

GENESIS Obstetrics & Gynecology

Bruce B. Banias, MD

3075 Governor's Place Blvd Suite 210

Kettering, Ohio 45409

Phone (937) 293-5200 • Fax (937) 424-5925

“Specializing in 3D/4D Ultrasound Imaging”

PMS

Women who have premenstrual syndrome (PMS) experience a variety of physical and emotional symptoms that occur each month from 2 to 14 days before their menstrual cycle. The symptoms usually disappear once the cycle begins. PMS may begin at any age and ends after menopause. Approximately 75 percent of women experience PMS to some degree, with 20 to 50 percent finding that symptoms disrupt their daily activities, and 3 to 5 percent becoming incapacitated.

Signs and Symptoms

PMS is often accompanied by the following signs and symptoms.

- Abnormal bloating and weight gain
- Breast swelling, tenderness
- Mood swings
- Depression and anxiety
- Skin disorders
- Changes in appetite, food cravings
- Changes in interest in sex
- Headaches, backaches, cramps
- Inability to concentrate, loss of interest in usual activities, confusion

What Causes It?

While the exact cause of PMS is unknown, the most popular theories include hormonal changes (estrogen excess or progesterone deficiency), hypoglycemia (low blood sugar), vitamin B₆ deficiency, abnormal metabolism of prostaglandin (hormone-like substances), excessive fluid retention, and endorphin (a substance in the brain that provides pain relief) withdrawal.

Who's Most At Risk?

Women with a history of the following conditions are at a higher-than-average risk for having PMS.

- Dysmenorrhea (painful menstruation)
- Depressive, mood, anxiety, or bipolar disorders (family history, too)
- Postpartum depression or psychotic episodes
- High stress

What to Expect at Your Provider's Office

If you are experiencing symptoms associated with PMS, you should see Dr. Banias. He can help make a diagnosis and guide you in determining which treatment or combination of therapies will work best for you. You'll need to chart your symptoms and their severity daily for one to two months. Dr. Banias will take a detailed history of symptoms, do a physical and gynecologic examination to rule out other medical conditions, and conduct a psychosocial evaluation. Certain laboratory and imaging studies may be used, such as a Pap smear, complete blood count, chemistry screen, fasting blood glucose test, and thyroid studies; others as necessary.

Treatment Options

Prevention

Reducing stress, increasing exercise, and making dietary changes around the time of menstruation can prevent PMS

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symptoms from worsening.

Drug Therapies

You may be prescribed the following medications.

- Diuretics, for bloating and water retention
- Analgesics, for headaches and cramps
- Beta-blockers and calcium-channel blockers, to prevent the onset of migraine headaches
- Prostaglandin inhibitors for painful menstruation
- Spironolactone for skin conditions
- Medications that block ovulation
- Bromocriptine for breast soreness
- Anti-anxiety medications
- Antidepressants
- Progesterone, for relief of symptoms

Women who are planning to become pregnant should avoid medications such as prostaglandin inhibitors, diuretics, spironolactone, and danazol. INFORM Dr. Banias immediately if you are or suspect that you are pregnant.

Surgical and Other Procedures

Women whose symptoms are severe and do not respond to treatment may need to undergo a hysterectomy, including removal of the ovaries, followed by estrogen replacement therapy.

Nutrition

Decreasing or avoiding caffeine (including chocolate), saturated fats, sugar, salt, dairy, meat, poultry, and alcohol can help reduce the intensity and duration of symptoms. Nutritional deficiencies may be addressed with these supplements.

- Vitamin B₆ (100 to 200 mg a day) with B-complex (50 to 100 mg a day)
- Magnesium (400 mg a day)
- Vitamin E (400 to 600 IU a day), especially with breast tenderness
- Essential fatty acids: omega-3 and omega-6 (3,000 to 4,000 mg a day for three months, then decrease dose by 1,000 mg every two months)
- Chromium (250 mcg one to two times per day) to reduce sugar cravings

PLEASE discuss the use of these nutritional supplements with Dr. Banias FIRST BEFORE YOU begin using them.

Prognosis/Possible Complications

Severe PMS can disrupt a woman's life. Psychological and emotional support as well as treatment of the physical symptoms may help.

Following Up

Ongoing follow-up and regular evaluations are necessary.

Patient Initials

Date

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