

patient
guide

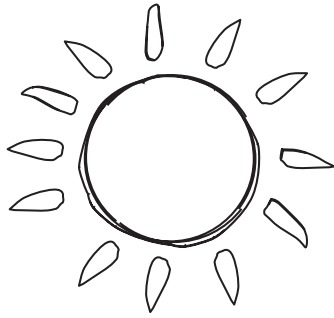
A Positive Approach

Premenstrual Syndrome
(PMS) and Premenstrual
Dysphoric Disorder (PMDD)

Written by

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Edited by Barb Komar and Jules E. Smith, MA, RCC



“sincerely try different things”

Acknowledgments

This manual also is indebted to previous work that has been published on premenstrual mood disorders. We have done our best to acknowledge throughout the text where material has been adapted.

Suggested Reading on PMDD and Related Topics

- Burns, David D. *Feeling Good* (1992, Avon Books) or *The Feeling Good Handbook* (1999, Plume Books). Extremely successful self-help books on depression and anxiety.
- Northrup, Christiane (1998). *Women's Bodies, Women's Wisdom*. New York: Bantam Books. A good section on the PMS, emphasizing the cyclical nature of women and appreciating the menstrual cycle as part of our inner guidance system. Provides a different view on diet and alternative therapies, not necessarily one we endorse.
- Sichel, D. and Driscoll, J.W. (1999). *Women's Moods*. New York: HarperCollins Publishers Inc. An excellent resource clearly explaining the role of hormones, the brain, and emotional health for women throughout their reproductive cycles.
- Seligman, Martin E.P. (1992). *Learned Optimism*. New York: Simon and Schuster. An excellent book for learning how to overcome a sense of helplessness in your life.
- Taylor, D. and Colino, S. (2002) *Taking Back the Month*. New York: The Berkley Publishing Group. Good educational book that focuses on lifestyle options for PMS.

Internet resources

www.bcrmh.com

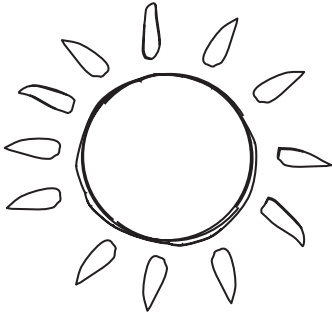
Reproductive Mental Health's website has information on PMS and PMDD.

www.PMDD.FactsForHealth.org

Comprehensive information on PMDD and referral help.

www.heretohelp.bc.ca

For wellness modules to help manage lifestyle factors that may contribute to PMS.



introduction

THIS MANUAL WAS WRITTEN AS A GUIDE FOR THE PMS EDUCATION SESSION AT BC WOMEN'S HOSPITAL. Many of you have been suffering alone with your symptoms for a long time. Today we hope that you will feel less isolated as you hear other women's stories, share your own story, and validate one another. In the session today, we will provide you with a more indepth understanding of PMS and choices of treatment and lifestyle changes. However, we encourage you to share your knowledge with the group and any types of treatment you have tried.

In society today, there is a negative feeling toward a woman having her cycle and experiencing PMS symptoms. Women and men alike are commonly heard saying, 'Oh, it's just her/my PMS'. Relieving PMS symptoms begins with a shift in attitude, a shift toward women themselves thinking differently about their cycles and a move toward honoring the miracle of menstruation.

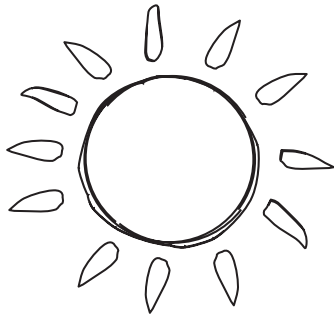
The menstrual cycle, a long time ago, was viewed as a source of wisdom for women, and was celebrated as a source of female power. As you sit through the session, we encourage you to reclaim this time, tune in to your cyclic nature and allow it to direct your life in a meaningful, positive way.

We hope that you learn a great deal today. It's difficult sometimes to accept that there is no magic bullet, no one time solution for PMS. However, there are many different things you can try that can make a great difference to your physical symptoms and mood. It's important not to give up but sincerely try different things. Learn all you can by reading and talking to others about PMS and continue to explore and experiment.

At the PMS clinic, we commend all of you for taking the time and effort to seek help and for taking responsibility for your health. PMS and PMDD are real entities and can be helped. If you are not able to attend the Education Session, we believe you will find the information that follows helpful.

Respectfully, BARB KOMAR and
the REPRODUCTIVE MENTAL HEALTH STAFF

**Relieving PMS symptoms
begins with a shift in
attitude, a shift toward
women themselves thinking
differently about their cycles
and a move toward honoring
the miracle of menstruation**



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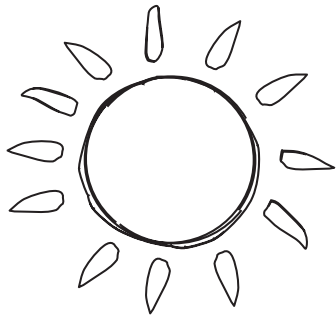
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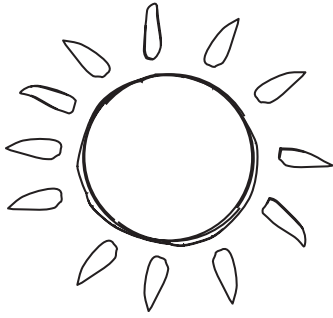
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a positive approach

Premenstrual Syndrome
(PMS) and Premenstrual
Dysphoric Disorder (PDD)

information



**“great progress has been made
in understanding PMS”**

Definition of PMS:

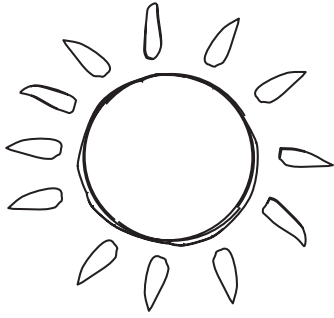
- PMS is defined as the cyclical recurrence of symptoms
- Physical, psychological, and /or behavioral,
- That occur after ovulation and disappear within a few days of onset of bleeding.

These symptoms affect how women function in daily life, often interfering with work, school or personal relationships.

Commonly Reported Premenstrual Symptoms

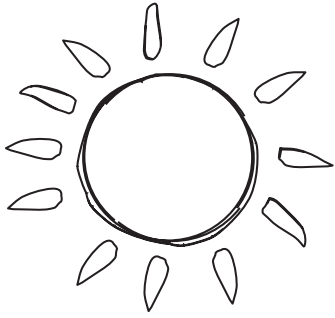
- Women report more than 100 physical and psychological symptoms which affect almost every organ system of the body.
- Most women experience 10-12 symptoms which are persistent, and occur repetitively on a monthly basis prior to menstruation.

Symptom chart on the next page is taken from *Women's Moods*, D. Sichel and J. Watson Driscoll, p. 124-5



information

symptom chart		
PHYSICAL	EMOTIONAL	BEHAVIORAL
Headaches, migraines	Irritability	Food cravings: savory or sugary
Breast tenderness	Depression, tearfulness	Decreased interest in activities, work, relationships
Abdominal cramps	Anxiety, nervousness	Social isolation
Bloating, weight gain	Mood changeability	Wanting to be alone
Skin changes, acne	Anger, rage, hostility	Avoidance of activities
Hot flashes	Oversensitivity, feeling easily overwhelmed	Poor concentration
Diarrhea, constipation	"Raw" feelings	Clumsiness
General malaise, nausea, lack of appetite	Tremulousness	Decreased libido
Palpitations	Jumpiness	Slower, muddled thinking
Weight gain	Fleeting negative thoughts	Increase in alcohol consumption
Fatigue	Sensitivity	Increased food binging



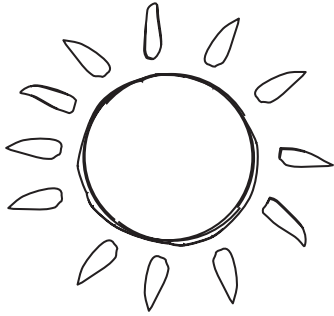
“pms is a physiological occurrence”

Premenstrual Syndrome (PMS)

- In the past two decades, great progress has been made in understanding PMS.
- The week before menstruation,
 - About 80% of women commonly experience a combination of mild to moderate physical and emotional symptoms which typically don't interfere with their usual level of daily functioning.
- These symptoms are the body's way of alerting the woman that her period will begin shortly.
- When one or more of the symptoms is mild to moderate but becomes bothersome or concerning to you, a diagnosis of Premenstrual Syndrome can be applied.
- The term PMS is used with the presentation of milder physical symptoms and more minor mood changes.
- PMS is a physiological occurrence.

Premenstrual Dysphoric Disorder (PMDD)

- The term PMDD is another way of saying 'severe PMS'.
- Dysphoric means a sense of disquiet, restlessness, or malaise.
- PMDD used to be called Late Luteal Phase Disorder.
- For about 3 - 8% of the women, the cyclical symptoms are so severe that they interfere with their daily functioning and/or personal relationships.
- Mood changes are major shifts, and are extremely difficult to live with.
- Symptoms are usually markedly emotional,
 - characterized by mood swings, or depressed mood, irritability, and anxiety,
 - as well as physical symptoms.
- Many women feel overwhelmed or out of control.
 - Some fear they may hurt themselves, their children, or others.



information

- PMDD is a disorder that can arise at any age but often appears first in a woman's mid- 20s and worsens when women begin perimenopause.
- The symptoms disappear during pregnancy and after menopause but they may become worse during perimenopause.

Please Note:

- PMDD is a physiological problem, not an emotional one.
- It is a brain/biochemistry problem, one that results in mood and behavioral distress.

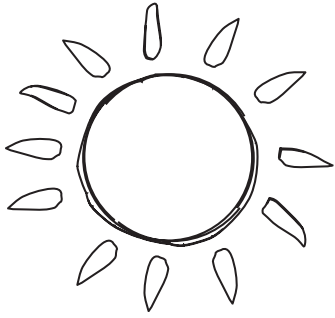
YOU DID NOT MAKE YOUR PMS/PMDD HAPPEN; IT IS NOT YOUR FAULT.

Causes

- PMS/PMDD still isn't fully understood.
- Fluctuating levels of estrogen and progesterone may influence the brain's serotonin levels.
- With the decreased level of serotonin, a neurotransmitter, during the luteal phase, mood regulation is disrupted.

The longer answer

1. **The current consensus is that the ovaries are functioning normally.**
 - a. That is, the monthly hormonal fluctuations are "normal" (there is not an imbalance between estrogen and progesterone).
 - b. But, for some reason some women are very sensitive to the fluctuations –
 - c. This results in severe premenstrual symptoms.
2. **Another way to think about this –**
 - a. The brain is self-regulating and has adaptive abilities.
 - b. When the brain is strained, its delicate biochemistry can become unbalanced.



“treatment should be individualized”

- c. With PMDD, the “normal” hormonal changes can strain the brain and shift the balance – then mood is profoundly affected.
- d. While the brain can deal with additional demands, it has limits too.
 - i. Daily life, with all its demands and stressors, contributes to brain strain.
 - ii. Therefore, it is important to practice good selfcare: diet, exercise, sleep, rest and relaxation, de-stressing, working through issues, spirituality and so on.

3. Research suggests that when a woman experiences symptoms the week before her period,

- a. There is a temporary chemical dysregulation in the limbic and prefrontal mood pathways in the brain,
- b. Specifically, the serotonin pathway and inhibitory neurotransmitter gamma-aminobutyric acid (GABA).

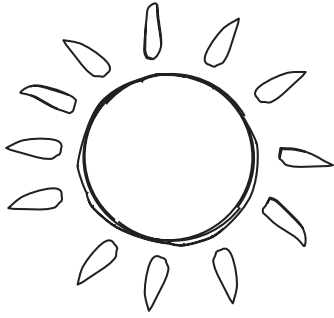
Therefore, the most effective treatments enhance serotonin activity.

4. It is thought that another factor may be individual variations in the metabolism of progesterone.

- a. Progesterone metabolites may have an impact on the GABA neurotransmitter system.
- b. Another theory implicates the body’s natural opioid system.

Bottom line

- We don’t know what causes PMDD.
- It’s probable that PMS arises from more than one reason.
- Therefore, treatment for women should be individualized and tailored to their specific needs.



Menstrual Cycle

- It's helpful to understand the anatomy of your menstrual cycle since PMS/PMDD occurs in the context of menstruation.
- While your cycle is a multi-faceted biological process, remember it is an important part of being female.

Let's look at the phases of your cycle

1. The starting phase of menstruation (menarche) – is about 12 or 13 years of age.
2. The next phase is during childbearing years – years of optimal operation.
3. Then the phase of decline (perimenopause) – where the ovaries gradually stop working.
4. Finally, menstruation stops completely (menopause – ovaries stop functioning and producing hormones).
 - Most women who menstruate normally have a fairly predictable cycle.
 - The cycle can vary from 25 to 35 days.

A typical 28 day cycle

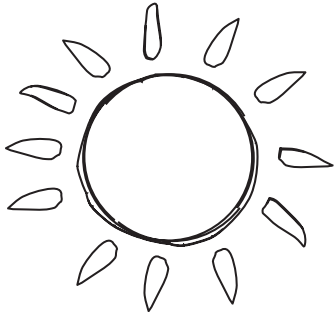
Menstrual phase	Days 1 to 5
Follicular phase	Days 1 to 12 (overlaps with menstrual phase)
Ovulatory phase	Days 13 to 15
Luteal phase	Days 16 to 28 (premenstrual phase)

Menstrual phase: Days 1 to 5

- Day 1 is the first day of bleeding/spotting.

Follicular phase: Days 6 to 12

- Occurs after period ends.
- Estrogen and progesterone (made by the ovaries) cause changes in the lining of the uterus.
- Ovarian follicles (or eggs) start to mature (one will be released during ovulation).



“the timing of symptoms is the key to making a correct diagnosis”

Ovulatory phase: Days 13 to 15

- Egg is released on about day 14 (in a 28 day cycle).

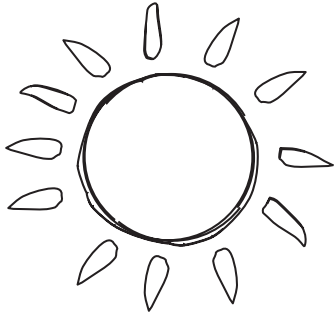
Luteal phase: Days 16 to 28 (the PMS/PMDD phase)

- The time period from ovulation to the onset of your period
- Typically lasts 14 days in a normal menstrual cycle
 - Corpus luteum is formed on the ovary
 - And this cellular structure produces **high levels of estrogen and progesterone**
 - Uterus/womb is prepared for pregnancy
 - If the egg (or follicle is not fertilized by a sperm, the corpus luteum begins to degenerate,
 - Which causes levels of **estrogen and progesterone to decrease** and
 - With decreased levels of the hormones, the uterus begins to shed its lining (you have your period – and this is the start of a new cycle)

Diagnosis

Since most of the symptoms of PMDD are the same or similar to Major Depressive Disorder, the timing of symptoms is the key to making a correct diagnosis.

- PMDD gets better once menstruation starts, but depression stays the same.
- There are no objective diagnostic measures - specific medical blood or urine tests, available to clearly provide a diagnosis of PMDD.
 - Sometimes laboratory tests are done to rule out the possibility of other illnesses such as anemia and thyroid disease which can have similar symptoms such as fatigue.
 - Women often ask why we can't measure hormone levels and make a diagnosis.
 - There has been a great deal of research examining female hormone levels, like estrogen and progesterone, during the menstrual cycle in women with PMDD and in women without the disorder and **no meaningful differences were found.**



information

- Keeping a daily diary and rating symptoms over at least two menstrual cycles is the best way to confirm a diagnosis of PMDD.
- The doctor will want to review your charting as well as obtain a detailed history of your premenstrual symptoms, and obtain a complete medical and psychiatric history, including the medications you are taking.
- It's important for you to tell the doctor about any and all medical and emotional problems you might have. Don't leave anything out!
- The attending psychiatrist may also recommend you have a physical examination by your GP or may refer you to a gynecologist for a consultation.

Criteria for PMDD:

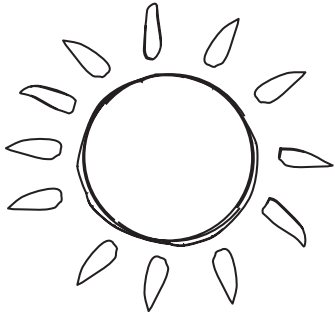
A. In most menstrual cycles during the past year, the patient has experienced at least five (5) of the following symptoms during most of the last week of the luteal phase, these symptoms began to remit within a few days of the follicular phase and were absent in the week postmenses (at least one of the first four symptoms must be present):

- In other words – at least five (5) bothersome symptoms occur the week before your period begins and disappear within three days of the onset of bleeding. The symptoms of PMDD are gone completely during the week after menses.

Luteal phase: corresponds to the period between ovulation and the onset of bleeding/menses.

Follicular phase: begins with bleeding/menses.

For women who have had a hysterectomy, the timing of luteal and follicular phases may require measurement of circulating reproductive hormones.



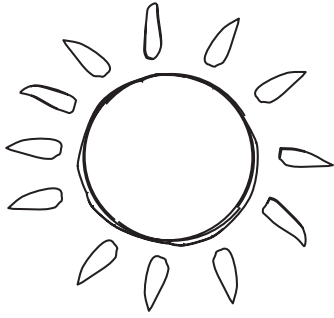
“keep a daily diary and rate your symptoms”

Symptoms

- Markedly depressed mood, feelings of hopelessness, or self-deprecating thoughts (*more than just feeling sad or “blue”*)
 - Marked anxiety or tension (*feeling “keyed up” or “on edge”*)
 - Marked affective lability (*severe mood swings, feeling like Dr. Jekyll, Mr. Hyde; feeling suddenly sad or extremely sensitive to rejection*)
 - Persistent and marked anger or irritability or increased interpersonal conflicts
 - Decreased interest in usual activities (*work, school, friends, hobbies*)
 - Subjective sense of difficulty concentrating
 - Lethargy, lack of energy
 - Marked change in appetite, overeating or specific food cravings
 - Hypersomnia (*sleeping too much*) or insomnia (*difficulty initiating sleep, middle of the night or early morning waking*)
 - A sense of being overwhelmed or out of control
 - Physical symptoms, including breast tenderness or swelling, abdominal cramping, headaches, joint or muscle pain and others
- B. Marked interference with work, school, or usual activities and relationships with others. (*It’s important to distinguish PMDD from less severe PMS – is there a great change? Do you avoid social activities, are you as productive and efficient?*)
- C. Not merely exacerbation of symptoms of another disorder (*depressive disorder, panic disorder or a personality disorder; sometimes symptoms of another medical or psychiatric disorder can be confused with those of PMDD and being clear about the diagnosis enables the patient to receive the appropriate treatment*)

* Criteria A, B, and C must be confirmed by prospective daily ratings during at least two consecutive symptomatic cycles to make a diagnosis.

Source: *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition*.
Washington, DC: American Psychiatric Association, 1994.



information

Contributing Factors

Genes

You may be at greater risk of PMDD if:

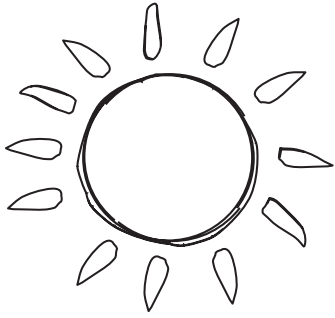
- You have a prior history of depression.
- You have a prior history of postpartum depression.
- There is a history of depression in your family members.
- There is a family history of PMDD.

Influencing Lifestyle Factors

- Stress: *ongoing* sources may be children, partner, parents, work or other
- Stressful life events: may be loss, moves, job changes, unexpected life events
- Poor eating habits
- Coffee/caffeine in excess
- Alcohol in excess
- Lack of sleep
- Lack of social support
- Lack of exercise/sedentary
- Lack of motivation
- Weight gain

Interpersonal Conflicts

- Relationships that are difficult and unfulfilling lead to low self-esteem.
- When relationships are emotionally stressful,
 - where there is a predominance of anger, fear, frustration, sadness, betrayal, and bereavement,
 - the brain tries to cope but may feel the strain predisposing a woman to PMDD.



“become educated about your cycle”

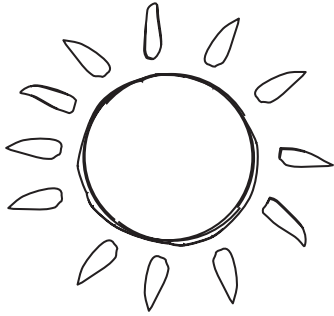
- On the other hand, it's important to ask yourself if the relationship problems are occurring as a result of PMDD.
- Ask yourself, 'what needs to be different in this relationship/situation to reduce stress?'
- Ask yourself, how are you getting along with the people in your life?
 - Socially?
 - At work?
 - With your partner?
 - Does the PMDD cause conflicts in your relationships or do the conflicts cause you to have greater PMDD symptoms?
 - What effect does the family have on your symptoms and how do you affect your family as you have PMDD?
 - Do you have enough support from people you care about – family? friends?

Intra-personal Conflicts

- Do you have issues from the past that have not been resolved such as an abusive relationship or family of origin issues?
- Remember, PMS can be seen as **an introspective time** where you are looking at yourself with a magnifying glass so that any issues that have been buried come closer to the surface.

Lifestyle Choices

1. Become educated about your cycle and develop awareness/insight:
 - Read all you can about PMDD – books, journals, magazines, internet, and so on.
 - **Learn!** Be your own scientist, chart, attend educational sessions, ask questions to your healthcare provider.
 - Education will help you to develop a positive attitude toward your cycle and PMS.



information

2. Charting:

Approach charting with a sense of curiosity and pretend you are a scientist!

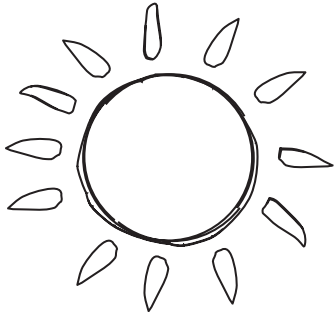
- For some women, a diagnosis is easily made just based on the history they present.
- For many others, however, trying to remember symptoms from the past and identifying patterns can be difficult and at times, misleading.
- The best way to confirm a diagnosis of PMDD is to do daily charting for at least two menstrual cycles.

The purpose of charting is to:

1. Identify symptoms and particularly the timing.
2. Learn more about when symptoms occur and what may make them worse or better.
3. Provide a picture of when symptoms are occurring in relation to the menses:
 - Which symptoms are related to the cycle?
 - Which symptoms are present at other times too?
4. To facilitate an accurate diagnosis and treatment protocol.
5. To facilitate changes in lifestyle that lead to meaningful reduction in some symptoms.
6. To reschedule events when possible.
7. As a tool for explaining issues to healthcare providers or family.
8. As a guidance to whether treatments are working.
9. For self-acceptance/validate your experience.
10. To empower yourself in order to convey to others what your needs are at this time.

Daily Symptoms Charting Instructions:

1. **Begin charting on the first day of menstruation.**
 - a. This is referred to as day 1 of your menstrual cycle.
 - b. When you are spotting, this is considered the first day.
 - c. Fill in the date in box #1.
 - d. Shade in the box to indicate blood flow or mark it with an X if you are spotting.
2. **For each symptom,**
 - a. Rate from 1 = noticeable but not troublesome
 - b. Rate from 2 = interferes with normal activity
 - c. Rate from 3 = temporarily incapacitated
 - d. Leave the box blank if you do not experience the symptom.
3. **Record each day at the end of the day.**
4. **Under Lifestyle Impact**
 - a. If the listed phrase applies to you that day, enter an X.
5. **Under Life Events:**
 - a. If you experience one of these events that day, enter an X.
 - b. Experiences: For positive (happy) or negative (sad or disappointing) experiences unrelated to your symptoms, specify the nature of the events on the reverse side of this form.
 - c. Social Activities: Implies events such as a special dinner, show, or party, etc. involving family or friends.
 - d. Vigorous exercise: Implies exercise lasting at least 30 minutes in duration.
6. **Under medications,** list the medications, herbs or other supplements you are trying. Indicate with an “x” the days you take it.
7. **This chart is for you to gain a better understanding of your symptoms, so please personalize it and make it your own.**
 - Make notes on the backside of incidents that occurred and anything you suspect to be relevant to your PMS.



“focus on honoring your cycle and creating balance”

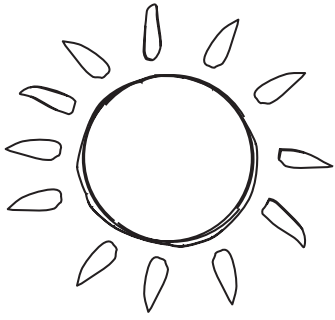
Positive Aspects of the Premenstrual Phase of the Cycle

Many women report that:

- They feel more creative.
- They are more reflective of themselves and others in their lives.
- They gain a voice, being more expressive or vocal.
- They become assertive.
- They are more physically sensitive and can have better sex.
- They are more aware of their needs.
- They are more sensitive emotionally and physically, and may even see the colors in the world more vividly.
- They may have more energy.
- They may feel a surge of self-confidence.

Honoring your cycle

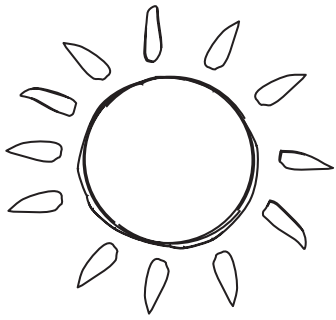
- One of the greatest gifts of being a woman is the ability to feel and express one's deep emotional life.
- However, in modern life, the delicate hormonal balance can be thrown off by working long hours, sleeping little, daily stresses, eating poorly and so on.
- This in turn can lead to emotional imbalances.
- When you experience an emotional imbalance during PMS, it is a powerful warning sign to address and resolve the underlying imbalance.
- PMS sometimes can be seen as a woman holding a magnifying glass that illuminates her wants, needs, hopes, dreams, yearnings, and issues.
- As you chart each day, focus on honoring your cycle and creating balance.



a positive approach

Premenstrual Syndrome
(PMS) and Premenstrual
Dysphoric Disorder (PDD)

treatment options



treatment options

1. lifestyle / a focus on self care **PAGE 23**

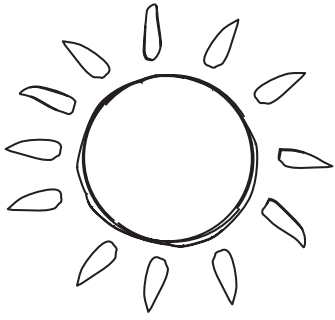
- Physical activity
- Improved sleep
- Improved diet
- De-stressing
- Making time for self
- Rest and relaxation
- Connection to others/support
- Spirituality
- Counselling/ Psychotherapy

2. counselling and pyschotherapy **PAGE 30**

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5. non-medication therapies **PAGE 43**



treatment options

1. **lifestyle** / physical activity

Physical Activity

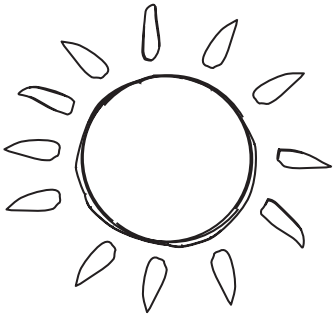
- Some studies indicate that regular aerobic exercise appears to lessen premenstrual symptoms.
- PMDD experts recommend exercise most highly as a lifestyle treatment strategy.

Exercise

- Provides a sense of well being, mentally and physically.
- Provides an outlet for excess energy.
- Relieves body tension that can contribute to irritability and anger.
- Improvement in physical fitness is associated with improved energy.
- Boosts endorphins.
- Relieves stress.

How do I start? *Have fun!!*

- Start experimenting with different types of exercise in your non premenstrual phase, when you are feeling good.
- Focus on enjoyment and challenge: find something that gives you pleasure. Explore!! Try different activities until you find one that fits for you.
- Do your activity daily if possible, for at least 30 minutes, uninterrupted. (*Recommendation: Aerobic exercise at least 3 times per week for 30 minutes, throughout the cycle.*)
- It's ideal to choose more than one activity and alternate; also choose aerobic (*cardiovascular*) and anaerobic (*weight training or yoga*) exercises.
- Realize that it may take a month or two to establish regular exercise.
- Set small, achievable goals and be patient.
- Be kind to yourself and give yourself pats on the back if you do anything extra: **SMALL STEPS COUNT!** *Remember, nothing changes overnight.*



1. lifestyle / sleep

Improved Sleep

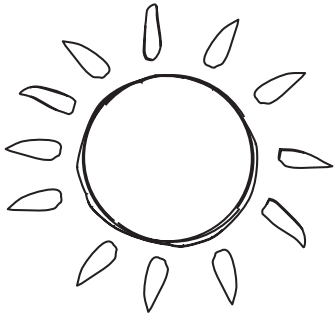
The beginning of health is sleep.

- Irish proverb

- Women who suffer with PMDD often suffer with disrupted sleep patterns.
- Sleep disruption can also lead to a worsening of PMDD symptoms and mood problems.
- **Having a good nights sleep cannot be overestimated.**
 - We know that sleep helps to reset our brain biochemistry and allows it to self-regulate.
- Sleep eases PMDD symptoms such as irritability, and anxiety and depression.
- Sleep allows the brain and body to rest and recharge itself.
- Poor sleep can lead to more anxiety and depression.

It's important to ask yourself:

- Am I getting a good sleep each night? Or do I have trouble getting to sleep or staying asleep? Is my sleep disturbed and restless? Do I often wake up too early in the morning and have trouble getting back to sleep? Or do I sleep too much?
- Do I go to bed at a reasonable hour? Have regular bedtime and rising times?
- How many hours do I sleep each night? Is this enough?
- Have I created a good sleep environment?
- Do I nap? Would naps benefit me? Or do they disrupt my nighttime sleep?
- Am I avoiding strenuous activity, exercise, heavy meals, caffeine, and bright light for at least one hour before going to bed?
- Am I using alcohol, tobacco, drugs, or over-the-counter sleeping medications?
- Is my lifestyle frenetic? Am I working too much? Doing too much? Overdoing it?
- Am I getting enough physical exercise?



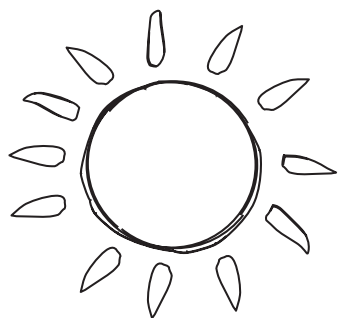
treatment options

1. lifestyle / sleep

Sleep Hygiene: Do's and Don'ts

1. Do set up a regular rising time.
2. Get up at the same time each day, including week-ends: Limit total sleep time.
3. Don't go to bed too early.
4. Do go to bed when you feel sleepy.
5. Don't take naps!
6. Do try to exercise during the day.
7. Avoid stimulating activities, exercise, heavy meals, and bright light for at least one hour before going to bed.
8. Don't drink alcohol for at least 2 hours before bedtime.
9. Reduce or cut out caffeine and be sure not to have any after 2 pm.
10. Don't smoke for at least 4 hours before bedtime: Reduce or cut out!
11. Do manage daily stresses by making a to-do list for the next day.
12. Do have a light carbohydrate snack like milk and cookies before bed and/or a hot bath.
13. Unwind/relax before bed!
14. Save your bedroom for sleep.
15. Create a good sleep environment: comfortable, not too warm or cold, with minimal light and noise.
16. Practice breathing exercises or use distraction strategies such as music when attempting to get to sleep.
17. Soak your feet in hot water for 15 minutes.

It is essential to your PMDD symptoms as well as your overall health to get a good night's sleep. Make the effort! It's worth it!



1. lifestyle / nutrition

Nutrition in the Management of PMS Symptoms

Some websites and women's magazines recommend supplementing with specific vitamins, minerals and herbs to improve PMS symptoms. Most of these are not proven by scientific testing.

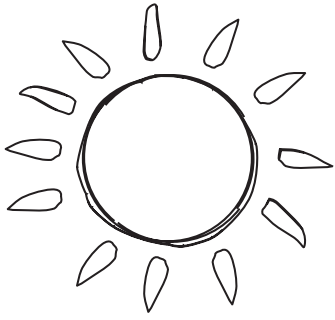
There is some research suggesting an adequate carbohydrate intake increases brain serotonin levels leading to improvements in mood. Many women report premenstrual cravings for rich sources of carbohydrate such as chocolate bars, cookies and cake. It is okay for women to have a small amount of these. However, healthy eating including grains, fruits and vegetables is the best way to ensure an adequate carbohydrate intake. Eating at regular intervals and including a source of protein (e.g. meat, fish, poultry, dried beans or tofu) will help to prevent low blood sugars and control hunger and cravings.

Carbohydrate is not the only nutrient which may affect PMS mood swings. Calcium at an intake of 1200mg per day has been shown to improve all of the symptoms of PMS to some degree. This intake can be met through 3-4 dairy servings depending on other foods selected.

Whether other vitamins, minerals and herbs have a role in controlling PMS symptoms is not clear cut. Women who wish to try them should first consult their physician. They need to be aware of safe amounts, side effects and possible problems when taken with other medications.

Finally, the stimulants caffeine and alcohol should also be considered. Caffeine may increase symptoms of anxiety and sleeplessness while alcohol may increase symptoms of depression and sleeplessness.

Can nutrition help you manage PMS symptoms was developed at BC Women's Hospital and Health Centre (provided as an appendix at the back of this manual). Used in conjunction with *Food Track: Check on Balance* (provided as a supplement when you purchase this manual), it can help women come up with nutrition strategies to help them manage PMS symptoms.



treatment options

1. **lifestyle** / de-stressing / time

De-stressing

- Stress is a direct contributor to PMDD – but does not cause it!
- By managing stress and not letting it build up over time, women place themselves in a good position to lessen the impact of PMDD.
- De-stressing includes any activity that helps to relieve life's pressures and get the emotional impact out of the body.
- This can be done using a variety of activities that contribute to leading a balanced life.

Example: exercising, having a weekly lunch with a friend, doing a pleasurable activity and so on.

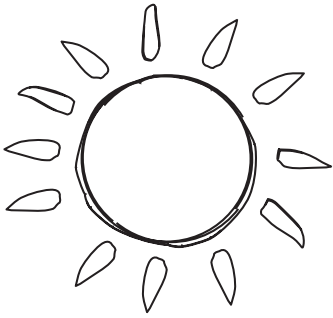
– We can't avoid stress as it is part of everyday life, but we can choose to use coping skills that work, problem-solve and challenge negative thoughts.

- Sometimes we must lighten up on ongoing responsibilities.

Example: if you're very busy with a particular project, perhaps eat out more often or use frozen foods, or have a less neat house.

Making Time for Yourself

- As women, we often forget to take time for ourselves.
- Some women believe that this is simply one of the prices of being a woman in this day and age.
- However, when we fail to give time to ourselves, we do not honor or even acknowledge our needs or personhood.
- Some women, in fact, forget who they really are or feel like they have lost themselves.
- When this happens, greater stress and emotional pain is added to the premenstrual time.
- Therefore, in order to be in a good state for PMDD, a woman should give herself at least a few minutes each day doing something only for herself.



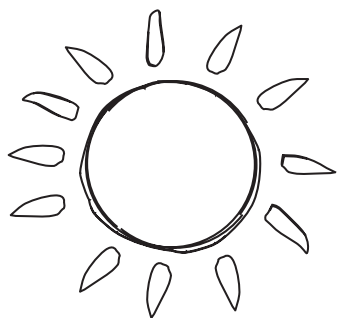
1. **lifestyle** / rest and relaxation

Rest and Relaxation

- Focus on being rested and learn new ways to slow your day.
- Our minds, bodies, and spirits need time to be quiet and still.
- Learning to relax can be a difficult habit to develop.
- Downtime is essential.
- Create your own personal relaxation ritual.
- In this way your spirit will expand and you will do what you know is good for you.

Examples: Lay down, nap, yoga, meditation, sit in nature, walk somewhere pretty.

- Give this time as a gift to yourself.
- Give yourself permission to rest, permission to pamper yourself, permission to nap.



treatment options

1. **lifestyle** / connections / spirituality

Connection to Others and Social Support

- The basic human need is to be connected to others and have intimacy.
 - As social creatures, women thrive in a supportive environment.
 - Sometimes we have to create new support systems.
 - Brainstorm what you need in your life in terms of relationships that are healthy, equal, supportive and think of creative ways of creating this in your life.

Examples: You may join different groups to meet like minded people and develop meaningful, fulfilling relationships that will enrich your life.

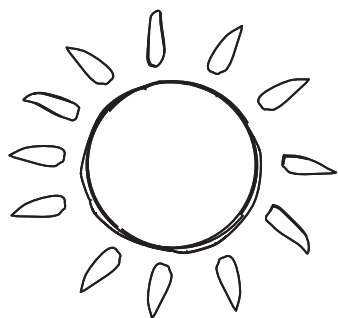
Ideas include: hiking groups, bible studies, book clubs, running club, women on water kayaking, mother's groups and so on.

Spirituality

- What do you do that helps you feel joy? Feel uplifted?
- How does your life make sense to you?
- What gives your life meaning?
- Reconnecting to your spirituality is reconnecting to the essence of your nature.
- We encourage you to take the time, and make the effort.

EXAMPLES:

Time alone	Being in nature	Creative activities
Music	Relationships	Journaling
Fresh flowers	Observing beauty	Religion

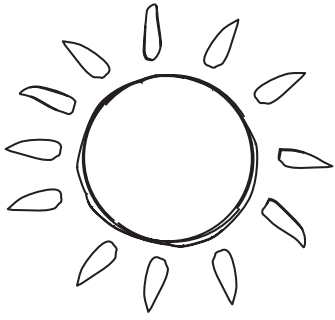


2. counselling and psychotherapy

Counselling and Psychotherapy

- Moving through life, we all experience pain. Often we do not effectively deal with the pain and instead it gets buried deeply.
- Over the years, a great amount of pain and regret can accumulate. The problem is that although it happened in the past, the impact does not go away unless it is processed; in other words, in a sense, it's still in the present.
- During PMS, which can be an introspective time, the pain becomes more significant and larger for ourselves and for others to see.
- Instead of wearing the pain deep inside where no one can see, we wear our pain as a large placard sign around our neck.
- Counselling or psychotherapy can be helpful in that a therapist can help you to process the pain and the issues so that they no longer need to be buried or negatively interfere with your life.
- Therapy helps in the process of learning more about yourself and developing awareness (promotes insight).
- Therapy is strongly recommended for PMS patients, to help in the healing process, and to make lifestyle changes.
- There are many types of therapy to choose from but it is most important to find a therapist you can trust, and one who provides a warm and nurturing environment.
- Some of these therapies include
 - Cognitive Behaviour Therapy,
 - Family and couples Therapy
 - Supportive Psychotherapy

To find out more, and a provider in your community go to www.counsellingbc.com



treatment options

2. counselling / emotions / assertive

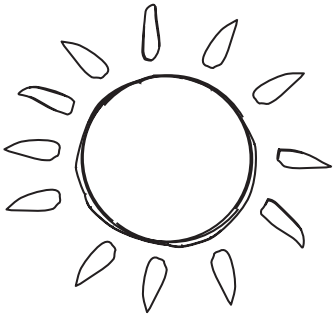
Psychoeducation

Education for women with PMDD and their families is a critical component to all treatment programs.

- Main goal is to help the woman with PMDD and her family understand:
 - The disorder
 - Available treatment options
 - Strategies to manage the disorder effectively

Coping with Difficult Emotions: Anger Management

- Irritability and anger are often key symptoms for women suffering with PMS and PMDD.
- Women who feel unwell a good part of the month, combined with a great deal of irritability, may begin to express their frustration in an unhealthy way.
- As relationships become strained and anger begins to increase, women may develop destructive patterns of expressing anger.
- Anger management workshops can help women suffering with PMS to reclaim their anger as a normal and healthy emotion, and learn to express it in a constructive way.
- Anger management helps women to move from reacting to choosing responses.



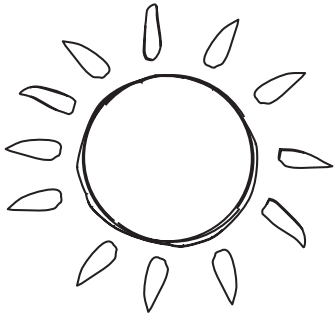
2. counselling / childhood / family

Assertiveness Training

- As women, we are often raised to put others needs ahead of our own.
 - We are care givers, and not as often care-receivers.
- Women who suffer with PMDD, often feel overwhelmed and have difficulty coping with the weight of work, partner, children, and home.
- Even for women who recognize the need for help, asking others for help may be hard.
 - There may be a feeling of shame or fear for asking for support.
 - Sometimes women may not know how to ask for help.
- Assertiveness training can help women learn how to meet their needs and thus make the PMS time more manageable physically and emotionally.
- Interactions with others that are a source of considerable stress can be reduced by learning how to stand up for your legitimate rights, without bullying others or by letting them bully you.

Childhood/Family of Origin Issues

- Some women struggling with PMDD have had difficult experiences in the past that have not been resolved and surface cyclically.
- Part of the healing process can be uncovering these “psychological wounds” and dealing with them in therapy.
- Although these emotional injuries can be painful to work through, it is worth going through.
- One can think of these root problems as one thinks of slivers. While it may be painful to remove the sliver, once it is gone, the real healing has a chance to occur.
- These root issues may be dealt with by personal reflection or reading self- help books and/or with the help of a therapist.



treatment options

3. medications

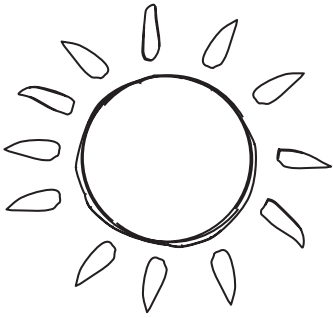
OTHER ALTERNATIVES TO CONSIDER:

Relaxation therapy	Yoga
Interpersonal therapy	Meditation
Rational emotive therapy	Mindfulness Stress Reduction

and many others.

Medications

- Medications do not “cure” PMDD but they can greatly relieve symptoms and help get a person’s life back in order.
- Medication is not always necessary to treat PMDD but given that PMDD symptoms can be so severe, lifestyle changes such as exercise, nutrition, and other therapies may not be adequately effective on their own.
- Medications known as SSRIs (selective serotonin reuptake inhibitors) are the most effective medication available at the present for treating PMDD.
 - These antidepressants have strong effects on serotonin, a chemical neurotransmitter in the brain.
 - Action of SSRI’s
 - A. They increase levels of serotonin in the gap between brain nerve endings.
 - B. They help you feel less irritable and less unwell and with PMDD symptoms they work quickly. This suggests a different mechanism of action than in the treatment of depression. For depression, medication usually takes 2 – 6 weeks to work.
 - C. Some women with PMDD say that within 48 hours of starting medication they feel calmer. We also see that it works within the first cycle.

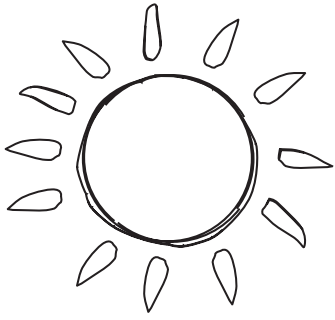


3. medications

Recommended SSRI Dose In Premenstrual Dysphoric Disorder		
SSRI	STARTING DOSE	DOSE RANGE IN PMDD
Fluoxetine (Sarafem or Prozac)	10 mg	10 - 60 mg
Sertraline (Zoloft)	25 mg	25 - 75 mg
Paroxetine (Paxil CR)	12.5 mg	12.5 - 25 mg
Paroxetine (Paxil IR)	10 mg	10 - 30 mg
Citalopram (Celexa)	10 mg	10 - 20 mg
Escitalopram (Cepralex)	5 mg	5 - 20 mg

Notes:

1. SSRIs are generally well tolerated and appear to be safe in long term use, although more research is needed to study this.
2. Side-effects are usually mild and transient (remember, all medications can cause side-effects).
3. Possible side-effects include: anxiety, dizziness, insomnia (difficulty sleeping), sedation, hypersomnia (sleeping too much), nausea, diarrhea, and headache; also, sexual side-effects (decreased sex drive and the inability to have an orgasm may affect some women).
4. Side effects do not occur in everyone, but some people will be more affected than others.
5. Some women worry that they will be unable to stop the medication when they want because of dangerous withdrawal effects.
 - The withdrawal effects (called Discontinuation Syndrome) do occur with a small number of women but they usually occur when SSRI's are stopped abruptly after several months of use and the effects are unpleasant but not dangerous.



treatment options

3. medications

6. They work very well in the majority of women (efficacy rate is 65%).

Other antidepressants that have shown promise in PMDD:

- However, they have not been studied as much.

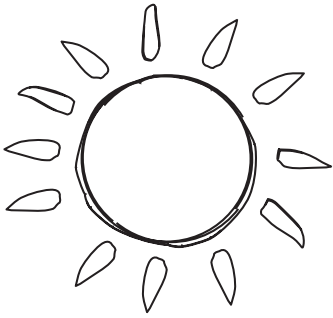
Effexor (venlafaxine)

- A combination of serotonin and norepinephrine reuptake inhibitors (SNRI)
- Starting dose is 37.5 mg
- Range: 37.5–225 mg
- Energizing
- Common side effects: GI upset, headaches

Anafranil (clomipramine)

- Starting dose is 25 mg
- Dose range is 50–150 mg
- Common side effects: dry mouth, fatigue, vertigo, sweating, headache, nausea

7. Antidepressants that primarily effect the norepinephrine neurotransmitters in the brain are less effective in PMDD.



3. medications / dosing

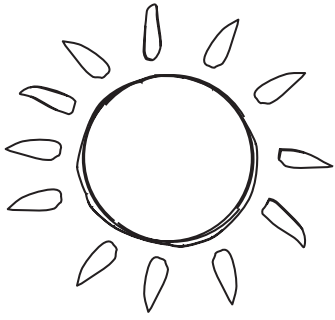
Dosing: Continuous or Intermittent or Custom

PMDD is unique in that you and your doctor may choose:

- **continuous dosing** where you take the antidepressant every day
 - If symptoms do not completely disappear after the period ends, daily/continuous dosing is usually recommended.
- **intermittent dosing** where you choose to take your antidepressant around day 14 of your cycle (**second half/luteal phase only**) and stop when menses begins.
 - Intermittent dosing seems to work best for women who only have symptoms starting after day 14 and who become symptom free again when their period starts.
- **custom dosing** where you choose to take a **low dose during the follicular phase** and a **higher dose during the luteal phase**.
 - This is sometimes used for women who have some depression all the time and have marked premenstrual worsening.

Women often wonder why an SSRI can be taken only the 2 weeks before menses and how it works.

- We do not understand exactly how the medications work or why they work quickly for PMDD whereas they need to be taken for 2-6 weeks before they work for depression.
- Discontinuation Syndrome is not a problem with intermittent dosing perhaps because the medication is only taken for a short duration and may possibly work on a different set of neurotransmitters.

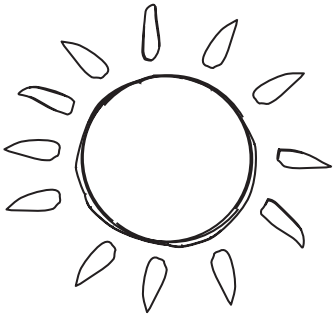


treatment options

3. medications / summary

Summary

- Making a decision to take medications is not an easy choice. No one wishes to be on medication, but sometimes it makes sense: the benefits outweigh the costs.
- SSRI's are effective in reducing symptoms.
- SSRI's appear to restore the brain's balance of a brain neurotransmitter chemical known as serotonin. In cases of PMDD, their mechanism of action may be different
- SSRI's are not addictive.
- They do not make you "high"; they have little effect on a person without symptoms except sometimes to cause side-effects.
- Even if you are taking medications for PMDD, continuing to "take care of yourself" is the key.
- Exactly how long you will need to take SSRI's is something you need to discuss with your doctor.

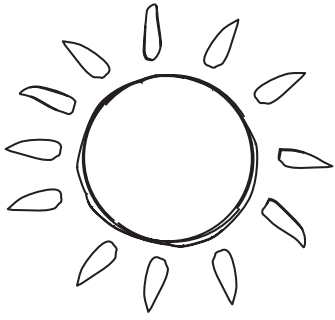


3. medications / anti-anxiety

- PMDD tends to be a chronic recurrent condition, so symptoms are likely to return if you stop treatment.
- You can always try to lower the dose gradually and see if you still need it.
- SSRI's help you get well; if you had a broken leg, wouldn't you take a pain killer temporarily?
- Sometimes PMDD can leave you so worn out that you cannot contemplate a change in diet or exercise on your own; in that case you may want to begin with medication in the hope that after a short period of time you can again try lifestyle treatment changes.
- There is an old stigma attached to taking mood altering medications, and it is not uncommon to feel shame, guilt and inadequacy: let go of this!
- Sometimes the lifestyle approach doesn't work because a person's mood has become too low.
 - taking antidepressants for a time can help you start to exercise, eat better and do all the lifestyle changes you need to.
- Talk to your doctor, read, talk to others, learn all you can, and make an informed choice.
- Medications do not “cure” PMDD but greatly relieve symptoms and allow you to create positive changes in your life.
- Non-serotonergic antidepressants haven't been shown to help PMDD very much.
- There is no “best” medication for everyone.
- The first one you try may or may not be right for you. Don't despair. You may have to try a few before you find the right medication. It's important not to give up!

Antianxiety Drugs/Minor Tranquilizers

- Another name for this class of drugs is called 'Anxiolytics'.
- Your doctor may recommend antianxiety drugs for you when your anxiety symptoms, anger/irritability are the outstanding feature of your PMDD and when your symptoms last only a few days.
- Recommended for short term use only.



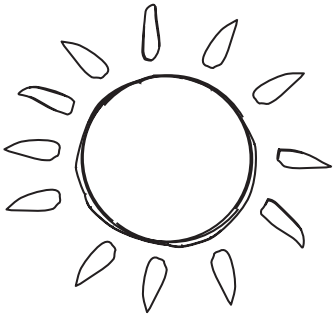
treatment options

3. medications / pain relievers

- These medications do not help depression.
 - Examples: *Alprazolam* (Xanax)
Clonazepam (Klonopin)
Lorazepam (Ativan)
- These medications are in a class called Benzodiazepines.
- Dose: small doses two to four times/day for the days when symptoms occur.
- Benefits:
 1. may improve tension, irritability, anxiety and feeling out of control
 2. these drugs tend to act quickly
 3. you can take these drugs on an “as needed” basis (*or regularly, but only for the days you have premenstrual symptoms*).
- Side effects: drowsiness, sedation, “foggy feeling”
- Risks:
 - Habit forming
 - Dependence and tolerance are occasional problems with these drugs.
 - As a group, they are usually more of a “bandaid” solution; they can be useful, but be a little careful because they can be habituating if taken every day.
 - There is the risk you could rely on these meds instead of developing good stress management techniques.
 - Some of these drugs have been abused; if you take them, it’s important to have close medical supervision.

Pain Relievers (Analgesics)

- If pain is a prominent symptom during PMDD, there are many over the counter medications you can choose.
- Painkillers will not serve to relieve emotional symptoms but may help you to feel better by relieving physical pain.



4. hormonal therapy

Hormonal Therapies

When lifestyle treatment options and SSRI's have not worked and symptoms become intolerable or incapacitating, altering the the menstrual cycle may be considered.

Oral contraceptives (birth control pills)

- Contains combinations of synthetic estrogen and forms of progesterone.
- Often used to treat mild to moderate premenstrual symptoms.
- Clinically we see a mixed response – helpful for a few women, but can make symptoms worse for others (we often say that 20% of women feel better, 40% feel worse and 40% see no change).
- Not extensively studied/effectiveness not well-established for PMDD.
- Newly approved oral contraceptive pills may be more effective in helping to alleviate the symptoms of PMS. Check with your health care provider or OPT's Facts of Life Line: 604-731-7803 or 1-800-739-7367 for more information.

Danazol (Cyclomen)

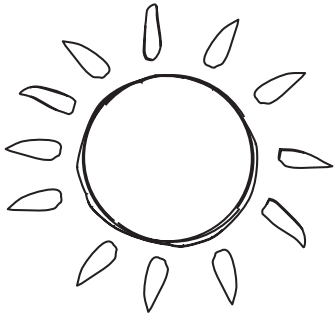
- Treatment for endometriosis.
- Found to be highly effective for breast tenderness but not for general PMS symptoms (has not been studied for PMDD).
- Short term use only.
- Side-effects (not particularly well tolerated): may cause the development of male features such as facial hair and deeper voice, acne, weight gain, vaginal dryness, and mood fluctuations.

Gonadotropin-releasing hormone (GnRH) analogues

- Prevents ovulation.

Examples: *Leuprolide* (Lupron), *goserelin* (Zoladex), and *nafarelin* (Synarel)

- In most, but not all studies, these drugs have been shown to reduce physical and psychological symptoms of severe PMS (not been studied for PMDD).
- Acts on the pituitary gland and suppresses the menstrual cycle.



treatment options

4. hormonal therapy

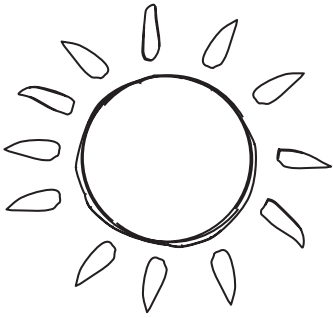
- Causes the pituitary gland to stop the ovaries from producing estrogen and progesterone.
- Induces an artificial/premature menopause; therefore, there are risks associated with having an early menopause.
- Considered only as a temporary treatment for severe PMDD where other treatments haven't worked.
- Effective, but costly and not recommended for long term use.
- Administration: injection, subcutaneous implantation, and by nasal inhalation.
- Serious drawbacks: hot flashes, night sweats, headache, nausea and initial worsening of mood.
- Cannot be used for more than 6-9 months due to risk of osteoporosis and heart disease.
- Expense as it is not covered by Pharmacare as a treatment for PMDD.
- Sometimes, replacement estrogen and/or progesterone are also given which can be a problem as some studies suggest PMS symptoms return when hormones are added back.

Progesterone or Progestogens

- Not recommended as a treatment.
- Well designed studies conclude “there is no published evidence to support the use of either progesterone or progestogens in the management of PMS.” (British Medical Journal, October 6, 2001).

Examples: Natural progesterone, synthetic progesterone, progesterone-like compounds, oral progesterone, progesterone suppositories, progesterone creams, progesterone from wild yams, and the estrogen patch.

- You will find a great deal of information on websites about these hormones and PMDD.
- **They might work for some women** but it's important to remember that research studies haven't found abnormal progesterone levels in women with PMDD.



4. hormonal therapy / surgery

Estrogen

- The role of estrogen as a treatment for PMS or PMDD is not well established.
- Two studies found benefit from transdermal estradiol in patients with severe PMS.
- With estrogen, there is the increased risk of endometrial cancer (cancer of the lining of the uterus) and increased risk of blood clotting that may contribute to stroke, heart attack or pulmonary embolism.

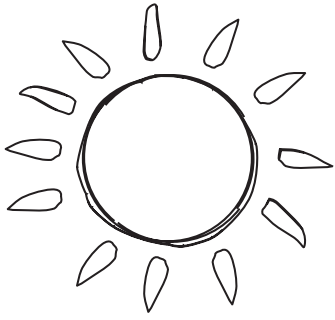
Diuretics

- These medications are commonly known as “water pills” – they may relieve premenstrual fluid retention.
- May relieve abdominal bloating and swelling of the hands, legs, ankles, and feet.
- May relieve body pain and headaches.
- They are not known to be particularly useful for the overall treatment of PMDD.

Example: *Spironolactone*

Surgery

- Surgical removal of the ovaries causes an abrupt menopause: the ovarian hormones cease to cycle.
- In the short term, this may lead to severe acute depression.
- Other risks of early menopause are osteoporosis (bone thinning), increased risk of cardiovascular disease and other symptoms associated with menopause including hot flashes, night sweats with disturbed sleep, vaginal dryness, mood swings and difficulties with short term memory and concentration.
- Surgery is the last resort and all other treatments should be tried first.
- Adding back hormones is usually recommended.
- NOT considered standard treatment.



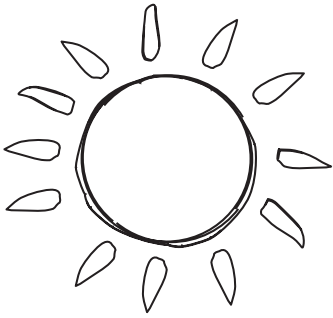
treatment options

5. non-medication therapies

Non-Medication Therapies

Light Therapy

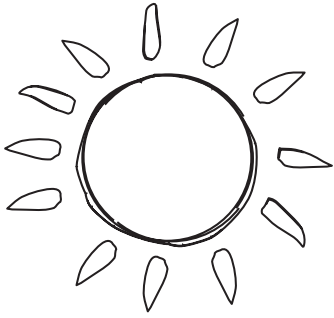
- Bright artificial light therapy is widely used to treat seasonal affective disorder (SAD), as well as as non-seasonal depression and PMDD.
- There have been a few small studies of light therapy for treating women with severe premenstrual symptoms and some of the results are promising.
- Light therapy is an alternative to taking medication.
- General research on the use of light therapy for major depression indicates that it is an effective form of treatment with a favorable side effect profile.
- Light therapy involves sitting in front of special bright lights, a fluorescent light box, for about 30 minutes each morning.
- The light is intense at 10,000 lux, and regulates mood swings, improves sleeping patterns, and produces a general sense of well-being.
- Exposure to sunlight by walking outside may be beneficial.



"thank you for attending this education session!"

Parting Words

We hope that you have gained some useful information. Please remember that PMS/PMDD has nothing to do with being good enough or strong enough. We wish you good luck in your journey through the healing process!



appendix

Can Nutrition Help You Manage PMS Symptoms?

Written by
Debbie Reid MSc, RD

CAN NUTRITION HELP YOU MANAGE PMS SYMPTOMS? Take a few minutes to check where you stand.

STEP 1: Check off the PMS (Pre Menstrual Syndrome) symptoms that affect you.

Irritability _____

Breast Tenderness _____

Fatigue _____

Depression _____

Fluid Retention _____

Insomnia _____

Mood Swings _____

(abdominal bloating and /or swelling of hands or feet)

If you checked any of these symptoms, look at ways you can check your diet and take action to manage your PMS symptoms with nutrition.

STEP 2:

- If you checked irritability, depression, mood swings or fatigue, work through **Food Track:Check on Balance*** to come up with a plan to ensure that you're getting at least 5 servings from the Grains Group, at least 5 servings from the Vegetables and Fruits Group and 4 servings from the Milk Products Group on a daily basis (not just during PMS). If you do not use milk products, ask the dietitian about alternative sources of calcium and the **Calcium Calculator*** to ensure a 1200mg calcium intake. This plan will be most effective if you eat every few hours throughout the day and ensure an adequate fluid intake; at least 8 cups per day recommended.
- If you checked irritability or insomnia, work through "Caffeine in My Diet" to come up with a PMS plan.
- If you checked depression or mood swings, work through "Substitutes for Alcohol" to come up with a PMS plan.
- If you checked fluid gain or breast tenderness, work through "Sodium in the Diet" to come up with a PMS plan.

STEP 3: Pick one of the plans you made in STEP 2, Try in the next few weeks or during PMS as appropriate:

STEP 4: Monitor your symptoms for a few menstrual cycles during the time of PMS, to help determine which nutrition strategies are working for you.

* available through the B.C. Dairy Foundation (604) 294-3775 or 1-800-242-6455 or online at www.bcdf.org

CAFFEINE IN MY DIET

Adapted with permission from Food Track-Check on Caffeine, B.C. Dairy Foundation

STEP 1: Total your caffeine consumption for a typical day. Does it exceed 200 mg? If so go to step 2.

SOURCE	MG OF CAFFEINE	NUMBER OF SERVINGS/DAY	TOTAL MG CAFFEINE
Coffee (250 ml or 8 oz) brewed	135		
Coffee (250 ml or 8 oz) instant	95		
Tea (250 ml or 8 oz)	50		
Iced or green tea (250 ml or 8 oz)	30		
Colas (280 ml or 10 oz)	35-50		
Hot Chocolate from mix (250 ml or 8 oz)	25		
Dark chocolate bar (56 g or 2 oz)	45		
Milk chocolate bar (56 g or 2 oz)	10		
Cold remedies, some headache relievers*, and some diuretics*	* CHECK LIST OF INGREDIENTS		

Step 2: MAKE A PLAN. Try decreasing your caffeine intake (to 200mg or less) over a few weeks to avoid withdrawal symptoms such as fatigue and headaches. Check ideas below, which you will use.

- Choose another beverage such as milk, juice, water or herbal tea.
- Switch to decaffeinated coffee or weak tea.
- Drink decaffeinated cola or another soft drink
- Mix caffeinated with decaffeinated coffee beans. Gradually eliminate the caffeinated beans.
- Other: _____

SUBSTITUTES FOR ALCOHOL

Circle some of the following and plan to use them instead of alcohol.

Activities you enjoy which help you to relax and control stress. You might try physical activity, yoga, meditation, reading or a bath.

Mineral water alone or combined with juice

Fruit smoothie

Nonalcoholic beer

Nonalcoholic wine

Herbal tea

Other _____

SODIUM IN MY DIET

Assess your intake of high sodium foods by circling foods in the high sodium list which you eat.

For 2 or 3 of the high sodium items circled, try replacing with alternatives from the Lower Sodium Alternatives List.

High Sodium Foods	Lower Sodium Alternatives
Salt in cooking and at the table	- A sprinkle of salt or none in cooking using herbs, spices and/or Mrs. Dash®
Salty snack foods such as: chips, pretzels, salted popcorn	-Unbuttered or lightly buttered unsalted popcorn -Unsalted nuts or soy nuts in moderation
Convenience foods such as: canned chili or soup, frozen dinners or preseasoned rice/pasta e.g. Rice a Roni, Kraft Dinner	- Prepare large batches of homemade meals such as chili, soups and casseroles using homemade stocks, fresh vegetables and a variety of herbs and spices to flavor. Freeze meal size portions and microwave them as part of a convenient meal. - Campbell's Healthy Request soups are moderate in sodium in portions of 250 ml or less. - Prepare 2-3 times the required amount of rice, refrigerate for several days, reheating at a future meal.
pickles, olives, sauerkraut	- Nibble on raw vegetables with yogurt herb dip
Salted, smoked, dried or pickled foods such as: Luncheon meats, ham, sausages, wieners, sardines, pickled herring, pickled egg, smoked fish	-Instead use fresh meat or poultry, canned tuna or salmon and hard cooked eggs or omelettes to make tasty sandwich fillings.
Processed cheeses e.g. Kraft Singles, Velveeta, Cheese Whiz	- In moderation, choose cheeses that are not processed.

VITAMIN AND MINERAL SUPPLEMENTS IN PMS

Are various vitamin and mineral supplements the answer to PMS symptoms? Check out the following guidelines, on supplements women with PMS often ask about. If a supplement you are interested in is not listed here, ask the dietitian with the PMS program (604-875-2267) or call Dial a Dietitian (604-732-9191).

Supplement	PMS Symptoms Said to Be Relieved	Amount Suggested	Safe Upper Limit If Known	Possible Side Effects
Vitamin B6	depression and other PMS symptoms : findings controversial	50 to over 100 mg/day	100 mg/day	In doses over safe upper limit: nerve damage causing numbness or tingling in hands/feet or muscle weakness
Calcium	All PMS symptoms: some research to support	1000-1200 mg/day (achievable through Canada's Food Guide)	2500mg/day (from diet plus supplements)	Constipation, digestive upsets In doses over safe upper limit: kidney damage and calcium deposits
Magnesium	Water retention, depression, irritability: some research to support	50-350mg/day	Toxicity not documented	Diarrhea
Vitamin E	Breast tenderness, headache, depression, irritability: controversial findings	300-400 IU/day	1470 IU/day	At 600 IU may increase water retention In doses over safe upper limit: may cause severe bleeding

ALTERNATIVE REMEDIES IN PMS

Are you contemplating herbal or other alternative remedies to manage PMS symptoms? Check out the following chart. If a remedy you are interested in is not listed here, ask the dietitian with the PMS program (604-875-2267) or Dial a Dietitian (604-732-9191).

While numerous alternative remedies are being promoted for PMS, the research into their beneficial and negative effects is quite limited. These products are not monitored for purity or potency unless they have an NPN or DIN-HM number on the label. *Do Not Take Any Alternative Therapies Without Your Family Doctor And Psychiatrist's Okay And A Pharmacist's Guidance. There May Be Harmful Effects With Certain Medications, In Pregnancy And Breastfeeding And In Some Medical Conditions.*

Use the following chart as a guide; it is not intended to replace advice from your pharmacist and physicians.

Supplement	PMS Symptoms Said To Be Relieved	Precautions to be Taken	Possible Side Effects
Black Cohosh	Dysmenorrhea, fluid retention	May alter effect of blood pressure, thyroid and hormone medications	Digestive upsets, low blood pressure
Black Haw	Dysmenorrhea, fluid retention, tension	Not to be used with blood thinning medications. Use cautiously if prone to kidney stones.	Digestive upsets
Don Qui	Hormonal irregularities	Not to be used in excessive menstrual flow, bleeding disorders or with blood thinning medications	Digestive upsets, fever, increased menstrual flow, light sensitivity
Evening Primrose Oil	PMS, breast tenderness	Not to be used in schizophrenia, seizure disorders or with the medication Chlorpromazine	Digestive upsets, headache, rash
Gingko Biloba	Depressive mood disorders	Not to be used in bleeding disorders	Headache, anxiety, digestive upsets, rash
Kava Kava	Depression, muscle tension	Contraindicated in major depressive disorders and Parkinson's Disease Contraindicated with alcohol, Benzodiazepines or Barbiturates	Most occur with high doses, long term; red eyes, blurred vision,
S-Ame	Depression	Not to be tried on own for depression or combined with antidepressants without doctor's knowledge	Digestive upsets, converted to homocysteine; high levels increase risk of heart disease
St. John's Wort	Depression	Contraindicated with alcohol, immunosuppressants, MAOIs or SSRIs Limit foods high in Tyramine	Dizziness, insomnia, restlessness, digestive upsets, light sensitivity, rash
Valerian	Anxiety, restlessness, insomnia	Not to be used in liver disease	Digestive upsets, headache, insomnia, restlessness, vision changes, palpitations

References:

Mosby's Handbook of Herbs and Natural Supplements by Linda Skidmore-Roth, RN, MSN, NP
The Health Professional's Guide to Popular Dietary Supplements by Allison Sarubin, MS, RD