

Premenstrual Dysphoric Disorder (PMDD)

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AIM

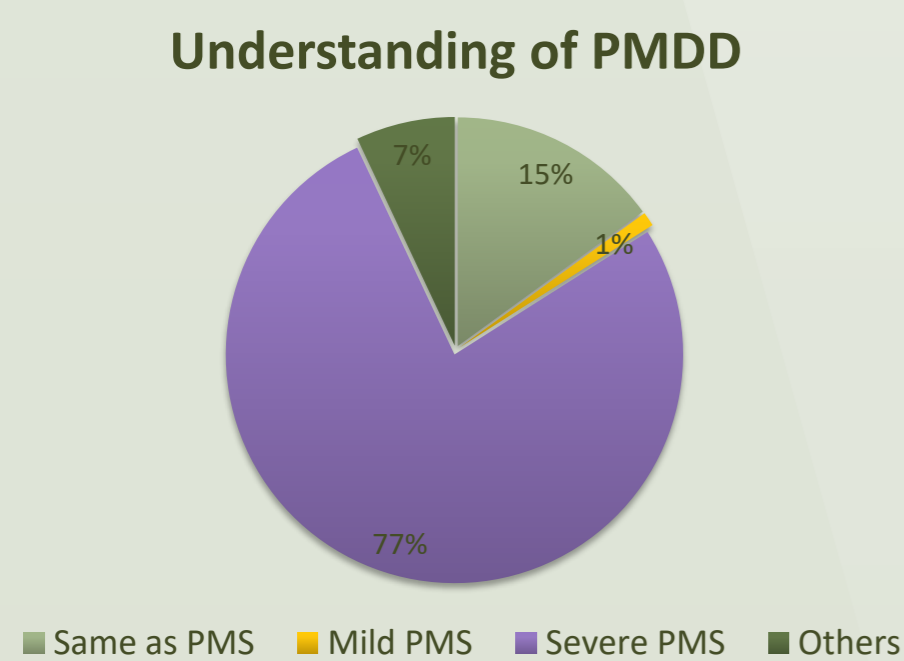
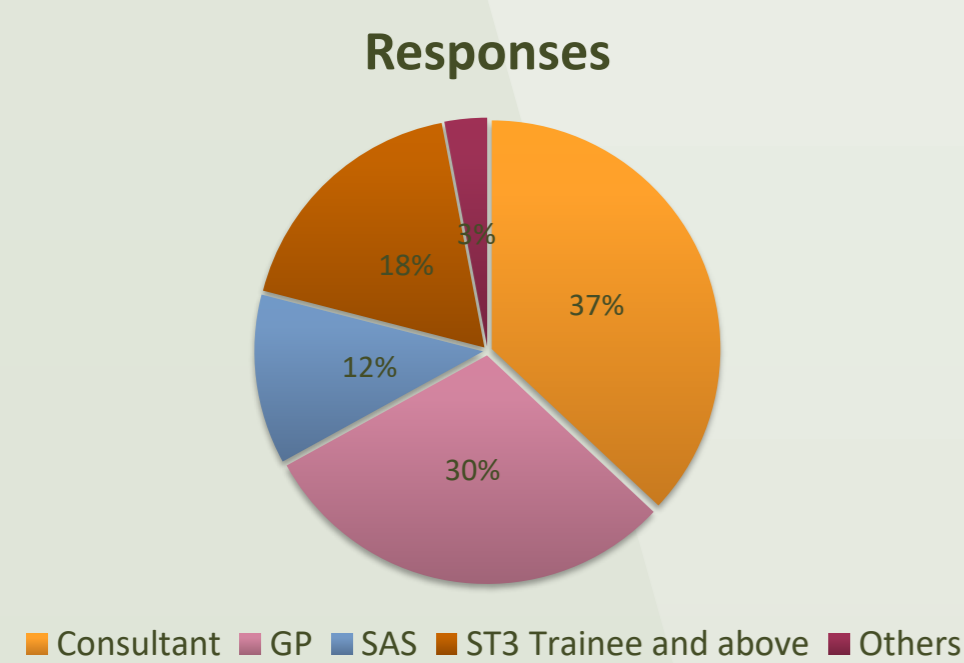
To evaluate the awareness and understanding of PMDD among health professionals and create a platform for discussion and review of literature related to it

METHODOLOGY

An online survey conducted among all genres of health professionals including GPs/trainees/Speciality doctors/Consultants in Wales

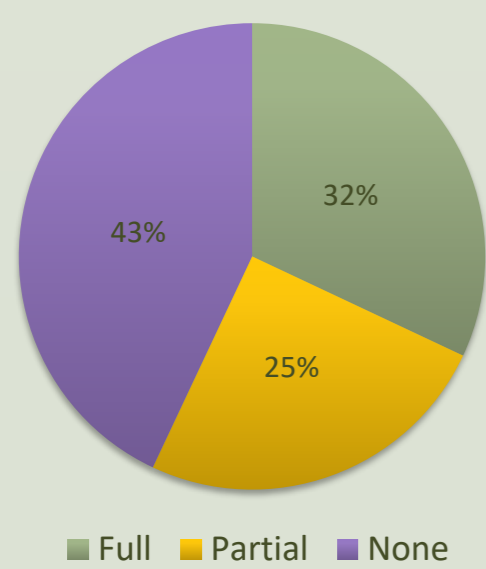
RESULTS

Total 73 responses

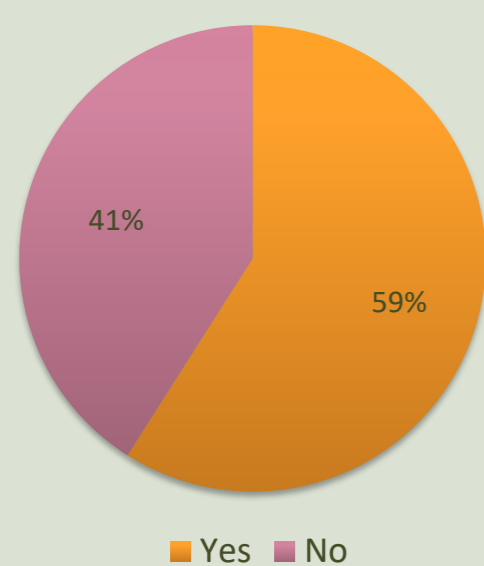


Most of people aware of the entity though 15% said it was same as PMS or just a new name

Knowledge of DSM-5 criteria



Consider Mental Health problem



AETIOLOGY

- 93% believed it to be due to sensitivity to for changes in hormonal levels
- 41% and 23% said past traumatic event and genetic aetiology respectively
- 8% said aetiology unknown / others

BACKGROUND

PMDD affects 3-5% of women of child bearing age(1)
Recently recognised diagnostic entity by DSM-5
Severe form of emotional and physical symptoms onset in premenstrual phase and gradually resolving after periods starts
Continuum of PMS at severe end

ETIOPATHOLOGY

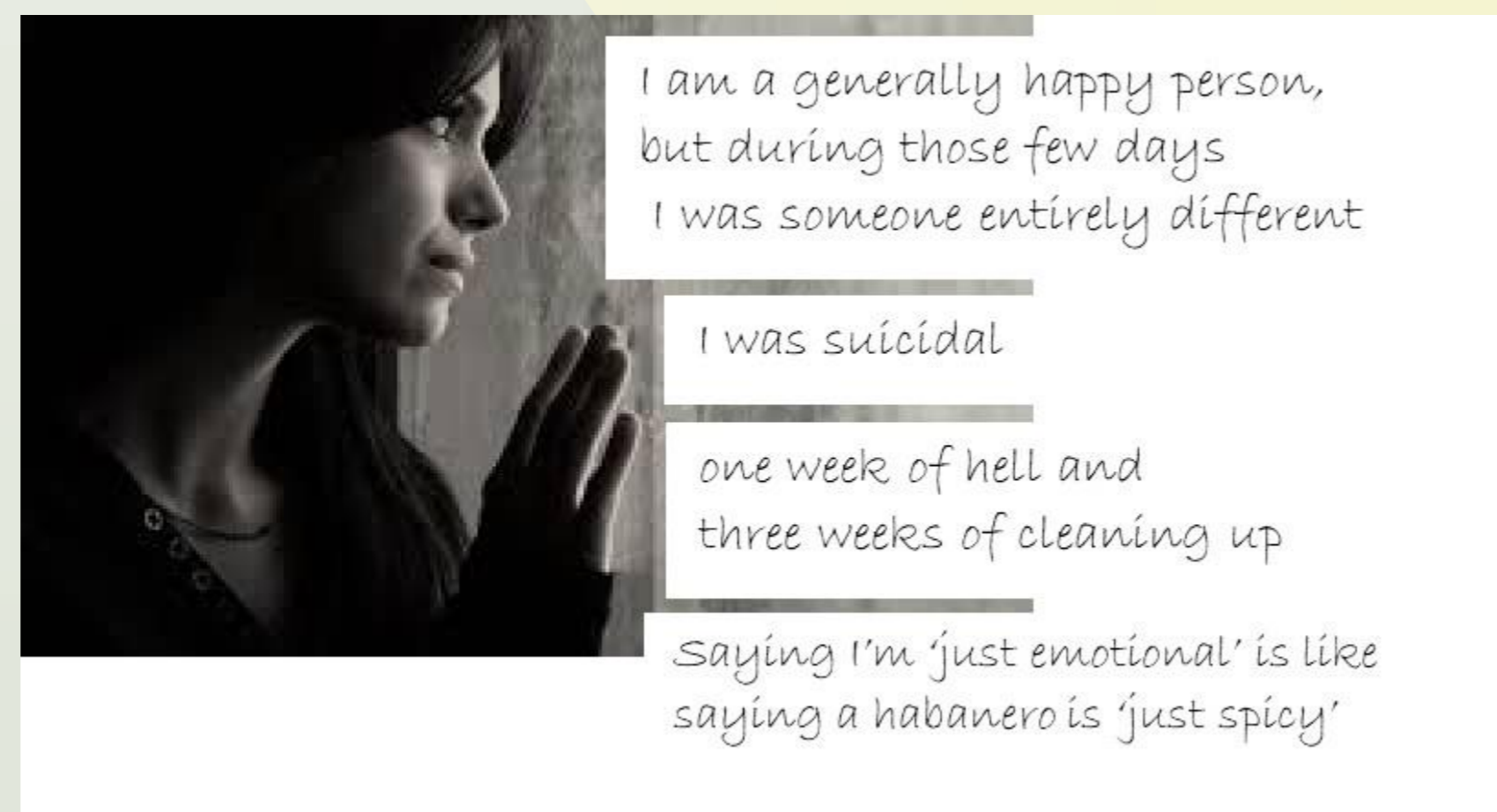
Not clearly known
Altered sensitivity to normal hormonal fluctuations specially progesterone and its metabolite allopregnanolone (positive modulator of GABAA receptors) (2,3)
Genetic predisposition ?

DIAGNOSIS

Symptom Dairy - Definite temporal relation of symptoms
Rule out other causes/ underlying mental health disorder
DSM-5 Criteria

MANAGEMENT

-Suppressing ovulation (COCP, GnRH, BSO), or - Lifestyle Modifications/ CBT
-Correcting a speculated neuroendocrine anomaly (SSRI) - Support Groups



Nearly all were aware of symptoms / presentation of PMDD

DIAGNOSIS

- 93% agree Symptom diary is required
- 82% recommend detailed history and examination
- 48% will do blood tests to rule out other causes for symptoms
- 10% plan to have imaging studies to help in diagnosis

MANAGEMENT

- 68% and 60% recommends SSRI and hormonal treatment to suppress ovulation respectively
- 60% recommend Lifestyle modification and CBT for the treatment
- 34% feel surgery may be required to improve symptoms
- 27% suggest these patients need to be seen in association with Psychiatrist
- 40% agree that these all forms of treatments may be required at different stages to help the women

OVERALL

- 90% feel support and empathy helps in treating PMDD patients
- 80% suggests that support groups have a role in management
- 80% feel medical management +/- surgical interventions are effective

FEEDBACK ON SURVEY FROM PARTICIPANTS

"Never heard of PMDD before, would like to learn more. Most of the answers were guessed"
"Myself and most of my colleagues **not aware of diagnosis and management options"**
"Good survey"
"Suggestion for **Regional Specialist team** including Gynaecologist/ Psychiatric/ Support team for management of PMDD patients"

DSM-5 CRITERIA (Diagnostic and Statistical Manual of Mental Health Disorders)

CRITERIA

- Timing :- Symptoms present for most of preceding year. At least 5 symptoms must be present in the week before the onset of menses and starts to improve indays after start of menses.
- One or more of the following symptoms must be present: 1) **Marked affective lability** (e.g., mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection) 2) **Marked irritability or anger** or increased interpersonal conflicts
3) **Markedly depressed mood**, feelings of hopelessness, or self-deprecating thoughts
4) **Marked anxiety**, tension, and/or feelings of being keyed up or on edge
- One (or more) of the following symptoms must additionally be present to reach a total of 5 symptoms when combined with symptoms from criterion B above
1) Decreased interest in usual activities
2) Subjective difficulty in concentration
3) Lethargy, easy fatigability, or marked lack of energy
4) Marked change in appetite; overeating or specific food cravings
5) Hypersomnia or insomnia
6) A sense of being overwhelmed or out of control
7) Physical symptoms such as breast tenderness or swelling; joint or muscle pain, a sensation of "bloating" or weight gain
- Clinically significant effect on personal and professional life
- Not an exacerbation of other Psychiatric disorders
- Symptom diary for atleast 2 months to confirm temporal relation.
- Rule out other medical disorders / drug relation

DISCUSSION

It is a **distinct disorder** known to significantly impact life of reproductive age women

Limited knowledge of this recent medical disorder among health professionals

Highlights **need for platform to discuss** PMDD and develop protocols /pathways / guideline to manage it

Scope of research for management of PMDD

- Internet-based CBT (iCBT) (4)
- Iso-Allopregnanolone (2)
- Vitex agnus castus extract (5)
- Calcium supplementation (6)

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