Premenstrual symptoms

The term premenstrual syndrome (PMS) describes a collection of symptoms, both physical and mental (psychological), whose incidence is related to the menstrual cycle.

Symptoms are experienced cyclically, started around time of ovulation and are apparent a week or more before menstruation begins, (usually from 2 to 14 days before the start of menstruation). Relief from symptoms generally occurs once menstrual bleeding begins. The cyclical nature, timing and reduction in symptoms are all important in identifying PMS.

Symptoms range from mild to very sever. The clinical features are:

- irritability
- o moodiness,
- tension
- Depression
- difficulty in concentrating and tiredness
- agitation
- o nervousness
- Anxiety
- o breast tenderness
- bloating abdomen
- o abdominal pain
- water retention
 - increase in weight
 - swelling of ankles and fingers
 - headache.

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• OTC drug treatment:

- There is some evidence that Vitamin B6 *(pyridoxine)* may reduce symptoms but the quality was poor. The mechanism of action of *pyridoxine* in PMS is unknown. It can be used in patient with minor symptoms but patient with moderate to sever PMS a referral is necessary.
- Women should be advised to stick to the recommended dose; higher doses of *pyridoxine* led to neuropathy.
- The *BNF* states that 'prolonged use of pyridoxine in a dose of 10 mg daily is considered safe but the long-term use of pyridoxine in a dose of 200 mg or more daily associated with neuropathy.
- There is a theory that is dietary vitamin E, Magnesium and Calcium can help to relief the symptom.
- *Evening primrose oil* has been used to treat breast tenderness associated with PMS. The mechanism of action of *evening primrose oil* in such cases is thought to be linked to effects on prostaglandins, particularly in increasing the level of prostaglandin E, which appears to be depleted in some women with PMS.
- The active component of *evening primrose oil* is *gamma-linolenic* (*gamolenic*) *acid*, which is thought to reduce the ratio of saturated to unsaturated fatty acids. The response to hormones and prolactin appears to be reduced by *gamma-linolenic acid*.