Testing for premenstrual dysphoric disorder (PMDD) [1]

Dear Alice,

How do they test for PMDD? I think I may have it! My mood shifts dramatically, I'm extremely irritable, and I feel terribly uncomfortable around that time of the month, among other feelings.

Maybe PMDD?

Answer

Dear Maybe PMDD?,

Many women experience Premenstrual Syndrome (PMS), a condition that causes discomfort, irritability, and mood shifts seven to ten days before the onset of a woman's period. For some women, these symptoms interfere very subtly with day-to-day activities. However, three to eight percent of pre-menopausal women experience much more severe and even debilitating physical and emotional distress related to the premenstruation phase of the menstrual cycle. Women with these symptoms are sometimes diagnosed with and receive treatment for Premenstrual Dysphoric Disorder (PMDD). Although diagnosis can be difficult, there are many known treatments and lifestyle changes that can help to reduce the negative effects of PMDD.

Although the exact causes of PMS and PMDD remain unknown, researchers speculate that the imbalance of serotonin, a mood-altering chemical in the brain, plays a role in the development of PMDD. Normal cyclical hormonal changes throughout the menstrual cycle interact with serotonin, causing an imbalance that may result in the physical and mood-related symptoms of PMDD. For this reason, underlying mood disorders including depression and serotonin imbalance may be exacerbated by premenstrual hormone fluctuations.

Like PMS, there are currently no physical examinations or tests to help clinicians establish a concrete PMDD diagnosis. As an alternative, health care providers often suggest that a woman with PMDD symptoms keep a daily journal for at least two months in which she keeps track of the dates of her period and her physical, emotional, and behavioral changes throughout her cycle. Providers generally evaluate the journal to rule out the possibility of any mood or mental disorder that may get worse before menstruation. After ruling out other possible conditions through a complete history, pelvic exam, and psychiatric evaluation, women may receive the diagnosis of having PMDD if their symptoms match a range of criteria that are listed in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
These criteria are as follows:

**Criteria A**
To be diagnosed with PMDD, a woman must experience five or more of the following symptoms during most menstruation cycles for at least one year. These symptoms are often most severe right before menstruation, diminish during menstruation, and are absent after menstruation. Usually symptoms include at least one mood-related symptom, such as depressed mood, feelings of hopelessness, self-depreciating thoughts, anxiety, panic attacks, feeling overwhelmed or out of control, anger or irritability, increased interpersonal conflicts, decreased interest in usual activities and relationships, and trouble concentrating. Psychosomatic symptoms include lethargy, easy fatigability, lack of energy, change in appetite, overeating, specific food cravings, and trouble sleeping. Physical symptoms include breast tenderness, headaches, bloating, weight gain, and joint or muscle pain.

**Criteria B**
The disturbance markedly interferes with work, school, social activities, and/or relationships with other people.

**Criteria C**
The disturbance is more than the worsened symptoms of another disorder.

**Criteria D**
Criteria A, B, and C need to be confirmed by keeping track of daily symptoms for at least two months.

Alcohol, caffeine, lack of exercise [2], smoking [3], stress, being overweight, poor sleep habits [4], and having a mother with a history of the disorder are also associated with the development of PMDD. Health care providers may encourage the use of aspirin or ibuprofen to address pain associated with PMDD. Additionally, birth control pills and other hormonal therapies may be prescribed to address mood-related, psychosomatic, and physical symptoms of PMDD. Additionally, diuretics and maintaining a healthy, well-balanced diet [5] may help reduce bloating. Alternative treatments include nutritional supplements, herbal remedies, and lifestyle changes, such as avoiding emotional triggers and known stressors.

Cognitive behavioral therapy, support groups, couples therapy, anger management, and antidepressants are often helpful in the treatment of PMDD.

No one knows your body better than you. If you still think you may have PMDD, consider contacting your health care provider for more information. Once you explain your symptoms and feelings, you and your provider should be able to determine an appropriate action plan to address your concerns.

Hang in there!

Alice!

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PMS is driving me crazy! [12]

Resources

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