



Bristol Menopause
& Wellwoman Clinic

Understanding PMDD





Understanding PMDD

Premenstrual Dysphoric Disorder (PMDD) is a severe mood disorder associated with the menstrual cycle, affecting an estimated 3–8% of women of reproductive age. The symptoms are intense enough to disrupt daily life, impact relationships, and affect overall well-being. Unlike PMS, which is often manageable without medical support, PMDD causes significant emotional and physical distress that typically requires professional treatment.

Causes of PMDD

The exact cause of Premenstrual Dysphoric Disorder (PMDD) remains unclear, but it is widely believed to be linked to the body's response to the natural hormonal fluctuations that occur during the menstrual cycle—particularly after ovulation, during the luteal phase. These hormonal changes may influence brain chemistry, especially the levels and functioning of serotonin, a key neurotransmitter involved in regulating mood, sleep, and pain perception.

Several interrelated factors may contribute to the development of PMDD:

Hormonal Sensitivity

While hormone levels remain within a normal range, some women have an increased sensitivity to the cyclical changes in oestrogen and progesterone. This heightened response can trigger severe mood and physical symptoms during the second half of the menstrual cycle.

Serotonin Dysregulation

Oestrogen and progesterone influence the activity of serotonin in the brain. In women with PMDD, these hormonal fluctuations can lead to disruptions in serotonin signalling, resulting in symptoms such as irritability, low mood, anxiety, and fatigue. Some research suggests that women with PMDD may have a different or exaggerated serotonin response to hormonal changes, which contributes to their distressing symptoms.

Genetic Factors

There is evidence to suggest that PMDD can run in families, indicating a possible genetic predisposition. Women who have first-degree relatives with PMDD or mood disorders may be at increased risk of developing the condition themselves.

Psychological and Emotional Factors

Women with a personal or family history of mental health conditions—particularly depression, anxiety, post-traumatic stress disorder (PTSD), or other mood disorders—may be more vulnerable to developing PMDD. Emotional resilience, coping strategies, and past experiences with trauma or chronic stress may also influence the severity of symptoms.



Symptoms of PMDD

The symptoms of PMDD typically emerge during the luteal phase of the menstrual cycle—the period after ovulation and before menstruation begins, usually spanning one to two weeks. This is when levels of oestrogen and progesterone rise and then fall sharply if pregnancy does not occur. For women with PMDD, this hormonal fluctuation can trigger a range of emotional and physical symptoms that are severe and often disruptive.

Symptoms generally begin around day 14 to day 28 of a standard 28-day cycle and start to improve within a few days after menstruation begins, as hormone levels begin to stabilise. Most women report feeling relief from symptoms within the first few days of bleeding, followed by a symptom-free phase during the follicular phase of the cycle (the first half, after menstruation and before ovulation).

This cyclical pattern is a key feature that distinguishes PMDD from other mood disorders—it is not constant, but tied predictably to the menstrual cycle. Recognising this pattern is crucial for diagnosis and management.

Psychological Symptoms:

- Mood swings
- Feeling upset or tearful
- Feeling angry or irritable
- Feelings of anxiety
- Feeling hopeless
- Feelings of tension or being on edge
- Difficulty concentrating
- Feeling overwhelmed
- Lack of energy
- Less interest in activities you normally enjoy
- Suicidal feelings.

Physical and Behavioural Symptoms:

- Breast tenderness or swelling
- Pain in your muscles and joints
- Headaches
- Feeling bloated
- Changes in your appetite such as overeating or having specific food cravings
- Sleep problems

Diagnosing PMDD

Diagnosing Premenstrual Dysphoric Disorder (PMDD) requires a careful and structured approach, as it shares symptoms with other mood disorders and medical conditions. A diagnosis is typically based on a combination of clinical evaluation, symptom tracking, and exclusion of other possible causes.

The first step often involves a thorough medical and psychiatric history, including any past or current mental health conditions, family history of mood disorders, and a review of menstrual cycle patterns. Because PMDD symptoms are cyclical and linked to hormonal changes, healthcare providers rely on symptom tracking to confirm the diagnosis.

Women are usually asked to keep a daily symptom diary for at least two consecutive menstrual cycles, using a tool such as the Daily Record of Severity of Problems (DRSP). This shows if your symptoms follow a monthly pattern, which is key to confirming PMDD.

To meet the diagnostic criteria for PMDD (as outlined in the DSM-5), symptoms must:

- Occur during the luteal phase (typically 1–2 weeks before menstruation begins),
- Improve within a few days after menstruation starts,
- Improve in the follicular phase (the week after menstruation), and
- Interfere with daily functioning, including work, relationships, and social activities.

Importantly, healthcare providers must rule out other conditions such as depression, anxiety disorders, thyroid dysfunction, or perimenopause-related symptoms, which can mimic or coexist with PMDD.

By using symptom tracking tools and working closely with a clinician, women can gain a clearer picture of their patterns and receive a more accurate diagnosis—ultimately guiding appropriate treatment.

Diagnostic criteria includes:

- At least 5 symptoms, including one mood-related.
- Symptoms disrupt daily life.
- Occur in luteal phase and resolve after menstruation starts.
- Other conditions ruled out.

Treatment Options for PMDD

Treatment for Premenstrual Dysphoric Disorder (PMDD) is highly individualised and focuses on relieving symptoms, restoring emotional balance, and improving overall quality of life.

Lifestyle Modifications

Making positive changes to daily habits can have a meaningful impact on PMDD symptoms. These strategies aim to improve overall physical and mental health and create greater hormonal stability:

- **Regular Exercise:** Engaging in moderate aerobic activity several times a week can improve mood, reduce fatigue, and support hormonal balance.
- **Stress Management:** Techniques such as mindfulness, meditation, journaling, deep breathing, and relaxation exercises can help reduce the intensity of mood symptoms.
- **Adequate Sleep:** Prioritising good sleep hygiene and consistent sleep routines supports mood stability and overall resilience.

Antidepressants (SSRIs)

Selective Serotonin Reuptake Inhibitors (SSRIs), such as fluoxetine, sertraline, or escitalopram, are often the first-line medical treatment for PMDD. These medications help regulate serotonin levels in the brain and can significantly reduce emotional symptoms like irritability, depression, and anxiety. SSRIs may be taken daily or only during the luteal phase, depending on the individual's symptom pattern and response.

Hormonal Treatments

Hormonal therapies are used to suppress ovulation and stabilise hormonal fluctuations, which are often at the root of PMDD symptoms:

- **Combined Oral Contraceptives (COCs):** Some contraceptive pills, particularly those containing drospirenone, can be effective in reducing PMDD symptoms.
- **GnRH Agonists:** In severe cases, medications that induce a temporary menopause-like state may be used, often followed by low-dose hormone add-back therapy.
- **Transdermal Hormone Replacement Therapy:** In certain situations, transdermal (through the skin) Hormone Replacement Therapy (HRT) may be considered to reduce hormonal cycling.

Treatment Options for PMDD

Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Medications such as ibuprofen or naproxen can relieve physical discomforts associated with PMDD, including abdominal cramps, back pain, and breast tenderness. These are typically used during the luteal phase or around the onset of menstruation.

Cognitive Behavioural Therapy (CBT)

CBT is a structured, evidence-based form of psychotherapy that can be particularly helpful in addressing the emotional and psychological aspects of PMDD. It focuses on identifying negative thought patterns, improving emotional regulation, and building coping skills. CBT may be delivered individually or in group settings.

Nutritional and Dietary Supplements

Some women find symptom relief with supplements, although scientific evidence is mixed:

- Magnesium: May help ease bloating, irritability, and headaches.
- Vitamin B6: Involved in serotonin production; may support mood regulation in some women but should not be taken in high doses without advice from a clinician.
- Isoflavones e.g. soy and Red clover which mimic natural oestrogens
- Agnus castus – may help reduce symptoms of irritability, anger, headaches and breast pain. It is the most researched supplement for PMDD but there is no standard formulation so dosing is difficult.

Always consult a healthcare provider before starting supplements, as excessive doses can cause side effects or interact with medications.

Alternative and Complementary Therapies

Many women benefit from holistic practices that support physical relaxation and emotional well-being:

- Acupuncture: May help reduce stress, balance hormones, and ease physical symptoms.
- Yoga and Mindfulness-Based Practices: Support mental clarity, emotional calm, and physical flexibility.



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