

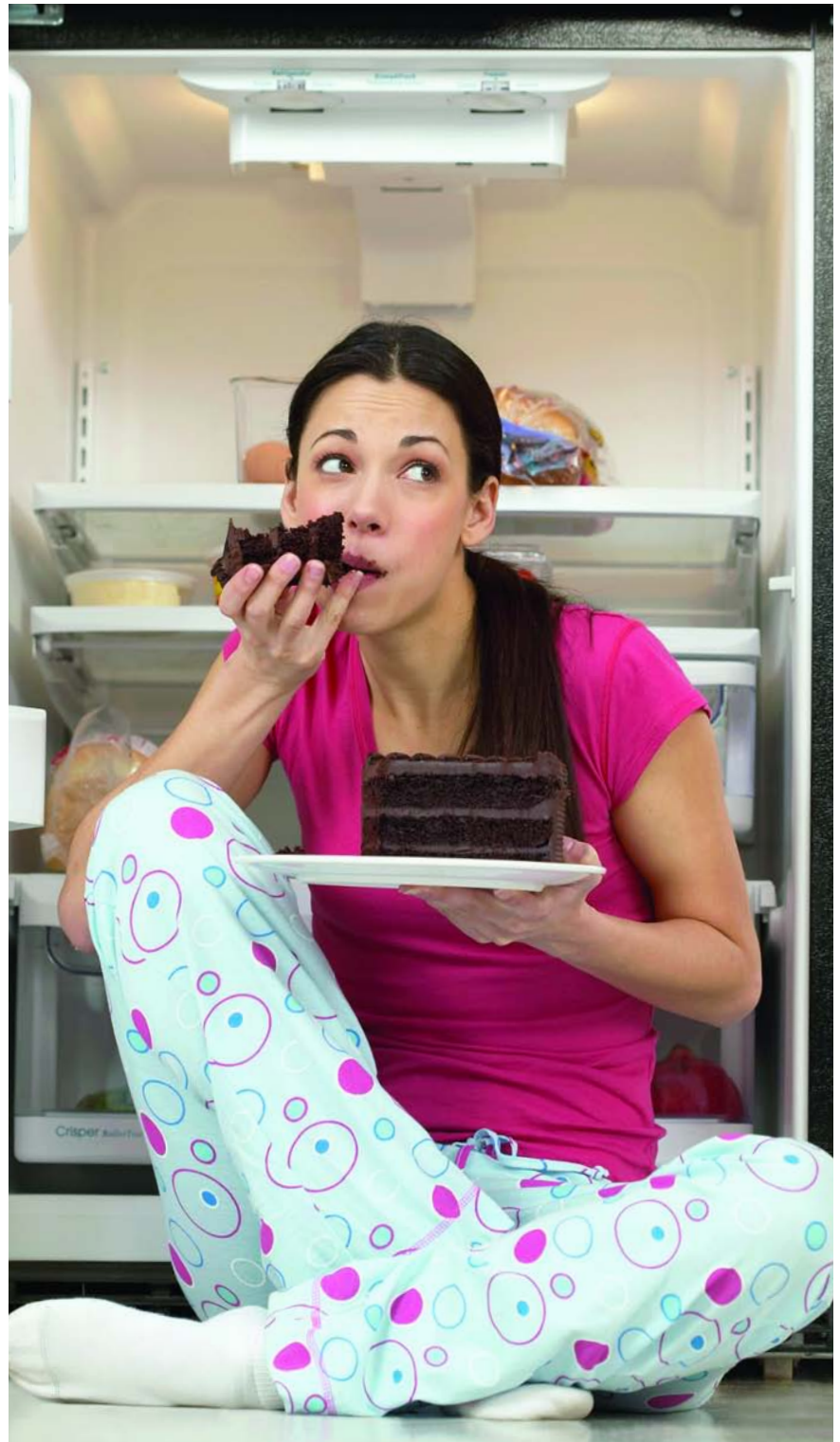
# Premenstrual Syndrome

*Self-knowledge is the key to coping with PMS* MARGARET BREAM

She's irritated, sleepy and quick to anger. She feels down, has stress dreams and lower-back pain. It's nothing to worry about, though. "I'm just PMS-ing," says Lise MacDonald, 42, an account executive in Toronto, who definitely notices a change in her feelings toward the world a few days before she gets her menstrual period. "I can usually identify PMS right away," she says. "I might notice that I completely overreacted to something while driving, or in a store, and then I think, Oh yeah, it's that time."

According to the Society of Obstetricians and Gynaecologists of Canada (SOGC), Lise is not alone. "More than 80% of Canadian women suffer from some form of premenstrual symptoms, ranging from minor discomfort to significant impairment of normal life, for up to two weeks every month," Dr. Michelle Dumont, a psychiatrist at University of Montreal Hospital Centre, told an SOGC conference at Mont-Tremblant last year. "Premenstrual symptoms should not be trivialized."

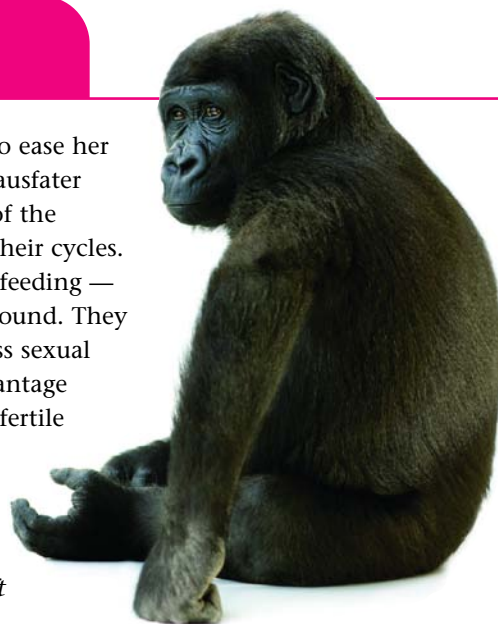
Common physical symptoms of PMS include fluid retention and bloating, breast swelling and tenderness, weight gain and skin breakouts. Food cravings, headaches, aching joints and muscles, lower-back pain, cramps and decreased libido are common complaints. The symptoms coincide with hormonal changes that may last up to the first days of the menstrual period. The chain of events that causes PMS is not completely understood, mostly because of the complexity of the female endocrine system. Thought to be involved are fluctuating blood



## PMS — it's a primate thing

At the Toledo Zoo in Ohio, Johari the gorilla got antidepressants to ease her PMS. And when University of Missouri primatologist Dr. Glenn Hausfater studied female baboons in Kenya, he found they displayed some of the symptoms reported by women during the premenstrual phase of their cycles. For starters, they were much less social and spent a lot more time feeding — often alone in trees instead of in companionable groups on the ground. They also got involved in more antagonistic interactions and had far less sexual interaction with males. Is there some unexplained Darwinian advantage to stocking up on food and avoiding sexual contact during a non-fertile period? Possibly, says Hausfater, but such PMS symptoms could also be an epiphenomenon — an incidental consequence of the forces of natural selection on hormonal processes, which somehow raised female primates' chances of pregnancy.

— Diana Swift



levels of the hormones estrogen, progesterone, prolactin and aldosterone, as well as of fatty compounds called prostaglandins and various brain chemicals such as the neurotransmitter serotonin.

Emotional symptoms — often described as mood swings — may be the most difficult aspect of PMS. These include sadness, irritability, anger and hopelessness. But Dr. Christine Hitchcock, a research associate at the Centre for Menstrual Cycle and Ovulation Research (CeMCOR) at the University of British Columbia in Vancouver, points out that research has tended to focus on the negative emotional changes throughout the cycle. "It's often forgotten that not all women experience these changes and that many women also notice an upswing in creativity and mood at other times in their cycles — specifically in the time following menstruation."

Hitchcock recommends that women learn their own patterns by keeping a daily menstrual diary, available on CeMCOR's website (go to [www.cemcor.ubc.ca/help\\_yourself/handouts/daily\\_diaries](http://www.cemcor.ubc.ca/help_yourself/handouts/daily_diaries)). "Just keeping a record and understanding and

being able to predict your symptoms and experiences can have a powerful effect," she says.

The symptoms of PMS can occur throughout a woman's menstruating years and may get worse in her late 30s and into her 40s, as she enters the perimenopausal stage. After menopause — defined as the time beginning one year after a woman's last menstrual period — the reproductive hormones are low and no longer rise and fall so drastically, making PMS a thing of the past.

Women troubled by PMS are commonly advised to make lifestyle changes during the premenstrual phase that include reducing stress, getting regular aerobic exercise to increase the heart rate and cutting caffeine and sodium intakes.

Many experts also recommend decreasing or eliminating alcohol. Women should speak to their physicians about taking calcium supplements. New research has shown that calcium supplements, given with vitamin D to boost absorption, can be effective in reducing the severity of symptoms.

Cramps and breast tenderness can be relieved with common

non-steroidal anti-inflammatory drugs (NSAIDs) such as acetylsalicylic acid, ibuprofen and naproxen.

Those who experience severe mood disturbances should see their physicians, as they may be among the small percentage with premenstrual dysphoric disorder, a diagnosable condition with a combination of specific and severe symptoms. These symptoms are largely psychiatric and treatable.

For most women, though, PMS remains a normal, if annoying, aspect of womanhood, which can be handled with self-knowledge and self-care. "I try to get more sleep, relax in the bath and not take on too many tasks when I'm in PMS mode," says Lise. Sounds like good advice all month long.

When self-care is not enough, women should see their physicians, who may prescribe one or more medications. These include diuretics to help with sodium and excess fluid and retention, NSAIDs to help ease breast and other discomforts, antidepressants to manage mood problems, and oral contraceptives to stabilize the hormonal swings that coincide with PMS. 🩺