



Recognising the Seriousness of Premenstrual Dysphoric Disorder (PMDD)



Most women have found themselves on the receiving end of disparaging comments about their menstrual cycle. In fact, as many as [1 in 3](#) UK females have experienced "time of the month" jokes or other forms of what has now been coined as *period shaming*.

It's also common for women to receive these comments when they're not menstruating, too. Genuine feelings of sadness or frustration are often dismissed as being hormone-induced, leaving women feeling invalidated, patronised and even humiliated.

While it's true that females face an ongoing battle with hormonal fluctuation, it's somehow still a struggle to be taken seriously. At best, it can be a source of mild irritation. At worst, it can be a matter of life and death...

Premenstrual Dysphoric Disorder (PMDD) is a condition that affects up to [5%](#) of women of childbearing age, causing them to experience severe emotional and physical symptoms before or during their period. Because of the shame, stigma and flippancy that surrounds PMS, PMDD is often not treated with the seriousness it deserves. It can be difficult for women to receive a proper diagnosis (and in turn, proper support) as the symptoms are often dismissed as general hormonal imbalance or premenstrual tension.

While the exact causes of PMDD are not yet known or fully understood, it is believed that the condition is linked to an abnormal reaction to hormonal changes which then triggers a serotonin deficiency. Women may be more at risk if they have a family history of PMDD, depression, postpartum or other mood disorders.

The Symptoms of PMDD

Although some symptoms associated with PMDD are also present with PMS, others are much more severe. General symptoms include:

- Irritability
- Mood swings
- Low energy
- Anxiety
- Brain fog / mental fatigue
- Insomnia
- Cramps and bloating
- Headaches
- Breast tenderness
- Muscle pain

While these symptoms are relatively easy to manage, there are further symptoms that can seriously interfere with a person's quality of life. These symptoms include:

- Extreme anger or irritability which results in interpersonal conflicts, damage to relationships and loss of professional reputation
- Complete loss of emotional control, in which the sufferer feels as though some other entity has 'taken over'
- Feelings of hopelessness and worthlessness
- Debilitating anxiety
- Psychosis, including auditory or visual hallucinations
- Mania
- Suicidal ideation

A [global study](#) published in BMC Psychiatry found that 34% of people with PMDD have attempted suicide as a result of their volatile emotions, with 72% showing high rates of active suicidal ideation. These alarming figures are likely linked to misdiagnosis by medical professionals and misunderstanding around the disorder, but could also be due to the condition being dismissed as nothing more than PMS. It is therefore vital that people experiencing PMDD are taken seriously, receive an accurate and timely diagnosis and are able to access the appropriate support pathways.

PMDD and Perimenopause

As difficult as the symptoms of PMDD are to manage, they can actually become more severe and more frequent during the hormonally turbulent time of perimenopause. As such, it's important to speak to a menopause specialist if you feel that your PMS or PMDD symptoms are worsening around perimenopausal age. While these difficult symptoms will dissipate after menopause, there's no need to suffer in silence until that time.

Managing PMDD

Luckily for sufferers of PMDD, there are a variety of medications and medical interventions which may help manage the various chronic symptoms of the disorder. This includes:

- Selective serotonin reuptake inhibitors (SSRI)
- Anti-inflammatory medicines
- Contraceptive methods
- Vitamin supplements including vitamin B6, magnesium, and calcium

It's imperative that you reach out for advice and support from a qualified medical practitioner if you are experiencing what you believe to be PMDD, but there are also steps you can take to make your symptoms a bit more manageable, such as:

- Making time for regular exercise
- Getting adequate amounts of fresh air
- Maintaining a healthy diet with plenty of protein and carbohydrates
- Reducing your sugar, salt, alcohol, and caffeine intake
- Quitting smoking
- Practicing mindfulness and meditation as a way to manage stress

Speak to your GP to discuss the most appropriate treatment plan for you, and don't be afraid to be insistent when searching for support and a diagnosis. Make sure your doctor is aware of the full extent of your symptoms and how much they are interfering with your day-to-day life and affecting your personal relationships. Don't suffer in silence - and don't take no for an answer.

If your employer offers Vivup's Employee Assistance Programme, there are lots of useful resources and downloadable workbooks to help you care for your wellbeing in a practical, proactive way. You can also access a 24-hour telephone

helpline for responsive, confidential and totally independent advice should you or a colleague need mental health support.

Sources

[More Than One In Three UK Women Have Experienced Period Shaming, Says New Survey \(elle.com\)](#)

[What is PMDD? - Mind](#)

[Premenstrual Dysphoric Disorder \(PMDD\) | Johns Hopkins Medicine](#)

[Premenstrual dysphoric disorder \(PMDD\) | Office on Women's Health \(womenshealth.gov\)](#)

[Suicidal thoughts, behaviors linked to hormone-sensitive brain disorder | UIC Today](#)

[PMDD and Menopause: What is it and why is it worse in perimenopause? \(gennev.com\)](#)