

Introduction

New Trends in Treating Premenstrual Dysphoric Disorder

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Premenstrual dysphoric disorder (PMDD) affects 3% to 8% of women with regular menstrual cycles. Symptoms of PMDD include a range of emotional and somatic symptoms that are limited to the luteal phase of the menstrual cycle (the last 14 days prior to menses) and that interfere with occupational and social functioning. Clinicians who care for women must differentiate PMDD from a spectrum of other conditions that may present with similar symptoms. PMDD is a discrete diagnostic entity with attendant suffering and impairment of functioning. This supplement derives from an academic roundtable of clinicians and researchers in which the clinical presentation, possible etiologies, and a spectrum of treatment options for PMDD were reviewed.

Clinically significant premenstrual symptoms have been recognized since ancient times; however, precise criteria for making a specific diagnosis of PMDD were not formally proposed until 1987. In her article, Jean Endicott, Ph.D., reviews the historical evolution of PMDD as a discrete diagnostic entity. This historical context sets the stage for discussion of how patients with PMDD present and what information is crucial for making the diagnosis.

Frank W. Ling, M.D., points out that patients with PMDD experience symptoms only during the luteal phase of the menstrual cycle, with a symptom-free interval after the menstrual flow and before ovulation. In his article, self-report instruments for diagnosis of PMDD are reviewed, as is the need to rule out medical and psychiatric conditions such as diabetes, hypothyroidism, major depression, and dysthymia, which have similar symptoms.

In a discussion of the pathophysiology of PMDD, Meir Steiner, M.D., Ph.D., F.R.C.P.C., and Teri Pearlstein, M.D., suggest that the precise etiology of PMDD is unclear. These investigators articulate the evolving consensus that an abnormal response to normal ovarian function (rather than any "hormone imbalance") is the trigger for PMDD-related neuromodulatory events, which can affect behavior and peripheral organs. One neuromodulatory system increasingly implicated in the pathophysiology of PMDD is the serotonergic system. Reproductive hormones affect noradrenergic, serotonergic, and dopaminergic neuronal pathways. However, dysregulation of the serotonergic system appears to play a particularly substantial role in the pathophysiology of PMDD.

Although over 30 studies describe the efficacy of selective serotonin reuptake inhibitors for the treatment of premenstrual symptoms, a number of alternative options may be effective, discussed here by Drs. Pearlstein and Steiner. Of recent popular interest has been a double-blind, placebo-controlled study of 466 women with premenstrual syndrome (PMS) in which calcium was effective in reducing emotional behavior and physical premenstrual symptoms. Other recent preliminary trials suggest possible efficacy of cognitive therapy and light therapy for the treatment of PMS.

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Symptoms of PMS occur along a spectrum; many women experience symptoms of PMS that are mild to moderate and may respond to a spectrum of behavioral and/or pharmacologic interventions. Nonetheless, a substantial number of women experience PMS symptoms of greater severity and meet criteria for PMDD. These patients experience symptoms that disrupt functioning in social and occupational domains and adversely affect quality of life. With this in mind, it is incumbent upon clinicians involved in the care of women to (1) inquire about symptoms of premenstrual distress, (2) diagnose PMDD, and (3) institute effective treatment.

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