



PREMENSTRUAL SYNDROME (PMS)

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.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. LMP.2. Irritability, anxiety, decreased sexual drive, social withdrawal, angry outburst, crying, confusion, forgetfulness, extreme sadness and/or difficulty concentrating.3. Fluid retention, bloating, breast tenderness, headache, fatigue, aching, edema, and cyclic weight changes.4. Food cravings, especially chocolate, salt, sweets, and thirst5. To be clinically significant, PMS symptoms- must interfere with a woman's work, lifestyle, or interpersonal relationships.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Physical examination within 6-12 months without gynecological abnormalities.2. Define and identify symptom patterns.
LABORATORY	No lab testing confirms PMS, however lab may be medically indicated to rule out other conditions.
ASSESSMENT	Premenstrual Syndrome
PLAN	May include: <ol style="list-style-type: none">1. Encourage symptom charting for three months to observe for cyclic pattern. (See pre-menstrual symptom calendar attachment.)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, tricycling, 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, i.e., biofeedback, reflexology, meditation, or other relaxation techniques.5. Exercise: Recommend aerobic activity, personal preference to be taken into account with a realistic achievable program; Yoga6. Vitamin, herbal, and analgesic therapies. For mood changes may include:

	<ul style="list-style-type: none"> a. Magnesium supplements 340 mg qd.
PLAN	<ul style="list-style-type: none"> b. Evening of Primrose Oil (Efamol 500 mg) begin with 2 caps bid from day 15 of cycle to onset of menses. May increase to 4 capsules bid. c. Vitamin B6 50-100 mg qd from onset of symptoms until menses; discourage high doses of over 200 mg per day to avoid peripheral neuropathy. d. Calcium 1,000 – 1,200 mg 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. Exercise <p>For physical symptoms may include:</p> <ul style="list-style-type: none"> a. Ibuprofen 200-400 mg q4 hours prn to be started with onset of symptoms or prior to the onset of symptoms. b. Evening Primrose Oil may be beneficial for breast tenderness. Dosage as above.
CLIENT EDUCATION	<ul style="list-style-type: none"> 1. Provide client education 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.
CONSULT / REFER TO PHYSICIAN	<ul style="list-style-type: none"> 1. Any client experiencing increasing depressive symptoms or suicidal tendencies. 2. As appropriate if pharmacologic agents used.

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References:

1. Hatcher, R.A., et al (2004). Contraceptive Technology (20th ed.). New York: Ardent Media, Inc. pp. 556-561.
2. MedlinePlus.<http://www.nlm.nih.gov/medlineplus/ency/article/001505.htm>