

A LINE ON LIFE

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PMS – What Can Be Done About It? *

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As discussed in a previous article, because of the many potential causes, physicians prefer to designate PMS as "**premenstrual syndromes**." No single treatment will be effective against PMS for all women. Depending on the causes and symptoms for any particular woman, different treatments would be more or less effective. What helped a friend may not help you.

In 1977 in England, Dr. Katharina Dalton emphasized the **lack of progesterone** as the main cause of PMS. Progesterone is a female hormone that helps the uterus develop its inner lining to support a pregnancy, if it occurs. Progesterone production rises greatly a few days after ovulation. It remains high for a few weeks or so and drops again a few days before menstruation. When women with PMS are given progesterone during the premenstrual phase, Dr. Dalton found that some lose their symptoms.

Several premenstrual symptoms – swelling, bloating and temporary weight gain – are caused by **water retention**. Women with these symptoms may find relief by using a **diuretic** – a substance that removes water from the body by increasing urine flow. **Caffeine** is an effective diuretic that does not need a prescription. It is found in coffee, tea, chocolate and many soft drinks (usually colas). However, caffeine may also lead to feelings of irritability and cause insomnia or headaches in some women.

You need to be aware that diuretics also flush **potassium** from the body. Potassium is needed for healthy nerves and muscles. Potassium-rich foods – bananas, apricots, dairy products – help maintain potassium levels and help to reduce cramping.

Some over-the-counter medicines like *Pamprin* and *Midol* are effective. However, they contain very common ingredients. Pamprin contains acetaminophen (Tylenol) for pain and pamatrom (a diuretic) for water retention. Midol contains aspirin and caffeine for the same purposes. The same results can be obtained from the common ingredients at a much lower cost.

Water retention can also be minimized by reducing **sodium** in the diet. Cutting down on the use of table salt (sodium chloride) and other foods high in salt is effective in reducing bloating and weight gain from water retention.

Added stress will increase symptoms of PMS, but adequate sleep and exercise will reduce PMS symptoms. A good balance of minerals and vitamins in your diet also helps to reduce PMS symptoms.

Some researchers emphasize the effect of **learning** on PMS. Beside changes in hormone levels, mood and behavior changes are related to social and cultural views of menstruation. In 1976, Karen Paige gave 52 women a pill, which minimized hormone changes. A frequent side effect of the pill is reduced menstrual flow. If PMS is a response to expected menstrual bleeding rather than changing hormone levels, the women who have reduced menstrual flow – in contrast to those who do not – would be less likely to complain about "**premenstrual blues**." She found that women with reduced menstrual flow exhibited less anxiety than the women whose flow remained normally heavy. In addition, Catholic and Jewish women in the study – who tend to view the menstruating woman as "**unclean**" – had more premenstrual anxiety than Protestant women.

This demonstrates that psychological factors influence PMS. However, researchers have not found any common personality factors or emotional problems among women with PMS.

If you suspect that you have PMS, keep a careful diary or calendar of your symptoms and menstrual periods for several months. If the symptoms consistently appear during the week before your menstrual flow, you probably have PMS. Depending on your specific symptoms, you can probably help yourself adequately by using the previously suggested methods.

**If friends and relatives know that you have PMS,
they are more likely to understand your behavior.**

Especially if your symptoms include mood swings, irritability or depression, *don't keep your PMS a secret!* If others know what you are going through, they are less likely to take your changes in behavior personally. Rather than being upset with you – which adds to your problems – they are more likely to give you empathy and understanding. If they still don't understand, it might help to show them these articles.

To better understand PMS and other topics related to sexuality, you might want to take the course, **Human Sexuality (Psy/Soc 170)** offered at AWC each semester. If none of these suggestions reduce your discomfort from PMS to a tolerable level, by all means, *seek professional help!*

* Adapted from Jones, Shainberg & Byer's *Dimensions of Human Sexuality*, 1985, pages 148-151; Masters, Johnson & Kolodny's *Human Sexuality*, 1985, pages 102-104; and Rosen & Hall's *Sexuality*, 1984, pages 84-85.