

# An Overview on Mental Health Condition of Premenstrual Dysphoric Disorder

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## DESCRIPTION

Premenstrual Dysphoric Disorder (PMDD) is a mood disorder defined by emotional, cognitive, and physical symptoms in menstruating women during the luteal phase of the menstrual cycle that cause severe distress or impairment. The symptoms appear during the luteal phase (the period between ovulation and menses), improve within a few days of the start of menses, and disappear after a week of menses. PMDD has a significant influence on a person's quality of life and increases the probability of suicidal ideation and even suicide attempts considerably. Prior to menstruation, many females of reproductive age feel discomfort or minor mood disturbances. However, 5-8 percent of women suffer from severe premenstrual syndrome, which causes significant distress and impairs their ability to function. Some women in this reproductive-age cohort will fit the PMDD criteria. PMDD is most common in women between the ages of 25 and 35, but it can strike at any point during their reproductive years. PMDD's specific cause is unknown at this time. The symptoms are thought to be caused by oscillations in gonadal sex hormones or differences in sensitivity to sex hormones because they only appear during ovulatory cycles and disappear after menses.

## Signs and symptoms

When diagnosing PMDD, clinicians examine mental symptoms, physical symptoms, and the impact on the patient's life. Emotional lability (rapidly changing emotions, sensitivity to rejection, etc.), irritability and anger that can lead to conflict, anxiety, feeling on edge, hopelessness, difficulty concentrating, appetite changes, sleeping more or less than usual, or a sense of being out of control are all symptoms of depression. The physical signs and symptoms are comparable to those of PMS. Breast soreness or swelling, joint pain, muscular pain, weight gain, or bloating are some of these symptoms.

Because of the wide range of clinical presentations, diagnosing someone with PMDD rather than any other mood disorder requires the beginning of symptoms only during or around the luteal phase. PMDD follows a cyclic pattern that is predictable. Symptoms appear in the late luteal phase of the menstrual cycle (after ovulation) and disappear or diminish quickly after the

menstruation begins. Symptoms last six days on average, but they can begin up to two weeks before menses, suggesting symptoms can continue up to three weeks over a cycle. Severe symptoms can start before menstruation and get worse, with many women not getting relief until a few days after menstruation finishes. The week and days preceding up to the first day of menstrual blood flow have the most acute symptoms. Symptoms normally disappear a few days or weeks after the menstrual period begins or ends. There are a variety of symptom and severity tracking questionnaires available to track the existence and severity of symptoms over multiple menstrual cycles.

## Comorbidities of mental health in PMDD

Women with PMDD have a significant lifetime rate of various psychiatric problems. An older review article (2002) used studies from 1966 to 2002 on PMS and mental health disorders and selected patients who retrospectively met the diagnostic criteria for PMDD and found that major depressive disorder, seasonal affective disorder, and generalized anxiety disorder frequently co-occur in PMDD, using the previous edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Another systematic review study found that people with type I or type II bipolar disorder have a greater risk of PMDD. While a mental health provider must determine that a woman's symptoms are not due to an underlying mental or physical health condition in order to diagnose PMDD, it is important to note that other conditions frequently co-occur and have an impact on the quality of life and treatment plan for people with PMDD.

## Suicide in women suffering from premenstrual dysphoric disorder

Suicide has been linked to PMS in the past, but even when mental health comorbidities are taken into account, women with PMDD are more likely to ponder and attempt suicide. Despite the rise in suicide ideation and attempts in this population, the data currently suggests that suicidal ideation or action is not more likely to occur during the late luteal phase, when PMDD symptoms are most prevalent. Because of the many reasons for suicidal ideation, determining whether treatment reduces suicidality is difficult. Treatment, on the other hand, has been shown to alleviate the physical and emotional symptoms of PMDD.

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**Received:** 21-Apr-2022, Manuscript No. JDA-22-17835; **Editor assigned:** 26-Apr-2022, PreQC No. JDA-22-17835 (PQ); **Reviewed:** 10-May-2022, QC No. JDA-22-17835; **Revised:** 17-May-2022, Manuscript No. JDA-22-17835 (R); **Published:** 25-May-2022, DOI: 10.35248/2167-1044.22.11.461

**Citation:** Souza C (2022) An Overview on Mental Health Condition of Premenstrual Dysphoric Disorder. J Dep Anxiety. 11:461

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