

# HOSPITAL PHYSICIAN®

## FAMILY PRACTICE BOARD REVIEW MANUAL

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## Premenstrual Syndrome

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## Premenstrual Syndrome

Louise Parent-Stevens, PharmD, BCPS, and Elizabeth A. Burns, MD, MA

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### PREFACE TO VOLUME 6

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The issue of women's health has received increasing attention in recent years. From the federal Office of Women's Health, to the federally funded Centers of Excellence in Women's Health, to statewide initiatives, to residency curricula, more attention is being paid to women as decision-makers and consumers of medical care. At the same time, concern has been raised about what physicians learn and practice when it comes to the care of their female patients.

Within the family practice setting, the majority of patients are women. Increasingly, they are a group of educated patients, expecting their family physicians to be aware of and sensitive to their specific health care concerns. Not surprisingly, a recent review of women's health topics on the family practice residency-in-training examination revealed that approximately 20% of the questions pertained specifically to the care of women (R. Williams, oral communication, November 2001).

With this reality as a background, the *Hospital Physician Family Practice Board Review Manual* will devote Volume 6 of the series to issues of women's health. Specifically, the volume will cover the topics of pelvic pain, premenstrual syndrome, domestic violence, and amenorrhea—all common, often challenging problems encountered in family practice that predominantly involve women. Pelvic pain and amenorrhea are frequently presenting symptoms. In contrast, many patients may not report premenstrual syndrome, believing it is something they must tolerate. All too often, the patient living with domestic violence will report other symptoms and injuries but be too embarrassed to admit what home life is like. The goal of family physicians should be not only to care for obvious conditions but also to uncover any that lurk in the background, in order to provide optimal patient care.

The authors of each part of Volume 6 are residency faculty who teach and practice in the area of women's health. It is their collective hope that the information and clinical cases presented will provide useful knowledge for the board examination and future practice.

*Elizabeth A. Burns, MD, MA*  
Series Editor

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### INTRODUCTION

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Premenstrual syndrome (PMS) is a broad term used to describe various physical and psychological symptoms experienced by most women in the 2 weeks preceding onset of menses. For the majority of affected women, these symptoms are annoying but tolerable. However, in a small percentage of these women, premenstrual dysphoric disorder (PMDD) will occur. The most severe form of PMS, PMDD is characterized by premenstrual symptoms that interfere with the patient's usual activities. Consequently, although PMS does not cause any direct physical sequelae, it can have a profoundly negative effect on the quality of life of affected women.

Using a case-based approach to illustrate its major points, this article will briefly review the definition, postulated etiology, epidemiology, and diagnosis of PMS and then provide a fuller treatment of its management. The discussion of therapeutic options will consider nonpharmacologic modalities, including lifestyle modification, dietary supplementation, and physical therapy, as well as traditional pharmacologic agents and alternative herbal products. A stepwise approach to the treatment of patients with PMS will be stressed.

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### CASE PRESENTATION

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During her annual physical and gynecologic examination, a 34-year-old woman states that she recently has experienced increasingly severe mood swings, becoming extremely irritable and angry during the week prior to onset of menses. She additionally reports having difficulty sleeping, experiencing fatigue, getting almost daily headaches, and feeling bloated and "puffy" during this week. Her symptoms diminish once menstruation begins. She is concerned about the strain these mood swings are putting on her marriage and family. She has no other known medical problems. The only medication she takes is oral contraceptives for pregnancy prevention. Results of her physical examination show no abnormalities.