Premenstrual Dysphoric Disorder

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What is the Difference Between PMS and PMDD?

Premenstrual syndrome, or PMS, is a set of physical or mood-related symptoms that occur before a menstrual period each month. Symptoms usually begin about 1 to 2 weeks before the period starts and go away in the first few days of the period. Common symptoms can include tender breasts, bloating, muscle aches, fatigue, headaches, cramps, sadness, irritability, anxiety, and mood changes (HealthLink BC, 2022).

PMS symptoms are common, but they are considered PMS when they interfere with daily life. HealthLink BC notes that no single test can diagnose PMS. A healthcare provider may ask about symptoms, complete a physical exam, and recommend tracking symptoms in a menstrual diary for 2 to 3 months (HealthLink BC, 2022).

Premenstrual dysphoric disorder, or PMDD, is more severe than PMS. PMDD is a hormone-related mood disorder in which symptoms occur in a cyclical pattern during the luteal phase of the menstrual cycle, after ovulation and before menstruation. Symptoms usually improve within a few days after menstruation begins and are minimal or absent after the period (American Psychiatric Association, 2022; Verywell Health, 2024).

PMDD is not “just PMS.” PMDD can significantly affect mental health, relationships, work, school, and daily functioning. While PMS may involve uncomfortable physical or mood symptoms, PMDD causes more severe emotional, behavioural, cognitive, and physical symptoms that can be disabling for some people (American Psychiatric Association, 2022; Verywell Health, 2024).

PMDD is thought to involve an abnormal sensitivity in the brain to normal hormonal changes during the menstrual cycle, rather than simply having “too much” or “too little” hormone. Symptoms are closely linked to ovulation and the hormonal changes that occur afterward (International Association for Premenstrual Disorders, n.d.-b; Verywell Health, 2024).

PMDD Symptoms

PMDD symptoms can vary, but diagnosis generally involves a pattern of symptoms that occur before menstruation, improve after menstruation begins, and cause significant distress or impairment. Symptoms may include:

- Marked mood swings
- Sudden sadness or tearfulness
- Increased sensitivity to rejection
- Marked irritability or anger
- Increased conflict with others
- Depressed mood
- Feelings of hopelessness
- Self-critical or self-deprecating thoughts
- Anxiety, tension, or feeling on edge
- Decreased interest in usual activities
- Difficulty concentrating
- Lack of energy or fatigue
- Appetite changes, overeating, or food cravings
- Sleeping too much or difficulty sleeping
- Feeling overwhelmed or out of control
- Breast tenderness or swelling
- Joint or muscle pain
- Bloating
- Weight gain

(American Psychiatric Association, 2022; Verywell Health, 2024)

Because PMDD can include severe depression, hopelessness, and suicidal thoughts, people experiencing thoughts of self-harm or suicide should seek immediate emergency support.

PMDD, PMS, and PME

PMDD and PMS are both premenstrual disorders, but they differ in severity and effect on daily life. PMS can cause distressing symptoms, but PMDD is more severe and is classified as a mood disorder (American Psychiatric Association, 2022; Verywell Health, 2024).

Premenstrual exacerbation, or PME, is different from PMDD. PMDD involves symptoms that are cyclical and primarily occur in the premenstrual phase. PME happens when symptoms of an existing condition, such as depression, anxiety, bipolar disorder, ADHD, or another health condition, become worse before menstruation. PME can look similar to PMDD, which is why symptom tracking and professional assessment are important (International Association for Premenstrual Disorders, n.d.-a).

What Steps Can I Take Toward Treatment?

PMDD is a recognized diagnosis, but it can still be difficult to find a healthcare provider who is familiar with its symptoms, diagnosis, and treatment options. It is reasonable to seek care from a provider who takes symptoms seriously and understands premenstrual disorders (International Association for Premenstrual Disorders, n.d.-a).

A helpful first step is to track symptoms daily for at least 2 menstrual cycles. Tracking can help show whether symptoms follow a cyclical pattern and can help distinguish PMS, PMDD, PME, and other mental or physical health conditions (HealthLink BC, 2022; International Association for Premenstrual Disorders, n.d.-a).

People seeking care may want to discuss symptoms with a family doctor, nurse practitioner, gynecologist, psychiatrist, counsellor, or another qualified healthcare provider. A provider may also check for other conditions that can mimic or worsen premenstrual symptoms, such as thyroid disorders, depression, anxiety disorders, or other medical conditions (HealthLink BC, 2022).

Treatments With Strong Evidence

Treatment should be individualized. The best approach depends on symptom severity, medical history, mental health history, reproductive goals, medication preferences, and side effects. IAPMD notes that treatments with strong evidence have been tested in quality randomized controlled trials and shown to benefit a significant number of people with PMDD more than placebo or comparison treatments, but no treatment works for everyone (International Association for Premenstrual Disorders, n.d.-c).

Selective Serotonin Reuptake Inhibitors, or SSRIs

Selective serotonin reuptake inhibitors, or SSRIs, are one of the main evidence-supported medication options for PMDD. IAPMD states that SSRIs have been shown to improve irritability, depressed mood, mood lability, anxiety, and some physical symptoms such as bloating and breast tenderness (International Association for Premenstrual Disorders, n.d.-c).

SSRIs may work more quickly for PMDD than they do for depression or anxiety disorders. IAPMD states that SSRIs work for PMDD about 60% of the time, although individual response varies (International Association for Premenstrual Disorders, n.d.-c).

SSRIs can sometimes be taken continuously or only during the premenstrual phase, depending on the person and the healthcare provider’s recommendation. Medication decisions should always be made with a qualified healthcare provider (International Association for Premenstrual Disorders, n.d.-c).

Serotonin-Norepinephrine Reuptake Inhibitors, or SNRIs

Serotonin-norepinephrine reuptake inhibitors, or SNRIs, are medications similar to SSRIs and are used for conditions such as depression, anxiety, panic, nerve pain, and hot flashes. IAPMD notes that clinical trials show venlafaxine is more effective than placebo for PMDD, and some pilot studies suggest duloxetine may also be helpful (International Association for Premenstrual Disorders, n.d.-c).

Because SNRIs can cause more severe withdrawal symptoms than SSRIs when discontinued, IAPMD notes that many experts recommend trying SSRIs first (International Association for Premenstrual Disorders, n.d.-c).

Hormonal Treatments

Hormonal treatments may help some people by suppressing ovulation or stabilizing hormone fluctuations. HealthLink BC notes that hormonal birth control may help relieve physical and emotional symptoms of PMS or PMDD (HealthLink BC, 2022).

IAPMD identifies drospirenone-containing oral contraceptives as one hormonal option with evidence for PMDD treatment. Hormonal treatment is not appropriate for everyone, so risks, benefits, and personal medical history should be discussed with a healthcare provider (International Association for Premenstrual Disorders, n.d.-c).

Self-Care and Support

Self-care strategies may help reduce symptom burden, especially when combined with medical support. HealthLink BC recommends keeping a menstrual diary, eating healthy foods, getting regular exercise, reducing alcohol and caffeine if they worsen symptoms, getting enough sleep, reducing stress, and building a support system (HealthLink BC, 2022).

Self-care can support treatment, but it should not be used as the only treatment when PMDD symptoms are severe, disabling, or include thoughts of self-harm or suicide.

Support Resources

IAPMD provides education, downloadable screening tools, symptom trackers, peer support options, and recommended anonymous online peer support groups for people affected by PMDD and PME (International Association for Premenstrual Disorders, n.d.-a; International Association for Premenstrual Disorders, n.d.-d).

People in British Columbia can also contact HealthLink BC at 8-1-1 for non-emergency health information and help finding appropriate care (HealthLink BC, 2022).

If symptoms include thoughts of suicide, self-harm, or harm to someone else, call emergency services or go to the nearest emergency department immediately.

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