

12.8 PREMENSTRUAL SYNDROME (PMS)

TITLE	DESCRIPTION
DEFINITION:	A collection of diverse physical, emotional, and/or behavioral symptoms that share a common characteristic- a temporal relationship to the menstrual cycle. It is characterized by at least 1 symptom during the luteal phase, followed by a symptom-free interval beginning after a few days of the onset of menses. Premenstrual Dysphoric Disorder (PMDD) is a more severe form of PMS with specific diagnostic criteria.
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. LMP. 2. Irritability, anxiety, decreased sexual drive, social withdrawal, angry outbursts, crying, confusion, forgetfulness, extreme sadness, difficulty concentrating, or insomnia. 3. Fluid retention, bloating, breast tenderness, headache, fatigue, aching, edema, cyclic weight changes, acne, constipation or diarrhea. 4. Food cravings. <p>*To be clinically significant, PMS symptoms must interfere with a woman's work, lifestyle, or interpersonal relationships.</p>
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Age appropriate physical exam, as indicated. 2. Define and identify symptom pattern(s). 3. Mood assessment.
LABORATORY:	No lab testing confirms PMS, however, labs may be medically indicated to rule out other conditions.
ASSESSMENT:	Premenstrual Syndrome (PMS).
PLAN:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Encourage symptom charting for three months to observe for cyclic pattern. (Daily Record of Severity of Problems Calendar. http://www.aafp.org/afp/2011/1015/afp20111015p918-fig1.pdf). 2. Low dose combined contraceptives suppress ovulation and may eliminate cyclic symptoms, although not in all women. May benefit from shortening hormone-free interval to 4 days, tri-cycling, or using continuously (none of which are recommended with Ortho Evra). If using OCP's, monophasic is recommended. 3. Diet changes may include: <ol style="list-style-type: none"> a. Increase water intake to 6-8 glasses per day. b. Limit salt intake to 3 gm or less per day. c. Reduce refined sugars and increase intake of complex carbohydrates (fresh fruits, vegetables, whole grains, pasta, rice, and potatoes). d. Avoid caffeine, chocolate, tobacco, and alcohol intake. e. Consume moderate amounts of protein and fat (decrease animal fats; increase vegetable oils). 4. Stress reduction techniques (e.g. biofeedback, reflexology, meditation, or other relaxation techniques).

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	<ol style="list-style-type: none"> 5. Exercise: recommend aerobic activity, personal preference to be taken into account with a realistic achievable program; Yoga. 6. Vitamin, herbal, and analgesic therapies. 7. For mood changes may include: <ol style="list-style-type: none"> a. Magnesium supplements 340mg qd. b. Evening Primrose Oil 500mg (begin with 2 capsules BID from day 15 of cycle to onset of menses. May increase to 4 capsules BID). c. Vitamin B6 50mg qd from onset of symptoms until menses (discourage high doses of over 200mg per day to avoid peripheral neuropathy). d. Calcium carbonate 1,000-1,200mg per day. e. Light therapy may decrease the need for antidepressant medication. f. SSRI's or anxiolytics at very low doses may be appropriate if unresponsive to above. g. Sleep hygiene (e.g. keeping a regular schedule, limiting caffeine after noon, limiting sedatives, and limiting alcohol intake). 8. For physical symptoms may include: <ol style="list-style-type: none"> a. Ibuprofen 200-400mg q4hours PRN to be started with onset of symptoms or prior to onset of symptoms. b. Evening Primrose Oil may be beneficial for breast tenderness. Dosage as above.
EDUCATION:	<ol style="list-style-type: none"> 1. Provide client educational handout(s). Review symptoms, complications, and danger signs. 2. Review safer sex education, as appropriate. 3. Recommend client RTC annually, PRN for problems, or appropriate per plan.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Any client experiencing increasing depressive symptoms or suicidal tendencies. 2. As appropriate if pharmacologic agents used. 3. Consider consult/referral for clients with symptoms of PMDD.
REFERENCES:	<ol style="list-style-type: none"> 1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. <i>Contraceptive Technology</i>. 20 edition. Atlanta GA: Ardent Media, Inc., 2015. Pp.556-562. 2. MedlinePlus. Premenstrual Syndrome. (https://medlineplus.gov/premenstrualsyndrome.html) (Retrieved 2/9/2017). 3. Mayo Clinic. Premenstrual Syndrome (PMS) (http://www.mayoclinic.org/diseases-conditions/premenstrual-syndrome/basics/definition/CON-20020003) (Retrieved 2/9/2017). 4. Medscape. Premenstrual Syndrome. (http://emedicine.medscape.com/article/953696-overview) (Retrieved 2/9/2017). 5. AAFP Daily Record of Severity of Problems Calendar. (http://www.aafp.org/afp/2011/1015/afp20111015p918-fig1.pdf) (Retrieved 2/9/2017).