESS
- ABDOMINAL BLOATING
- HEADACHE
- SWELLING IN THE EXTREMITIES



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tip If depression is part of your PMS, consider it "reflection," a time when your feelings are more apparent to you. Listen up.

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