

PMS: Don't Worry, You're not Crazy!

It's a week before your period and you awaken feeling like a completely different person. You snap at your husband, stop at Dunkin Donuts for that chocolate covered doughnut you can't stop thinking about, and then break into tears as your boss tells you a coworker went home sick and you are stuck working late. It's just a sampling of the experiences many women face who cope monthly with PMS or premenstrual syndrome.

Approximately 5 percent of all women experience documented PMS. PMS can be elusive, however, to diagnose as there are over 150 different symptoms that have been documented including headaches, fatigue, forgetfulness, weight gain, breast tenderness, anxiety, and food cravings. It seems to occur most often in women between the ages of 26 and 35 who have cycle lengths of 25 to 28 days, and who report having experienced stressful life events in the preceding year.

Hormonal shifts are, of course, a normal part of a woman's monthly rhythm. For PMS sufferers, however, these hormonal shifts can result in significant life stress.

How is the condition evaluated? At a visit, Dr. Schwartz will talk with you about your medical history including your family history. Those with a history of migraine headaches, postpartum depression, and a higher than average intake of alcohol or chocolate are at higher risk for PMS. Those with a personal history or family history of depression are also at risk. Dr. Schwartz will also need to understand a woman's living situation, exercise habits, and diet. He will need to perform a complete physical exam including pelvic exam to rule out any other underlying conditions that may mimic the symptoms of PMS such as endometriosis or uterine fibroids. Certain laboratory tests will also be considered to rule out disorders such as anemia or hypothyroidism. Lastly, Dr. Schwartz will ask a woman to keep a careful record of her symptoms daily for at least two menstrual cycles. This is often the best way to see just how symptoms might be linked to the menstrual cycle.

What is available for treatment? Unfortunately there is no one universally effective treatment for everyone. The first step in treatment is usually lifestyle modifications including diet and exercise. Eliminating caffeine, alcohol, and sugary foods has been shown to help as has adding 20-30 minutes of exercise daily. Limit salt and consume at least eight servings daily of fiber-rich fruits, vegetables, whole grains, and/or legumes. Vitamin supplementation, though not directly proven in clinical studies, can be worth trying if diet and exercise alone prove not enough. Most commonly used is calcium (1000 mg) per day, magnesium (200 mg taken during the last half of the cycle, vitamin B6 (50 to 200 mg daily), and vitamin E (150 to 400 IU each day). These recommendations seem to have only a few studies showing any effectiveness; however, vitamin B6 has the most understood mechanism of action – it plays a role in serotonin metabolism which is key to relieving symptoms related to depression and mood swings.

If you think you may be experiencing PMS, make an appointment with Dr. Schwartz. He will help you determine what might be of most use to help you relieve your symptoms and rule out any underlying conditions that may be causing your symptoms. There are also prescription medications such as antidepressants that can be used in conjunction with diet, exercise, and vitamins to treat PMS. Take care of your PMS and feel like yourself every week of the month!

Our favorite PMS recipe:

The PMS Smoothie

From the book, Food and Mood by Elizabeth Somer

Ingredients:

4 dried apricots soaked in ½ cup apple juice, ½ cup nonfat milk, 2 tablespoons orange juice concentrate
1 banana, 2 kiwifruits-peeled, 3 tablespoons wheat germ, Ice (optional)

Remove apricots from juice. Combine all ingredients in a blender and blend for 3 minutes or until thoroughly mixed. Makes two 8 ounce servings. Sit back and Enjoy!