This book has been prepared and published by the National Association for Premenstrual Syndrome with a generous financial grant from Kira Herbal Remedies.

Written for women and men, it provides guidance on the assessment, diagnosis and self-management of the complex psychological, behavioural and physical symptoms experienced by women during the menstrual cycle.

Patients, consultants, GP’s, specialist nurses and the NAPS helpline team have all helped in preparing this book.

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NAPS Honorary President is Professor Dame June Clark. Patrons of the Association are Professor John Studd, Liz Hodgkinson, Dr Aric Sigman, Dr Paul Stillman, Dr Miriam Stoppard, and Denise Welch.

Further information or advice about PMS is available from the NAPS Helpline 0870 777 2177 or on our website, www.pms.org.uk. For further information about the Association contact NAPS on 0870 777 2178.

Christopher Ryan
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The Greek physician Hippocrates first identified PMS over 2000 years ago when he observed that “women are subjected to intermittent “agitations” and as a result the “agitated” blood finds it’s way to the head of the uterus whence it is expelled.” He also noticed “shivering, lassitude and heaviness of the head denote the onset of menstruation”.

Despite this very early diagnosis of the syndrome, PMS had received relatively little clinical attention until the mid 20th century. It was against this background that the National Association for Premenstrual Syndrome (NAPS) was established in 1983 by patients and clinicians. Since then, the Association has gained a unique insight into the extent of PMS, the psychological, behavioural and physical distress caused, and the opportunities for effective self-treatment.

Premenstrual Syndrome, and the more severe symptoms of Premenstrual Dysphoric Disorder, chronically affects a large proportion of menstruating women. PMS is particularly complex and although awareness of PMS is now increasing many women still report that primary health professionals poorly understand PMS.

Many women are concerned at the propensity for health professionals to prescribe drug treatments, and they are keen to explore alternative options.

We trust that this booklet helps provide women with useful guidance on reducing the severity of their PMS symptoms.

**The National Association For Premenstrual Syndrome (NAPS)**

Founded in 1983 NAPS is a registered patient and medical charity that provides continuing help, information and support to PMS sufferers, health professionals and to those others affected, including families, employers and trade unions. NAPS hosts a national Helpline 0870 7772177 that is available each weekday. The Association has a continuing programme of clinical education and patient information, supported by an informative website, [www.pms.org.uk](http://www.pms.org.uk).
The Extent Of PMS

It is estimated that over 9 million women in Britain will regularly experience PMS symptoms. Research also finds that up to 800,000 women in the UK will be affected by the more merciless mental health and behavioural symptoms of Premenstrual Dysphoric Disorder, including very depressed moods, feelings of hopelessness, marked anxiety, tension, edginess and unexpected mood shifts.

Symptoms

Poor concentration, irritability, tearfulness, deep feelings of being misunderstood, breast tenderness, chronic fatigue, bloating, headaches, weight-gain, skin problems - such as acne, acute tension, anger, anxiety, panic attacks, mental confusion, cravings, binge eating.

Conditions such as sinus problems, asthma, epilepsy, acne, alcohol abuse, backache, irritable bowel, and migraine are reported to worsen premenstrually for some women.

In short, PMS is a severe chronic condition whose symptoms often cause misery for the sufferer and for those around them. Recording the pattern and timing of symptoms experienced within the menstrual cycle is the most reliable means of identifying PMS.
What Is PMS?

Whilst further research continues to increase our understanding of this common condition, there is compelling evidence that symptoms are directly related to the fluctuations in hormone levels during the monthly cycle. Symptoms may increase in severity during hormonal changes, such as during puberty, following childbirth, after a miscarriage or termination, when starting or stopping the contraceptive pill, or even occasionally after a hysterectomy.

Women who experience postnatal illness are also more likely to suffer from PMS. Symptoms often become noticeably more severe as women become older, however, woman of any childbearing age can be affected. PMS can affect successive generations of the same family, although a formal genetic link has not yet been established.

We recommend that women discuss their PMS experience within the family. This often reveals that other female members of the family have been affected by PMS and have found treatments that have helped them. Observation and experience are often the best teachers!
NAPS recommend that every woman should become well informed about their menstrual health. Keeping a chart provides real insight into menstrual related symptoms and many women are empowered by the personal health information that this process reveals.

**Your Menstrual Chart And Your GP**

The menstrual chart provides you and your GP with an evidence base from which to diagnose and treat. Although most GP’s recognise the significance of PMS upon the well being of women and the impact upon families, children and in the workplace, some clinicians are less understanding. A menstrual chart will provide an invaluable tool for those women still needing to convince their GP about the cause and duration of symptoms.

NAPS advise women to provide a copy of their menstrual chart to their GP as supplementary information for medical notes.

Research in Britain and US shows that PMS is a significant cause of personal relationship tension and breakdown, and employment difficulties. For many women the impact of PMS episodes upon their partners and their parenting causes greatest concern.

NAPS research has found that PMS is a contributing factor in many relationships under threat.
The menstrual cycle normally occurs monthly throughout a woman’s reproductive years as the lining of the womb (uterus) gradually grows in thickness until shed at the period. A sensitive balance of different hormones controls this recurring event, including progesterone and oestrogen and others that have a lesser role.

Ovulation usually occurs on the 14th day before the beginning of the next period. The average length of the menstrual cycle is from the first day of bleeding in one cycle to the first day of bleeding in the next, this is around 28 days; however, the duration can vary greatly.

Following ovulation the lining of the uterus (endometrium) becomes thicker under the influence of the hormone oestrogen as the womb prepares to receive the egg. If the egg is not fertilised, the additional lining of the womb is superfluous so it breaks down, leaves your body and begins your period.

**Coping With PMS**

After completing the menstrual chart for two or three cycles confident treatment can begin. Many women with PMS want to explore alternatives to medical treatments and experience shows that self-treatment can be very effective. Freedom from all symptoms often takes time (and perseverance) however there are ways that have proven to be successful in helping women take control of their PMS episodes.

Many symptoms are affected by diet and lifestyle changes. Helpful advice can be found throughout this booklet. NAPS recommend adopting changes as the first step to managing your PMS. A positive decision to act will give you a real sense of taking control of your menstrual health. Where appropriate involve your partner, or family and friends in supporting you.
A healthy diet, particularly one that is low in fat and refined carbohydrates and high in unrefined starchy food can relieve PMS. This diet is also the best one for general health, which will help protect you against heart disease and control your weight.

### HAVE LESS
- fat
- sugar
- salt
- caffeine
- alcohol

### HAVE MORE
- starch
- fibre
- vegetables
- fruit

### How To Eat Less Fat

Reduce all forms of fat used in cooking: for example, oils, butter, margarine, suet or lard. Try olive based products to increase the consumption of essential oils. Try to adopt the following advice:

- If using butter or margarine, spread as thinly as possible.
- If oil or fat is needed for cooking, avoid saturated and trans fats. Trans fats are contained in solid or semi-solid margarines and many cooking oils used to produce processed foods. Study food labels carefully and avoid foods that include hydrogenated fat and partially hydrogenated fat. Saturated fats contain large amounts of saturated fatty acids and are typically solid at room temperature; they include butter, lard, beef tallow, coconut and palm oils. Monosaturated fats such as olive oil or rapeseed oil are much better for PMS sufferers. Fish oil has also been shown to be beneficial for health and may help to alleviate depression.
- Measure any oil used rather than just guessing quantities
- Grill, poach, steam, bake, microwave or boil food, rather than fry or roast.
- Cut down on high fat content foods, examples include pastries, pies, samosas, crisps, croissants, cakes, biscuits and chocolate.
- Trim off visible fat from meat and the skin from poultry before cooking.
  - Pour away excess fat during cooking or when cooled, particularly from dishes containing mince or stewing meat.
- Choose leanest cuts of meat. Avoid salami, sausages, burgers and processed meats.
- Replace one or two meat based meals with fish or pulse-based vegetarian dishes.
- Use skimmed or semi-skimmed milk, and low fat or cottage cheese.
- Replace cream in recipes with low-fat alternatives.
- Many sauces and dressings e.g. tomato ketchup and mayonnaise, are high in fat or sugar. Substitute them with low fat alternatives.
Carbohydrates

The carbohydrate food group contains starches and sugars that keep energy levels up by providing glucose to the blood and brain. Slow release carbohydrates are the best to eat when you have PMS. These include, muesli, oats, granary bread, chapattis, pitta bread, brown and basmati rice.

Have some starchy food with each main meal. During PMS episodes eat starchy snacks too. Some experts consider that starchy foods assist the body’s production of serotonin, a naturally occurring substance that conveys electrical signals in the brain and is known to lift mood and relieve pain.

Good starchy snack ideas include: rye crisp breads, oatcakes, plain semi-sweet biscuits, digestives, pitta bread, fruit loaf, malt loaf, dried fruit, reduced fat ice cream, low fat yogurts, a glass of semi-skimmed milk or milkshake, fruit, unflavoured pop corn.

Cut Back Your Sugars

Very sugary foods may cause your blood sugar level to rise and fall quickly, leading to weakness, hunger and possible irritability. So avoid them.

Reduce consumption of sugar based fizzy drinks or squashes. Choose sugar-free varieties or water. Cut out sugar in tea and coffee, or use artificial sweeteners. If you simply cannot do without a chocolate, choose quality and avoid quantity.

Fibre

Eating plenty of fibre will reduce the likelihood of premenstrual constipation. Foods high in fibre include fruits, vegetables, cereals and pulses.
- Eat five portions of fruit and vegetables a day. This will also increase your vitamin and mineral levels.
- Drink plenty of liquid. Eight glasses of water each day will allow fibre to work properly and lessen PMS related bloating.
- Use beans, peas, and lentils in soups, casseroles and stews.
- Choose wholegrain breakfast cereal or muesli.
- Choose whole meal or granary flour and bread, whole grain rice and pasta instead of low-fibre white varieties.
**Vitamins And Minerals**

Fruit and vegetables contain many vitamins and minerals that help alleviate PMS symptoms. Frozen fruit and vegetables are as equally nutritious as fresh. If you are unable to buy fresh produce frozen food is a good alternative. Canned food and vegetables are another convenient option. Look for tinned food with reduced or no sugar content.

**NAPS tip**

Do not over-cook food; it destroys many valuable nutrients, and often makes food harder to digest.

**Salt**

Salt affects water retention in the body and exacerbates the bloating associated with PMS.

**NAPS tip**

- Avoid adding salt during cooking and at the table.
- Use other spices and herbs to flavour your food, or substitute with low sodium.
- Avoid crisps and many processed foods; they contain a high level of salt.

**Caffeine**

Caffeine hinders the absorption of vitamins and minerals. Excessive consumption of caffeine may exacerbate PMS symptoms. Reducing caffeine consumption can alleviate breast pain, improve sleep and reduce stress levels.

**NAPS tip**

Switch to decaffeinated drinks. Cut down on caffeine rich beverages such as cola.
Alcohol

Some women with PMS are prone to crave alcohol whilst premenstrual. Premenstrual women are less tolerant of alcohol.

NAPS tip

Restrict alcohol consumption to 2 units per day to help curb PMS symptoms.

What is a unit?

A 12% strength wine has 12 units of alcohol per litre. Therefore a typical 75 cl bottle of wine (3/4 of a litre) has 9 units. A 40% proof gin will have 40 units per litre (30 units for a typical 75cl bottle) and a 5% beer will have 5 units per litre (a pint is just over half a litre and has 2.8 units of alcohol).

Starch

Eating starchy food every three hours helps alleviate PMS symptoms. Eat three meals and three smaller snacks each day, particularly during the luteal phase when PMS symptoms are present.

NAPS tip

Consume less at main meals so that you can include snacks and maintain a good PMS diet.

Snack suggestions include:

- A bowl of unsweetened cereal (with low-fat milk)
- A sandwich with a low-fat filling
- Fruit
- A plain biscuit, for example, digestive or rich tea
- Any of the following (and you can have a thin layer of spread on top): crisp bread, crackers, rice cakes, oatcakes, bread, crumpets, teacakes, malt loaf, scones or buns.

This pattern of eating helps relieve some PMS symptoms. By not allowing blood sugar levels to fall too far this diet maintains a steady supply of energy. The diet should increase your levels of serotonin (the so-called “feel good factor”).
Supplements will not work effectively if your diet is unbalanced. Adopting the healthy eating practices recommended in Stage 1 will ensure the maximum benefit can be gained from any supplements tried.

Further information about supplements such as evening primrose oil, herbal medicines and minerals can be found on page 20.

If you suffer from other conditions, such as anaemia or diabetes, then the appropriate therapeutic treatment to control your condition will also help you improve your PMS symptoms.

If you are suffering from an allergy or intolerance, for instance, gluten intolerance, sticking to the appropriate modified diet will also help your PMS symptoms. Remember, being generally fit and active will assist you in controlling PMS.

You may benefit from the advice available from a dietitians, who can devise a diet that meets your specific PMS nutritional needs. Your GP can refer you to an NHS dietitian.

NAPS tip

- Do not exceed the recommended dose.
- Discontinue use if there is no discernible improvement after four months.
The doctor/patient relationship can be difficult for PMS patients. Often women complain to NAPS that their GP does not understand PMS and does not take the illness seriously enough. Similarly, diagnosis of PMS present clinical challenges. There are no diagnostic tests for PMS, nor a single accepted treatment protocol, although NAPS has prepared authoritative clinical guidelines.

**Visiting Your Doctor**

When you have completed your menstrual chart for two or three months, seek a consultation with your doctor. Consider what you want to say and the outcomes you want to achieve. If you have a male GP and are uncomfortable discussing PMS, ask if you can transfer to a female doctor. If this is not possible, consider changing your practice.

Remember that most GP practices have practice nurses who may be able to provide the help and support you need.
There are many anecdotal reports and some clinical trials to suggest that progesterone is effective in relieving PMS symptoms, but other studies show that it may be the cause of PMS.

Progesterone cannot be taken by mouth because it would be destroyed in the liver. It is therefore administered as a pessary. If pessaries are not effective, progesterone can be administered as a vaginal gel (Crinone) or injection (Gestone).

Progesterone may alter the duration of the normal cycle and has been associated with acne, changes in libido and thrush (pessaries can make this worse and it is best to use them rectally in such circumstances).

Progesterone pessaries (Cyclogest) are available on prescription.

Progestogen is a synthetic or man-made hormone that mimics the effect of naturally occurring progesterone in that it causes a withdrawal bleed.

There are several different types of progestogen, including:

- norethisterone (Primolut N)
- medroxyprogesterone acetate (Provera)
- dydrogesterone (Duphaston)

These can be taken orally.

Unfortunately, progestogen may also lower the level of natural progesterone in the body and this may make symptoms worse. There is no evidence to suggest that taking progestogen will help to relieve the symptoms of PMS, and there may also be unpleasant side effects such as breast tenderness, water retention and changes in libido.
As cyclical hormonal activity is an obvious factor in PMS, a logical treatment would seem to be to suppress the normal function of the ovaries. GPs often prescribe the contraceptive pill to alleviate PMS, but few trials have been carried out to test the effectiveness of this approach.

Combined oral contraceptives contain oestrogen and progestogen that regulate the menstrual cycle and prevent ovulation. Some women find their symptoms improve when they are taking the pill, but starting or stopping the pill can often be the trigger factor that starts PMS in the first place. It is therefore advised that women using the pill for PMS management should use the pill packets back to back for 3 or 4 at a time, thus avoiding the seven-day break; this should only be done with your doctor’s advice. Side effects of the pill include premenstrual breast pain, weight gain, headaches and dizziness. Some new pills act as a diuretic thus reducing side effects such as weight gain and breast pain.

An increasingly frequent way of receiving progestogens is via the Mirena Coil, an intra uterine system designed to overcome the problems commonly associated with coils, for example, heavy bleeding or infection. Having a Mirena fitted means you have the progestogen where it is needed (ie, the lining of the womb) and not in the whole of your body and therefore gives less of the undesirable side effects.

The Mirena Coil has been found useful in PMS as it suppresses ovulation in about 20 per cent of women. Some 80 per cent of women will have no periods or their periods will become very light. If you have heavy periods, or need contraception and have found that the oral contraceptive pill seems to worsen your PMS, this may be a treatment worth trying. Whilst the Mirena is settling you may experience bleeding or spotting everyday, this may continue for 3 to 6 months. The Mirena needs changing every five years, though you need to have it checked 6 weeks after fitting and then annually. A family planning clinic or your GP can provide further information.


Hormone Treatments

Oestrogen

Oestrogen is known to exert a profound effect on mood and mental state. Rapidly falling levels of oestrogen are associated with PMS, postnatal depression and postmenopausal depression.

Doctors at the Chelsea and Westminster, and Queen Charlotte’s Hospitals in London have developed a treatment for PMS based on giving natural oestrogen via skin patches. This has the effect of suppressing ovulation and eliminating fluctuations in the menstrual cycle. The patches are like sticky cling-film and women can swim, bathe or shower as usual. It is one of the few treatments proven scientifically in prospective randomised studies to be highly effective in the treatment of PMS.

Unfortunately, oestrogen cannot be given on its own, as there is a slight increase in the risk of uterine and endometrial cancer. A small dose of progestogen or progesterone guards against this risk, but progestogen may cause women to develop PMS-like symptoms.

Oestrogen can also cause side effects such as breast pain and nausea, and weight gain. Skin patches can also cause slight irritation and rashes, although recent patch technology has minimised these side effects.

Hysterectomy

This should be considered as the last resort after all other treatments have been tried. Women with the most severe Premenstrual Dysphoric Disorder (PMDD) may consider a hysterectomy so they can take oestrogen without the progestogen. Effective treatment involves the removal of the ovaries - a total hysterectomy is a procedure which requires careful counselling by a consultant gynaecologist before any operation is considered.

GnRH Analogues

These medications (nasal spray or injections) can temporarily switch off the ovaries and are a very effective treatment for severe PMS. Menopausal side effects can be prevented by the use of low dose HRT at the time of treatment. The injections are given once a month and for a maximum of 6 months during which time you need to continue charting your symptoms.
Antidepressants

During the last few years a new generation of antidepressants has been developed. These selective serotonin reuptake inhibitors (SSRIs) have been shown in clinical studies to be of significant benefit for some PMS sufferers. Many women are reluctant to consider using antidepressants, particularly when they consider that they are not depressed, but suffering from a hormonal problem. Some women may also be concerned about becoming addicted or stigmatised by taking this category of medicine.

Attitudes towards psychological and emotional problems have changed, and the new SSRI’s, which include Prozac (fluoxetine), Seroxat (paroxetine) and Cipramil (citalopram) are better tolerated than the earlier generation antidepressants.

SSRI’s act to increase levels of serotonin and restore emotional balance. Studies have shown that they work faster in PMS than for depression and can be targeted for use only in the latter luteal, phase of the menstrual cycle.

Dietary Supplements

Supplements may be beneficial in some circumstances and many women have found them valuable in self-managing aspects of their health. However, clinical evidence to support their efficiency is limited.

Evening Primrose Oil or Starflower Oil

Evening primrose oil contains gamma linolenic acid (GLA) that, in turn, produces certain prostaglandins. These make certain body tissues, particularly breast tissue, less sensitive to female hormone changes and therefore help to alleviate breast pain. Linoleic acid, an essential fatty acid, also produces GLA, but production may be slow in PMS sufferers.

Consistent benefit of EPO has only been found for the specific symptom of premenstrual breast pain. If breast discomfort is a main PMS symptoms then persevering with EPO may show benefits. Bear in mind that quite large doses are required for an extended period (up to four months) before a perceptible relief to breast discomfort can be appreciated.

The dose should be GLA or EPO of 240 mg per day (usually found in the small print on the bottle). If breast pain eases, this dose can be reduced to 120 mg daily. There are concerns about the effectiveness of evening primrose oil (EPO) in helping to reduce PMS-related breast tenderness.
Dietary Supplements

NAPS tip

If you experience recurrent premenstrual breast tenderness then consider having your breast size re-measured during your premenstrual phase. A different fitting bra can often prove very helpful. It is also advisable to avoid bras with a central seam that can further irritate the nipple.

Vitamin B6 (pyridoxine)

Vitamin B6 (pyridoxine) is one of the B group of vitamins. These are water-soluble so cannot be stored in the body. B6 is found widely in food, especially meat and fish, eggs, whole meal bread and some vegetables. It has been suggested that oral contraceptives increase the requirement of the body for B6. It has been claimed that vitamin B6 can help reduce symptoms of PMS and, in the past, it has been used in dosages up to 100 mg per day. However, the evidence is still controversial.

High doses of B6 taken over a period of time can cause nerve damage and stomach upset. In 1998, the Department of Health issued a directive that a doctor should supervise any doses of B6 above 10 mg. However, this directive has since been suspended as the Department of Health awaits further evidence. Dose levels of over 50 mg are needed for the possible relief of symptoms of PMS and can be obtained from your pharmacist.

NAPS recommends that if no improvement to symptoms occurs within four months, then B6 supplements should be stopped. This guideline applies equally to any supplement you are taking. You should also stop taking B6 immediately if you notice any tingling in the hands and feet. Taking B6 with a magnesium supplement may reduce the chances of side effects and increase its effectiveness against PMS.

Magnesium

Magnesium is a mineral that tends to be generally low in some diets. It is often lower in women with PMS although a good balanced diet, including whole meal bread, pasta and brown rice together with green vegetables, should provide a sufficient intake.

Some clinics use a supplement of 250 mg daily with evidence of effectiveness against PMS. If used, and there is no improvement in symptoms after four months, treatment should be stopped.

It has also been found that there are benefits when taking magnesium with vitamin B6. Calcium (1000 mg/day) and vitamin D (10 mcg) taken together may also have some benefit in treating premenstrual pain and migraine along with general behavioural symptoms associated with PMS.
**St John's Wort**

St John’s Wort is a herbal remedy used to treat a range of conditions, including anxiety and depression. Research has shown that it can help alleviate some of the psychological symptoms of PMS, such as incidences of crying, low mood and nervous tension. It has been shown to have an effect similar to anti-depressants called SSRIs, but with fewer side-effects.

The dose found effective in research on PMS is 300mg of St John’s Wort daily, standardised to contain 900µg of hypericin.

St John’s Wort should not be taken at the same time as prescription anti-depressants and should only be used during pregnancy or whilst breast feeding on professional advice. There is also an undefined risk that St John’s Wort may reduce the effectiveness of the contraceptive pill. Because of this risk, it is recommended that other contraceptives (such as condoms) be used while taking the herb. St John’s Wort has been shown to speed up the body’s elimination of a number of other prescription drugs, so if you are taking prescribed medicines, you should ask the advice of your pharmacist before taking it.

Evidence for the effectiveness of extra vitamins and minerals for reducing PMS is still sparse, however clinical trials are constantly adding to our knowledge. NAPS News is a good source of up-to-date information.

We know that doses of vitamins and minerals above the recommended daily intake could do more harm than good by upsetting the balance of nutrients or causing toxicity.

**Agnus Castus**

*V*ite *agnus-castus*, commonly known as the Agnus Castus or Chaste Tree plant grows in the Mediterranean region and bears fruit that has been in recorded use to treat menstrual difficulties for more than two thousand years. Agnus Castus has been subject to clinical trials, the results of which provide evidence of its effectiveness in helping to relieve premenstrual symptoms, such as irritability, low mood, breast pain and headaches. For example, a recent study of 170 women found that more than half of those taking 20mg of Agnus Castus daily in the form of an herbal supplement experienced a significant improvement in the symptoms of PMS, compared to a placebo.
Health experts have noted that women in the Far East report far fewer incidences of hormone-related conditions, such as mood swings and hot flushes. Researchers, who have compared Eastern and Western diets, attribute these differences to a diet rich in soya. Soya beans are a rich source of soya isoflavones – naturally occurring plant constituents, also called phytoestrogens, which are known to moderate the effects of oestrogen and help maintain normal hormone balance. Although isoflavones have a different chemical makeup to oestrogen, they are of a similar size and are capable of binding with oestrogen receptors in the cell. This binding can help to offset the adverse symptoms of low oestrogen experienced in the menopause, but it can also reduce the "oestrogen dominance" effect of high oestrogen levels which can occur in younger women as PMS.

Although the UK diet is typically low in its soya content, we can boost our isoflavone intake to the same levels as the Japanese by taking a soya supplement. The recommended level for helping maintain a woman's hormonal balance is 50mg of concentrated soya isoflavones.

Red clover contains a high concentration of isoflavones, which have mild oestrogenic activity. Preliminary data have shown a benefit in menstrual cycle regulation and improvement in some premenstrual symptoms. Larger placebo (dummy tablets) controlled studies are needed to confirm these effects.
Complementary Treatments

Acupuncture, homeopathy, reflexology, aromatherapy and massage each have been found to be valuable treatments for PMS by some women, although a course of treatment can be costly.

A detailed description and evaluation of these therapies is beyond the scope of this booklet, however the NAPS website [www.pms.org.uk](http://www.pms.org.uk) provides further information.

There has been an increase in sources for alternative treatment so it is important to choose a reliable accredited practitioner.

**Magnet Therapy**

Treatment with a magnetic therapy device has recently been shown in a randomised prospective study to be beneficial for period pain. Further studies are planned to confirm the benefits for PMS.

**Photic Stimulation**

Using a lightmask, which incorporates a controllable light source, has been shown in studies to be beneficial in improving symptoms for some women with severe premenstrual migraine.

**Exercise**

Exercise can have many positive psychological and physical benefits for PMS sufferers. Include exercise in your daily routine, even if it is only a walk around the block. If you already play a sport or take other forms of exercise, then PMS is no reason to stop. If you have not exercised before and are considering any form of strenuous exercise, it is wise to consult your doctor before you start.

You should also increase your intake of carbohydrate if you become more energetic. If possible, you should eat before taking any exercise. If this is difficult, eat immediately afterwards. It is not advisable to eat for an hour before swimming.
If you suffer from PMS, it will probably affect your relationships with your partner, children, relatives, friends and colleagues.

It may not be easy for you to explain that you have PMS and the effect that it has on you, but it is important that you discuss what is happening and how you are feeling with those close to you.

Others will probably feel confused if you have mood swings or are prone to irrational behaviour. They may be relieved to learn that you have PMS, and be more understanding. Once you have explained what PMS is, and how and when it affects you, it will be easier to tell them when you are experiencing symptoms.

Let them have a look at this book.

Bringing up children alone can be very stressful for women with PMS. It can be hard to explain psychological symptoms of PMS to children.

Fortunately women are more willing to discuss their health issues than men, but may feel very embarrassed about not feeling in control. It is important to talk about your PMS with someone you feel close to. This could be your mother, another member of your family or a friend.

You may find that a female member of your family also has PMS and the two of you can discuss it in more detail.

There may be some treatments or dietary changes that they have tried that may be effective for you.
Coping With PMS

Stress

Stressful situations seem to make PMS worse, and moderate PMS may be greatly exacerbated by high stress levels in other parts of your life.

Learning To Relax

The ability to relax will be beneficial to your general health, and help alleviate PMS psychological symptoms. Relaxation can include yoga, meditation, and a quiet hour just for you, reading a book or having a long soak in a hot bath. Dedicate some time to put any problems to the back of your mind and spend time unwinding. Once the skill of relaxation is achieved, you will be able to deal with problems more effectively when they occur in your everyday life. Learning to relax can improve your PMS symptoms. Ask your GP about relaxation exercises, such as breathing techniques, to calm you down when stressful situations arise.

Planning Ahead

You will know when your symptoms of PMS are likely to be more severe. Plan ahead and avoid stressful or important events at these times.

If you have a job interview or a driving test in the week or two before your period, see if it is possible to rearrange it. Other common symptoms of PMS are an inability to concentrate and the feeling that people do not understand you. This is another good reason for postponing any important appointments. The best time would be the week after your period.

There will obviously be some events that you will not be able to rearrange, for instance, exams, public performances or events, and meetings. The ability to relax in stressful situations will be useful in managing your PMS and also in keeping you calm.

Beginning Menstruation

Starting periods can be a time of mixed emotions; you may be embarrassed, scared or excited. If you have any questions about your periods, try to talk to a parent, teacher, the school nurse or a friend. Look at www.pms.org.uk
Coping With PMS

School/College

Your PMS may affect your school day and be a particular problem at examination time. Ensure that you are prepared.

During revision, try to eat a little more often. It is advisable to eat also immediately before and after sitting exams. If you are worried about your ability to sit exams while suffering from PMS, speak to your doctor to see if they are willing to provide your school or college with some form of note that explains how you are affected. You will need to see the doctor well before your exams start in order to allow time for PMS to be diagnosed.

Visit the doctor before you sit your exam, they will not be able to give you a letter after the event.

There may be a suitable lesson in which your teachers can discuss periods and PMS with your class; this will increase awareness for girls and boys. NAPS can supply or suggest suitable speakers.

For many young women, college will be the first time they have lived away from home and family. Leaving behind the routines of home life often means not eating regularly or properly, not getting enough rest and drinking more coffee or alcohol. Try to keep to the dietary guidelines in this booklet as much as possible and take advantage of the medical facilities your college has to offer. If PMS is affecting your college life and your study, then it is important to get help.
Coping With PMS

In The Workplace

Work brings added pressures and stress. You may be running your home, looking after children, keeping an eye on parents and working. Achieving this takes a great deal of organisation and patience.

Planning ahead for tasks both at work and home is a good way to limit the stress.

Eating three meals a day with good snacks in between is most important. If you have long meetings or shifts, try to eat something before they begin and have starchy foods such as crisp breads or crackers to hand. This will also be useful if you have to work late or don’t have time to eat lunch until later in the day.

If you find that your PMS is having an effect on the standard of your work or your relationships with colleagues, talk to an occupational health adviser, if your employer has one. Alternatively, you may feel able to talk to your manager, trade union representative or personnel department to make them aware of the problems you are experiencing.

PMS And Childbirth

Childbirth can be a trigger for PMS. Studies suggest that PMS sufferers may be more likely to suffer from post-natal illness and depression. Women who suffer post-natal illnesses often develop PMS later.

It is important to acknowledge the fact that you are having problems coping with a new baby.

This is a very common circumstance and is well known and understood by health professionals. The ‘Baby Blues’ affects 50 to 70 per cent of all new mothers and usually occur between 2-10 days following the birth. Symptoms include weeping, irritability, tension and confusion. Support from midwives, family and friends is usually enough to help get over this stressful period. Post-natal illness and, in particular, depression is much more serious, and affects over one-in-ten mothers after childbirth. Symptoms include depression, anxiety, and lack of interest in the child, self-blame or feelings of guilt.

Early diagnosis is important to assist good treatment outcomes. Treatment includes practical support and support groups, counselling and therapy, medication or psychiatric referral.
As they approach their forties many women find that PMS becomes more severe, and this can be misdiagnosed as the menopause.

The average age for the onset of the menopause in British women is 51. Menopausal symptoms arise from the reduction in hormone levels during these years and occur daily, whereas premenstrual symptoms are experienced before menstruation and completely absent for some days after. Nevertheless, the dietary advice recommended to alleviate PMS can also help reduce menopausal symptoms.

It is important to eat a varied and healthy diet for the menopause as well as for PMS. This should include plenty of fresh fruit, vegetables, protein, starchy food and some dairy foods for calcium. Your doctor may recommend hormone replacement therapy (HRT), which can help to eliminate distressing menopausal symptoms as well as prevent osteoporosis.

Women that have had a hysterectomy can take oestrogen alone; however, if the womb is intact, you will need HRT that also contains progestogen, which may make PMS worse or might cause PMS for the first time. Progesterone (the natural hormone) can be effective at eliminating both PMS and menopausal symptoms.
Many women experience great distress as a consequence of PMS, and many suffer for some time before they connect their symptoms with the timing of their periods.

Sufferers frequently describe their feelings of desperation and are often afraid they may be psychologically ill. The fact that PMS is still not fully acknowledged as an often distressing illness affecting a large proportion of women leaves many sufferers isolated from proper treatment and support.

The first step towards dealing with PMS is proper assessment and diagnosis.

It is very important that women affected by PMS discuss their symptoms with someone they trust. They may lack clinical knowledge, but they will be able to understand why your behaviour changes within the month.

**NAPS have a national telephone Helpline (0870 7772177) staffed by experienced nurses, sufferers and partners of sufferers.**

The Helpline has been established for many years and provides free and confidential help and support to anyone experiencing or affected by PMS and menstrual health problems.

You can find out about new research through NAPS News (the Association members newsletter) or by attending our clinical conferences on menstrual health.

Help is always available through NAPS.

**If you would like further information, please contact:**
NAPS on 0870 7772178
Helpline on 0870 7772177
or Email via our website [www.pms.org.uk](http://www.pms.org.uk)
Coping With PMS

The Menstrual Chart

The first day of your period is the first day of a new cycle. This will be Day 1 on your menstrual chart. Your menstrual cycle can vary in duration from between around 20 to 40 days. The length of your cycle does not affect your PMS. It is the timing of your symptoms within your cycle, not the symptoms themselves, that confirms the diagnosis of PMS.

Ovulation occurs 14 days before your period, not after. This means that, for women with short cycles, PMS will last proportionally longer. Use this checklist to keep a record of all the symptoms you experience with PMS. You may identify that some symptoms occur before every period whereas other symptoms may vary from month to month.

Personal Symptom Checklist

- Aching joints
- Crying
- Loss of concentration
- Aggression
- Depression
- Mood swings
- Anxiety
- Dizziness or fainting
- Nausea
- Asthma
- Epilepsy
- Nervous tension
- Back pain
- Fatigue
- Painful breasts
- Bloated stomach
- Forgetfulness
- Pelvic pain
- Confusion
- Headache
- Sinus problems
- Conjunctivitis
- Increased or decreased skin problems
- Clumsiness
- Change in sex drive
- Swelling of extremities (fingers and toes)
- Craving for sweets or alcohol
- Insomnia
**Coping With PMS**

**Keeping A Chart**

A chart will accurately reflect your symptoms and will identify the specific days on which they occur, as well as your days of menstruation and the duration of the cycle.

Choose a symbol for your two or three most severe symptoms and used to record them on the chart, for instance,

- **D** = depression
- **A** = aggressive
- **MS** = mood swings
- **H** = headache
- **B** = bloating
- **I** = irritability

Complete the chart for at least three months.

It can then be used in consultations with your GP as the first step in the evidence base upon which treatment programmes can be developed.

Record the days of menstruation with either a **P** for period or **M** for menstruation.

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NAPS is grateful to leading herbal supplement company Kira Ltd, for their kind assistance in the production of this booklet. For information on Kira’s natural remedies for PMS, visit www.lichtwer.co.uk or call 01803 528668

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