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We think patients are the largest untapped healthcare resource and that Information therapy is the most Powerful Medicine !

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1. Encouraging health insurance companies to invest in patient education.
2. Advocating information therapy.
3. Setting up a national network of patient education centers.
4. Developing patient educational materials in Indian Languages for the web.

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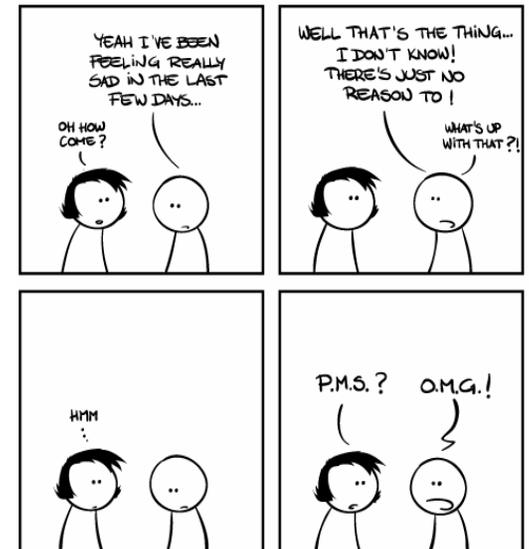
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## PMS – Premenstrual Syndrome



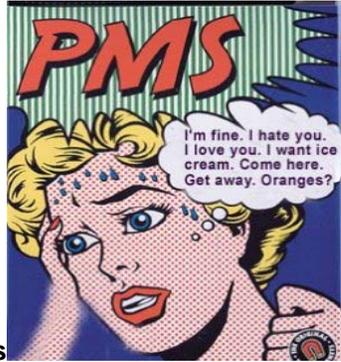
**LET'S HELP  
ERADICATE  
IGNORANCE**

## Introduction



Premenstrual syndrome (PMS) involves symptoms that occur in relation to the menstrual cycle and which interfere with the woman's life. The symptoms usually begin 5 to 11 days before the start of menstruation. Symptoms usually stop when menstruation begins, or shortly thereafter.

**Causes:** PMS, may be related to social, cultural, biological, and psychological factors. PMS can occur with apparently normal ovarian function (regular ovulatory cycles). PMS is estimated to affect up to 75% of women during their childbearing years. It occurs more often in women between their late 20s and early 40s, those with at least one child, those with a family history of a major depression disorder, or women with a past medical history of either postpartum depression or an affective mood disorder. As many as 50-60% of women with severe PMS have an underlying psychiatric disorder.



## Symptoms

Premenstrual symptoms are a common part of the monthly cycle. Common symptoms of are emotional, behavioral and physical symptoms – depression, angry outbursts, Being irritable, Crying spells, Anxiety, Confusion, Social withdrawal, Poor concentration, Sleep disturbance, Thirst and appetite changes (food cravings). These symptoms occur during the 2 weeks before a woman's period and they get better after the period begins.

**Investigations:** There are no physical examination findings or lab tests specific to the diagnosis of PMS. It is important that a complete history, physical examination (including pelvic exam), and in some instances a psychiatric evaluation be conducted to rule out other potential causes for symptoms that may be attributed to PMS. A symptom calendar can help women identify the most troublesome symptoms and to confirm the diagnosis of PMS.

**Treatment:** Self-care methods include exercise and dietary measures. It is also important to maintain a daily diary or log to record the type, severity, and duration of symptoms. A "symptom diary" should be kept for a minimum of 3 months. The diary will greatly assist the health care provider

not only in the accurate diagnosis of PMS, but also with the proposed treatment methods.

Nutritional supplements may be recommended. Vitamin B6, calcium, and magnesium are commonly used. Psychiatric medications and or therapy may be used for women who exhibit a moderate to severe degree of anxiety, irritability, or depression. Hormonal therapy may include a trial on oral contraceptives, which may either decrease or increase PMS symptoms. The use of progesterone vaginal suppositories during the second half of the menstrual cycle is controversial.

**What You Can Do:** Talk with your doctor about your symptoms and treatment options - Aerobic Exercise, Relaxation, Dietary Changes, Talk With Others

**Medications:** Women with severe PMS may not feel relief with lifestyle or dietary changes alone. If these changes don't reduce symptoms, your doctor may suggest medications.

