Premenstrual Syndrome (PMS)

DEFINITION	A collection of diverse physical, emotional, and/or behavioral symptoms that share a common characteristic- a temporal relationship to the menstrual cycle. It is characterized by at least 1 symptom during the luteal phase, followed by a symptom-free interval beginning after a few days of the onset of menses. Premenstrual Dysphoric Disorder (PMDD) is a more severe form of PMS with specific diagnostic criteria.
SUBJECTIVE	May include: 1. LMP 2. Irritability, anxiety, decreased sexual drive, social withdrawal, angry outburst, crying, confusion, forgetfulness, extreme sadness, difficulty concentrating, or insomnia. 3. Fluid retention, bloating, breast tenderness, headache, fatigue, aching, edema, cyclic weight changes, acne, constipation, or diarrhea. 4. Food cravings *To be clinically significant, PMS symptoms- must interfere with a woman's work, lifestyle, or interpersonal relationships.
OBJECTIVE	May include: 1. Age appropriate physical exam, as indicated. 2. Define and identify symptom pattern(s). 3. Mood assessment
LABORATORY	No lab testing confirms PMS; however, labs may be medically indicated to rule out other conditions., i.e., r/o hypothyroidism
ASSESSMENT	Premenstrual Syndrome (PMS)
PLAN	May include: 1. Encourage symptom charting for three months, or at least 1-2 menstrual cycles, to observe for cyclic pattern. (See the following site for downloadable symptom calendar: afp20111015p918-fig1.pdf (aafp.org)(2. Low dose combined contraceptives suppress ovulation and may eliminate cyclic symptoms, although not in all women. May benefit from shortening hormone-free interval to 4 days, tri-cycling, or using continuously (none of which are recommended with Ortho Evra). If using OCP's, monophasic is recommended. Drospirenone can decrease bloating and mastalgia. 3. Diet changes may include: a. Increase water intake to 6-8 glasses per day. b. Limit salt intake to 3 gm or less per day. c. Reduce refined sugars and increase intake of complex carbohydrates (fresh fruits, vegetables, whole grains, pasta, rice, and potatoes). d. Avoid caffeine, chocolate, tobacco, and alcohol intake. e. Consume moderate amounts of protein and fat (decrease animal fats; increase vegetable oils). f. A complex carbohydrate diet during the luteal phase of the menstrual cycle. 4. Stress reduction techniques (i.e., biofeedback, reflexology, meditation, or other relaxation techniques) 5. Exercise**:** Recommend aerobic activity, personal preference to be considered with a realistic achievable program; Yoga 6. For mood changes may include: a. Vitamin B6 50mg-100mg daily from onset of symptoms until menses (discourage high doses of over 200mg per day to avoid peripheral neuropathy) b. Calcium carbonate 1,000-1,200mg per day *Some resources note low quality evidence for Vitamin B6 and Calcium use.

	c. Light therapy may decrease the need for antidepressant medication d. SSRI's or anxiolytics at very low doses may be appropriate if unresponsive to above. Consider standard dosing or during interval between ovulation and onset of menses (day 14-28). Fluoxetine, Paroxetine, and sertraline are most studied and approved for use in premenstrual disorders e. Sleep hygiene (i.e., keeping a regular schedule, limit caffeine after noon, limit sedatives, and limit alcohol intake) 7. For physical symptoms may consider Ibuprofen 200-400mg every 4 hours prn to be started with onset of symptoms or prior to onset of symptoms
CLIENT EDUCATION	1. Provide client education handout(s). Review symptoms, complications, and danger signs. 2. Review safer sex education, as appropriate. 3. Recommend client RTC annually, PRN for problems, or appropriate per plan.
CONSULT/ REFER TO PHYSICIAN	1. Any client experiencing increasing depressive symptoms or suicidal tendencies. 2. As appropriate if pharmacologic agents used. 3. Consider consult/referral for clients with symptoms of PMDD.

References:

1. Hatcher RA, Nelson, A, Trussell J, Cwiak, C, Cason, P, Policar, M, Edelman, A, Aiken, A, Marrazzo, J, Kowal, D. Contraceptive Technology. 21st edition. Atlanta GA: Ardent Media, Inc., 2018. Pp.45-50, 730-731.
2. Premenstrual syndrome (PMS) - Symptoms and causes - Mayo Clinic
3. afp20111015p918-fig1.pdf (aafp.org) (Daily Record of Severity of Problems, AAFP)