



## **Premenstrual Dysphoric Disorder**

### **Progressive Case Conference:**

### **Premenstrual Exacerbation**

### *Trainee Guide*

#### **Contributor**

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#### **Pre-assessment learning:**

Before you attend the classroom didactics on this module, please review some concepts of premenstrual disorders in the following articles:

Lanza di Scalea, T., & Pearlstein, T. (2017). Premenstrual dysphoric disorder. *Psychiatric Clinics of North America*, 40(2), 201-206.

Yonkers, K. A., & Simoni, M.K. (2018). Premenstrual disorders. *American Journal of Obstetrics and Gynecology*, 201(1), 68-74.

Hantsoo, L., & Epperson, C.N. (2015). Premenstrual dysphoric disorder: Epidemiology and treatment. *Current Psychiatry Reports*, 17:87.

Please also review the PMDD Self-Study Module.

#### **Overview:**

Premenstrual mood symptoms are common and can be debilitating for some women. The exact etiology is unknown, but research increasingly implicates individual women's vulnerability to normal hormonal fluctuations as well as serotonin deficits. It is important to distinguish among the various premenstrual disorders, as treatment will differ.

#### **Session:**

- **Pre-assessment learning (prior to classroom)**
- **Group activity: Case conference including video and case discussion**

#### **Learning objectives:**

At the completion of this session, participants will be able to:

1. Describe the prevalence and symptoms of premenstrual disorders, including premenstrual syndrome, premenstrual dysphoric disorder, and premenstrual exacerbation of another mood disorder
2. Understand the difference in symptomatology among the premenstrual disorders and how to chart symptoms
3. List risk factors for premenstrual disorders
4. Understand possible etiologies for the development of premenstrual disorders
5. Understand DSM-V diagnostic criteria for PMDD and differential diagnosis of PMDD
6. Understand treatment options for PMDD and premenstrual exacerbation of mood disorders



### **Case presentation:**

FC, a 26-year-old G0P0 Caucasian single woman who works as an event planner, presents to a physician with a chief complaint of “there’s something wrong with my hormones.” She reports no prior formal psychiatric history, no acute gynecologic issues or sexually transmitted infections, and no medical problems beyond obesity (BMI 31) and mild intermittent asthma that she controls with an albuterol inhaler. She underwent menarche at age 12, the same age as her mother and older sisters, one of whom has fibroids and menorrhagia. Her periods were irregular and scant for the first two years, but by age 14 she was experiencing heavy and prolonged bleeding, accompanied by severe pain and mood changes. Her mother took her to the pediatrician, who recommended oral contraceptives, which Felicity used for the next 12 years; her pain and mood symptoms improved with the oral contraceptive and have not been interfering with her life.

Recently, however, FC’s middle sister was diagnosed with Factor V Leiden, and FC’s gynecologist mentioned that the blood clotting disorders were relative contraindications for hormonal contraception. Felicity stopped her oral contraceptive, and within two months she was again experiencing heavy bleeding and severe cramping during her menses, along with mood changes, bloating, and breast tenderness in the two weeks prior to menses. She wants to know what she can do about these symptoms.

### **Discussion Questions**

1. What is the differential diagnosis for Felicity’s symptoms at this point?
2. What risk factors for premenstrual disorders are already mentioned in the case presentation? What additional risk factors are there that may or may not be present for this patient?

### **Watch Video #1 (continuation of the above case)**

2. What diagnosis is most likely with this additional information? How is the diagnosis defined?
4. What is the prevalence of this diagnosis?



**Watch Video #2 (alternative case)**

5. What diagnosis do you most strongly suspect now, and what are the criteria for that diagnosis?
6. How common is this diagnosis?
7. What causes it?
8. What do you need to do now to confirm this diagnosis?

**Watch Video #3 and see Mood Tracker on following page (continuation of alternative case)**

9. How do we treat PMDD?
10. Does it make sense to use SSRIs in luteal phase dosing? Don't they take 6-8 weeks to work?
11. How does treatment differ if the patient is found to have premenstrual exacerbation of an underlying disorder?



## Premenstrual Daily Symptom Chart

Name: *Jane Doe*

Month: *July*

1. Circle the days of your menstrual period in the row labeled Day of Month.
2. Begin your ratings today. For example, if today is the 12th day of the month, mark your symptoms in the column labeled 12. At the same time each day, use a marker or pen to fill in the correct numbered box to show how severe each symptom was over the past 24 hours. Leave the symptom blank if you had no problem with that symptom. See example on the right. If you forgot to fill in a day, place an X in the Day of Month bar to signify that you did not fill in the chart for that day.
3. Continue on new page on the first day of the next month.

Example:

none	mild	moderate	severe
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

	Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Irritability	3																															
	2																															
	1																															
Sudden mood changes	3																															
	2																															
	1																															
Tension	3																															
	2																															
	1																															
Sadness	3																															
	2																															
	1																															
Decreased interest in usual activities	3																															
	2																															
	1																															
Feeling overwhelmed	3																															
	2																															
	1																															
Difficulty concentrating	3																															
	2																															
	1																															
Bloating	3																															
	2																															
	1																															
Breast tenderness	3																															
	2																															
	1																															
Food cravings	3																															
	2																															
	1																															
Lack of energy	3																															
	2																															
	1																															
Change in sleep	3																															
	2																															
	1																															
Relationship problems	3																															
	2																															
	1																															
Other: <i>Suicidal Thoughts</i>	3																															
	2																															
	1																															