

Patient information from BMJ

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Premenstrual syndrome

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Many women feel bloated or tense in the week or so before their period. For some women it's just a nuisance. For others, it has a big impact on their lives. Treatments and changes to your lifestyle may help.

We've brought together the research about premenstrual syndrome and talked to experts about the best ways to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is premenstrual syndrome?

Premenstrual syndrome (PMS, for short) is a name for a group of symptoms that can happen in the week or two weeks before you get your period. These symptoms start to improve as soon as your period starts and should be completely over by the time your period has finished.

Because the symptoms can be quite common (for example, headache), the main thing that shows they are part of PMS is their timing. If you usually get a number of these symptoms, always at the same time during your menstrual cycle, you may have PMS. If they are not linked to this time, treatment for PMS won't help.

We don't know exactly what causes PMS. Doctors think that changes in some hormone levels during the menstrual cycle might affect chemical messengers in the brain called neurotransmitters. But we don't know why this happens to some women and not others.

Women with PMS often say that their mothers had it, too. So it may be connected to genes you inherit from your parents.

What are the symptoms?

Common physical symptoms of PMS include:

- Feeling bloated
- Having tender breasts

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- Headaches
- Feeling hungrier than usual
- Feeling more tired than usual.

But PMS can also affect you emotionally.

- Some women feel tense and irritable.
- You might feel unusually emotional: for example, you might cry easily about things that wouldn't normally make you cry.
- Some women feel depressed. If this is affecting your life or if you feel unable to cope, talk to your doctor.

Your doctor may ask you to keep a diary of your symptoms, recording what happens and when. This can help show whether your symptoms are caused by PMS.

Women experience the symptoms of PMS in different ways. Some women's symptoms are more intense, and they may find it hard to get on with their everyday lives. For example, they may find it impossible to concentrate at work or get very angry with family over trivial matters. For other women, PMS is a nuisance but doesn't have a big effect on their lives.

What treatments work?

The treatment for PMS isn't the same for everyone. This is because not everyone gets all the same symptoms. Your treatment should be tailored to the symptoms that are affecting you.

Some women find that the only treatment they need to manage their symptoms is to make some changes to their lifestyle. For example, your doctor may suggest you try **exercising** more, as well as trying **relaxation** techniques. These could be anything from yoga or meditation to just taking time to listen to music.

Treatments for physical symptoms

If exercise and relaxation haven't worked, there are treatments your doctor may suggest. You might need one or more of these treatments.

The **combined oral contraceptive pill** ('the pill') may help with physical symptoms such as bloating and sore breasts. The combined oral contraceptive pill is called 'combined' because it contains a combination of the hormones oestrogen and progesterone.

The pill may appeal to you if you also need contraception. But it's not appropriate if you want to get pregnant or if you have certain health problems.

The contraceptive pill has been used since the 1960s and is generally very safe. But it does have risks, such as increasing the chance of having a blood clot in your leg (called deep vein thrombosis), which can be dangerous.

Talk to your doctor about whether the contraceptive pill is right for you. There are different types, so you may find that one suits you better than others. If the contraceptive pill isn't

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right for you, your doctor may be able to prescribe other drugs that can help with physical symptoms.

Your doctor might also recommend medicines called **non-steroidal anti-inflammatory drugs** (NSAIDs). Examples include ibuprofen and naproxen. Some of these drugs are available without a prescription. They can help relieve some symptoms of PMS such as headaches and breast pain. They may also help if PMS affects your mood.

Treatments for other symptoms

If your symptoms are mainly to do with feeling anxious or emotional, your doctor may suggest you take **antidepressants** either all the time or just in the week or two before your period. Your doctor is more likely to suggest this treatment if you have moderate to severe PMS.

These drugs have side effects, which your doctor should discuss with you.

If your emotional symptoms are severe your doctor might also suggest drugs that help with anxiety, called **anxiolytics**.

Your doctor might also suggest a type of talking therapy, called **cognitive behaviour therapy** (CBT). Some women find this helps them to manage their symptoms better, and to cope better with stress. CBT is sometimes also used to help women cope with their physical symptoms.

Severe PMS that doesn't get better with treatment

If your symptoms are so severe that they are badly affecting your everyday life, and if they don't get better with any of the treatments mentioned above, your doctor might suggest surgery to remove one or both of your ovaries. But this will only be an option if you are not planning on becoming pregnant.

Diet and complementary therapies

Research suggests that women who get a lot of the B vitamins thiamine (B1) and riboflavin (B2) in their diet have less chance of getting PMS. But this benefit only seems to come from foods that contain these things, and not from taking them as supplements.

Foods rich in thiamine include seeds, beans, and peas. Foods rich in riboflavin include mushrooms, yoghurt, eggs, and almonds.

Calcium is the only supplement that seems to help with PMS symptoms.

Some women try supplements such as evening primrose oil or complementary therapies such as acupuncture. But research suggests that they don't work.

What will happen to me?

It's important to know that most treatments for PMS take time to work. You may need to wait for several months before your symptoms show much improvement.

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If you have PMS it is unlikely that your symptoms will stop by themselves, and it is likely that you will keep having symptoms until the menopause.

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