PRIMARY CARE
WOMEN'S HEALTH FORUM

Top 10 Tips for Diagnosis & Management of Premenstrual Disorders in Primary Care

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This resource has been produced on behalf of the PCWHF. Remember that this is guidance and to please use your clinical judgement on a case-by-case basis.

Top 10 Tips for Diagnosis & Management of Premenstrual Disorders in Primary Care

1 Cyclical, hormone-based mood disorders, affecting quality of life; presenting in the luteal phase of the menstrual cycle and absent during the follicular phase.

2 Premenstrual dysphoric disorder (PMDD) is the most severe form, affecting 5–8% of women of reproductive age; up to 30% of sufferers have made a suicide attempt during a PMDD crisis.

3 Accurate diagnosis requires prospective symptom tracking against the menstrual cycle for at least 2 months, either paper based (eg DRSP) or via an app.

4 Blood tests are of no diagnostic value; these are disorders of acute hormone sensitivity, not imbalance.

5 Clinical management guidelines are available from the RCOG (Green Top) and the National Association of Premenstrual Syndromes (NAPS).

6 Regular exercise and a diet rich in fibre and complex carbohydrates (and low in saturated fats, processed foods & alcohol) may help.

7 Complementary therapies: There is some evidence for vitamin B6, vitex agnus-castus (not with CHC/HRT) and CBT.

8 Continuous or luteal phase SSRIs can be effective in up to 60–75% of patients with severe premenstrual disorders. Start at the lowest dose.

9 Hormonal therapy (continuous low dose drospirenone containing CHC or HRT) can be effective, if anovulation is achieved; however, progestogens can exacerbate symptoms in some.

10 Signpost all patients to further information & support (e.g. NAPS, and the International Association for Premenstrual Disorders [IAPMD]), and consider referral for complex/treatment resistant cases.