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TDD: 1-888-220-5446

Premenstrual Syndrome

Q: What is premenstrual syndrome (PMS)?

A: Premenstrual (pree-MEN-struhl) syndrome (PMS) is a group of symptoms linked to the menstrual cycle. PMS symptoms occur 1 to 2 weeks before your period (menstruation or monthly bleeding) starts. The symptoms usually go away after you start bleeding. PMS can affect menstruating women of any age and the effect is different for each woman. For some people, PMS is just a monthly bother. For others, it may be so severe that it makes it hard to even get through the day. PMS goes away when your monthly periods stop, such as when you get pregnant or go through menopause.

Q: What causes PMS?

A: The causes of PMS are not clear, but several factors may be involved. Changes in hormones during the menstrual cycle seem to be an important cause. These changing hormone levels may affect some women more than others. Chemical changes in the brain may also be involved. Stress and emotional problems, such as depression, do not seem to cause PMS, but they may make it worse. Some other possible causes include:

- Low levels of vitamins and minerals
- Eating a lot of salty foods, which may cause you to retain (keep) fluid
- Drinking alcohol and caffeine,

which may alter your mood and energy level

Q: What are the symptoms of PMS?

A: PMS often includes both physical and emotional symptoms, such as:

- Acne
- Swollen or tender breasts
- Feeling tired
- Trouble sleeping
- Upset stomach, bloating, constipation, or diarrhea
- Headache or backache
- Appetite changes or food cravings
- Joint or muscle pain
- Trouble with concentration or memory
- Tension, irritability, mood swings, or crying spells
- Anxiety or depression

Symptoms vary from woman to woman.

Q: How do I know if I have PMS?

A: Your doctor may diagnose PMS based on which symptoms you have, when they occur, and how much they affect your life. If you think you have PMS, keep track of which symptoms you have and how severe they are for a few months. Record your symptoms each day on a calendar or tracking form. Take the form at the end of this FAQ with you when you see your doctor about your PMS.

Your doctor will also want to make sure you don't have one of the following conditions that shares symptoms with PMS:

- Depression



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- Anxiety
- Menopause
- Chronic fatigue syndrome (CFS)
- Irritable bowel syndrome (IBS)
- Problems with the endocrine (EN-doh-kryn) system, which makes hormones

Q: How common is PMS?

A: There's a wide range of estimates of how many women suffer from PMS. The American Congress of Obstetricians and Gynecologists estimates that at least 85 percent of menstruating women have at least 1 PMS symptom as part of their monthly cycle. Most of these women have fairly mild symptoms that don't need treatment. Others (about 3 to 8 percent) have a more severe form of PMS, called premenstrual dysphoric (dis-FOHR-ik) disorder (PMDD). See "What is premenstrual dysphoric disorder (PMDD)?" below to learn more.

PMS occurs more often in women who:

- Are between their late 20s and early 40s
- Have at least 1 child
- Have a family history of depression
- Have a past medical history of either postpartum depression or a mood disorder

Q: What is the treatment for PMS?

A: Many things have been tried to ease the symptoms of PMS. No treatment works for every woman. You may need to try different ones to see what works for you. Some treatment options include:

- Lifestyle changes

- Medications
- Alternative therapies

Lifestyle Changes

If your PMS isn't so bad that you need to see a doctor, some lifestyle changes may help you feel better. Below are some steps you can take that may help ease your symptoms.

- Exercise regularly. Each week, you should get:
 - Two hours and 30 minutes of moderate-intensity physical activity;
 - One hour and 15 minutes of vigorous-intensity aerobic physical activity; or
 - A combination of moderate and vigorous-intensity activity; and
 - Muscle-strengthening activities on 2 or more days.
- Eat healthy foods, such as fruits, vegetables, and whole grains.
- Avoid salt, sugary foods, caffeine, and alcohol, especially when you're having PMS symptoms.
- Get enough sleep. Try to get about 8 hours of sleep each night.
- Find healthy ways to cope with stress. Talk to your friends, exercise, or write in a journal. Some women also find yoga, massage, or relaxation therapy helpful.
- Don't smoke.

Medications

Over-the-counter pain relievers may help ease physical symptoms, such as cramps, headaches, backaches, and breast tenderness. These include:

- Ibuprofen (eye-byu-PROH-fuhn) (for instance, Advil, Motrin, Midol Cramp)



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- Ketoprofen (key-toh-PROH-fuhn) (for instance, Orudis KT)
- Naproxen (nuh-PROK-suhn) (for instance, Aleve)
- Aspirin

In more severe cases of PMS, prescription medicines may be used to ease symptoms. One approach has been to use drugs that stop ovulation, such as birth control pills. Women on the pill report fewer PMS symptoms, such as cramps and headaches, as well as lighter periods.

Researchers continue to search for new ways to treat PMS. To learn more about current PMS treatment studies, visit the clinicaltrials.gov Web site. Talk to your doctor about whether taking part in a clinical trial might be right for you.

Alternative Therapies

Certain vitamins and minerals have been found to help relieve some PMS symptoms. These include:

- Folic acid (400 micrograms)
- Calcium with vitamin D (see chart below for amounts)
- Magnesium (400 milligrams)
- Vitamin B-6 (50 to 100 mg)
- Vitamin E (400 international units)

Amounts of Calcium You Need Each Day

Ages	Milligrams per day
9-18	1300
19-50	1000
51 and older	1200

Pregnant or nursing women need the same amount of calcium as other women of the same age.

Some women find their PMS symptoms relieved by taking supplements such as:

- Black cohosh
- Chasteberry
- Evening primrose oil

Talk with your doctor before taking any of these products. Many have not been proven to work and they may interact with other medicines you are taking.

Q: What is Premenstrual Dysphoric Disorder (PMDD)?

A: A brain chemical called serotonin (ser-uh-TOH-nuhn) may play a role in Premenstrual Dysphoric Disorder (PMDD), a severe form of PMS. The main symptoms, which can be disabling, include:

- Feelings of sadness or despair, or even thoughts of suicide
- Feelings of tension or anxiety
- Panic attacks
- Mood swings or frequent crying
- Lasting irritability or anger that affects other people
- Lack of interest in daily activities and relationships
- Trouble thinking or focusing
- Tiredness or low energy
- Food cravings or binge eating
- Trouble sleeping
- Feeling out of control
- Physical symptoms, such as bloating, breast tenderness, headaches, and joint or muscle pain

You must have 5 or more of these symptoms to be diagnosed with PMDD. Symptoms occur during the week before your period and go away after bleeding starts.



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Making some lifestyle changes may help ease PMDD symptoms. See “What is the treatment for PMS?” above to learn more.

Antidepressants called selective serotonin reuptake inhibitors (SSRIs) have also been shown to help some women with PMDD. These drugs change serotonin levels in the brain. The Food and Drug Administration (FDA) has approved 3 SSRIs for the treatment of PMDD:

- Sertraline (SUHR-truh-leen)

(Zoloft)

- Fluoxetine (floo-AYK-suh-teen) (Sarafem)
- Paroxetine (puh-ROCK-suh-teen) HCI (Paxil CR)

Yaz (drospirenone (droh-SPIR-uh-nohn) and ethinyl (ETH-uh-nil) estradiol (es-truh-DEYE-ohl)) is the only birth control pill approved by the FDA to treat PMDD. Individual counseling, group counseling, and stress management may also help relieve symptoms. ■

For more information

For more information about premenstrual syndrome, call [womenshealth.gov](http://www.womenshealth.gov) at 1-800-994-9662 or contact the following organizations:

National Institute of Mental Health (NIMH), NIH, HHS

Phone Number: 866-615-NIMH (6464)
Internet Address: <http://www.nimh.nih.gov>

The Hormone Foundation

Phone Number: 800-467-6663
Internet Address: <http://www.hormone.org>

American College of Obstetricians and Gynecologists (ACOG)

Phone Number: 202-638-5577; Toll-Free: 800-762-2264
Internet Address: <http://www.acog.org>

Reviewed by:

Songhai Barclift, M.D.
Lieutenant Commander
HIV/AIDS Bureau
Health Resources and Services Administration
U.S. Department of Health and Human Services

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