



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی اراک



Dr.Shahmoradi . Psychiatrist



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی اراک

Dr. Zahra shahmoradi *Psychiatrist*



Dr. Shahmoradi . Psychiatrist



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Premenstrual dysphoric disorder



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Affective change

- Dysphoria
- Irritability
- Tension
- Hostility
- Labile mood





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Physical

- **Breast pain**
- **Breast bloating**
- **Breast swelling**
- **Headache**



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Behavioral Physical

Repetitive in
secondary half
of menstrual
cycle

Interfere
Life

Late luteal
phase



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In
reproductive
age

Normal

Mild emotional or physical
symptoms 1-2day before or
onset of menses

No

Distress
Impairment



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- One or more of the following symptoms must be present:
- Mood swings, sudden sadness, increased sensitivity to rejection
 - Anger, irritability
 - Sense of hopelessness, depressed mood, self-critical thoughts
 - Tension, anxiety, feeling on edge

DSM5





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DSM5

One or more of the following symptoms must be present to reach a total of five symptoms overall:

- Difficulty concentrating
- Change in appetite, food cravings, overeating
- Diminished interest in usual activities
- Easy fatigability, decreased energy
- Feeling overwhelmed or out of control
- Breast tenderness, bloating, weight gain, or joint/muscles aches
- Sleeping too much or not sleeping enough



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6day

Most cycle occur previous year

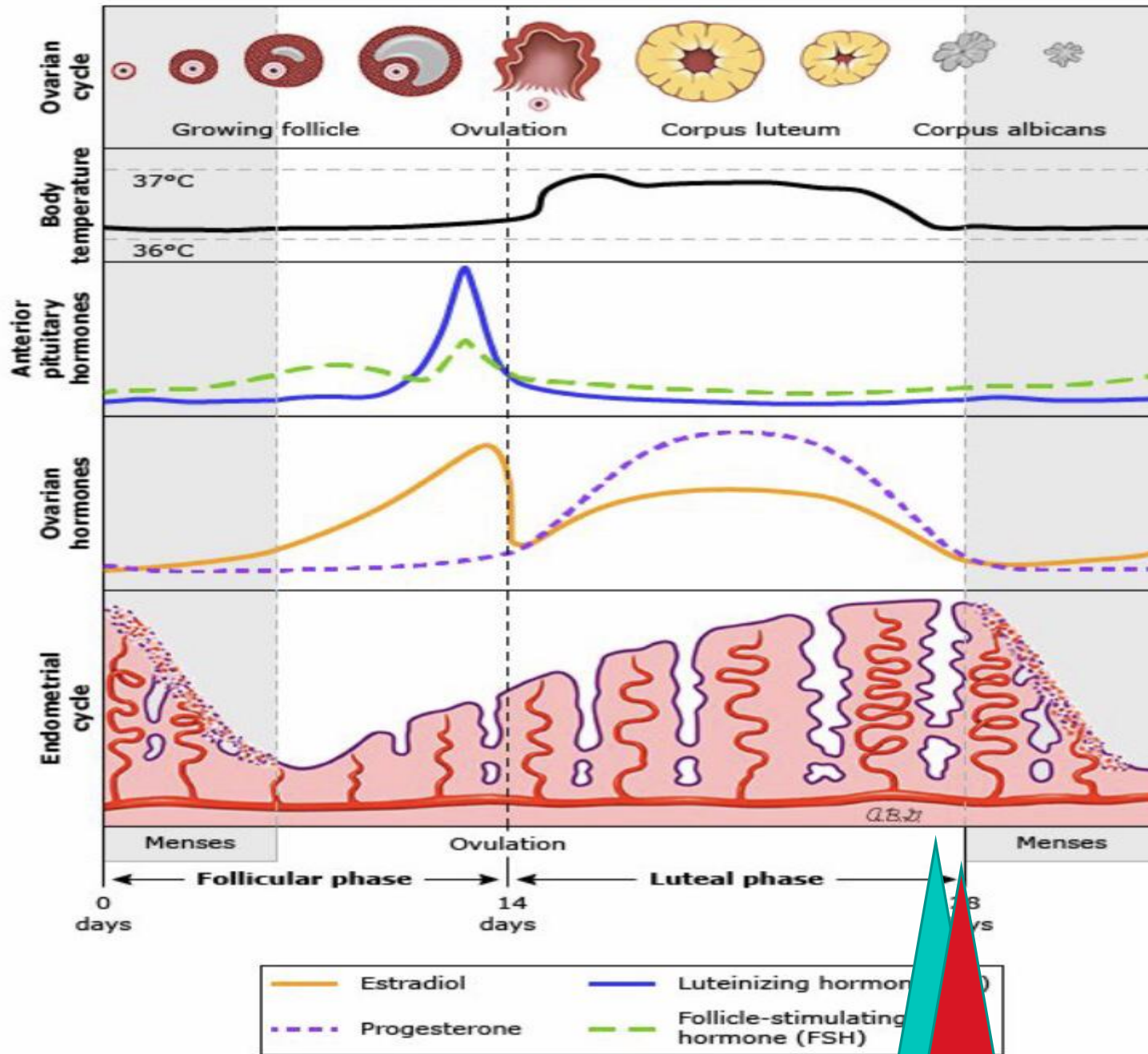
Irritability is common



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Suicide

In severe mood symptom

Refer mental health professionals



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**Some women experience symptoms more in late reproductive years .
And women with PMS appear to be at higher risk mood disorder in menopause transition**



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- After menopause
- Pregnancy
- Disruptive ovarian

PMDD





Physical exam

Normal





مركز خدمات بهداشتی درمانی اراک

No abnormalities
Gonadotropin
Sex steroids



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Evaluation

- Detailed history of menstruation (relationship between symptoms and cycle)
- Lab test not needed
- In young women with irregular cycles:
HCG TSH FSH PRL
- If using OCP: history before use
- Lab tests should be limited:
:TSH (hypothyroidism & hyperthyroidism)





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Diagnosis

- A valid and reliable prospective symptoms inventory is required
- Daily record of severity of problem (DRPS)





Women w.o mens.

- Normal ovulation functions and ovulation in the absence menstruation
- This women experience typically cycle symptoms of PMMD
- Can't use menstruation as reference





Prospective chart

- **Hysterectomy with conservation ovarian**
- **Endometrial ablation that results amenorrhea**
- **30-40%**

- **Use levonorges trel intrauterin eb device**





DDx

Mood and Anxiety Disorder

- overlaps
- Daily calendar:luteal phase onset symptom and resolution in follicular phase
- women experience symptoms in luteal and follicular phase have Minor depression,MDD,dysthymia,





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DDx

Menopausal transition

- 40-50Y
- PMMD:20y
- Above 20% experience mood or anxiety in menopause transition
- When menstrual cycle began irregular /anovulatory
- Hot flash
- FSH is not necessary





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DDx

Thyroid Disorder

- Hyperthyroidism :Mood disorder
- Hypothyroidism

Substance

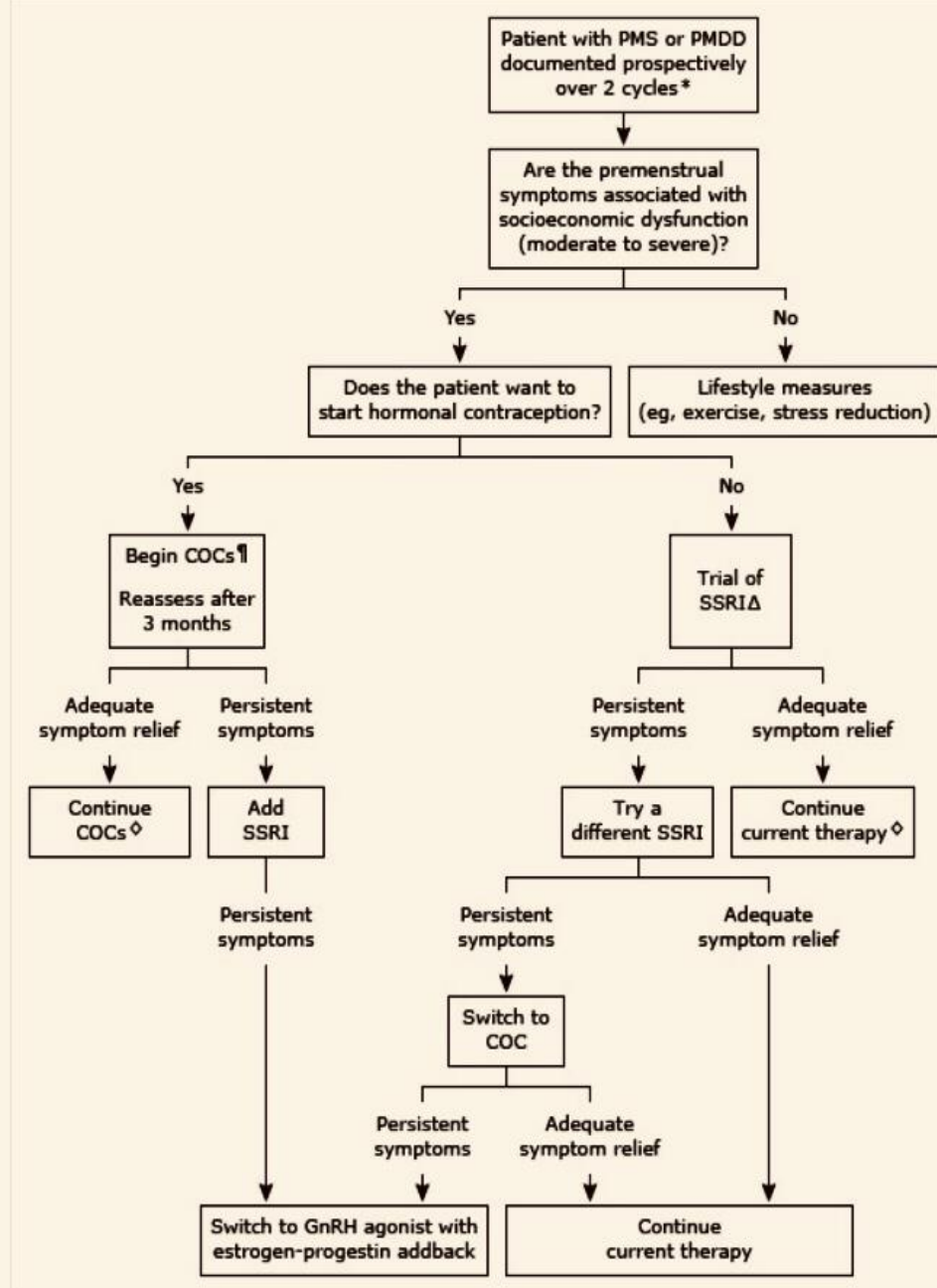
- Women with PMMD use alcohol
- FH of alcohol experience more anxiety premenstrual



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Treatment





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Exercise → □ physical sym.

Stress reduction techniques

- **Vitex Agnus**

Castus(chasteberry)

- **Prime Rose, vitE,**

B6, calcium, magnesi

m

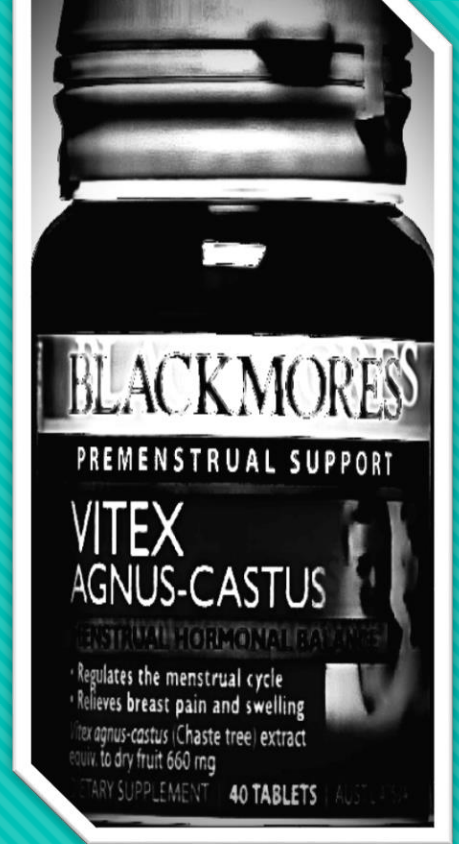
Mild
• **Not distres**
s



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پارلمان مشورتی اسلامی - مجلس شورای اسلامی - مجلس خبرگان رهبری



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Mod-severe Distress social and economic

- Anxiety and depression
- Coping skills
- In suboptimal response to drug

CBT/Drug

- SSRI :
- Sertraline
- Citalopram
- Escitalopram
- Fluoxetine
- But paroxetine: weight gain
- SNRI:venlafaxine:W.D syndrome
- TCA:clomipramine(25mg-200):side effect





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Drug

- COCS (combined progesterone and estrogen contraception)
- GnRh Agonist



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Continuous T.

- In women with low level symptoms present during non premenstrual interval
- In severe physical symptoms
- Woman who prefer simplicity

SSRI



Luteal phase therapy

- From 14th cycle
- At the onset of menses discontinued
- Must be Asymptom in follicular phase
- Higher dose of SSRI need

SSRI



Symptom Onset Therapy

- Beginning at the point symptom onset
- until few days of menses

SSRI





مات بهداشنگ درماند اراك

**Non
response**

70% responded
Non response:
Secondary
SSRI
Tertiary SSRI



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**Non
response**

- Minor depression
- Substance use
- Another condition





Optimal duration unknown

- In continuous therapy: 1 year then taper down **or** intermittent therapy **or**
- Stop the therapy
 - In recurrency:
- treatment resumed until they become pregnant or complete menopause transition





Combined estrogen-progestin contraception

COC

- Suppress hypothalamus-pituitary –ovary Axis and ovulation
- Prefer mono phasic pills
- Drospirinone:FDA approved



CBT

Reduce anxiety
depression
Distress
Improve coping skills



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GnRh Agonist

GnRH agonists should not be considered until the patient has first tried multiple SSRIs and a COC with a shortened pill-free interval or continuous administration
GnRH agonists should not be given without estrogen-progestin add-back therapy to avoid menopausal symptoms and estrogen-deficiency complications such as bone loss.

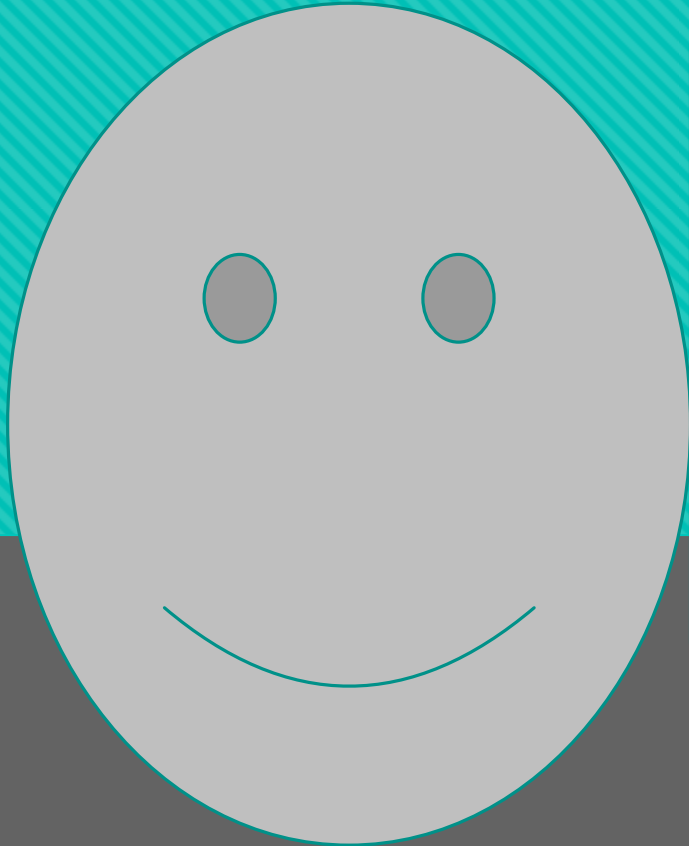


Acupuncture

Improve
physical and
mood **but**
No suggestion



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Surgery

bilateral oophorectomy,
usually with concomitant
hysterectomy, to be
effective for such
patients



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Not recommended



Not recommended



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خدمات بهداشتی درمانی اراک

موفق و پیروز باشی



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