

The PMS Experience: A Matter of Degree

From the book “PMS, Perimenopause and You”

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Not every woman experiences the days just before her period in the same way. Researchers and healthcare practitioners recognize the Premenstrual Syndrome (PMS) as an array of emotional, cognitive, physical, and behavioral symptoms that women experience in the days before their period. Symptoms typically subside during menses (Futterman & Jones, 2000).

Premenstrual symptoms appear differently during the menstrual cycle. Some occur during the ovulatory phase, go away, and then recur premenstrually. Others begin during the ovulatory phase and remain until sometime after menses.

Estimates are that 70-90% of the female population admit to experiencing premenstrual symptoms, with 10-40% reporting significant interference with daily functioning (Futterman et al., 2000).

Clinicians often find it useful to reserve the term PMT to refer to the emotional symptoms that occur premenstrually and PMS to refer to the complex of symptoms—both physical and psychological—that women experience in the days before their periods.

Types and Clusters of Symptoms

Futterman and Jones (2000) identified about 150 symptoms that women experience as distressful in the luteal phase of their cycles. The same experts isolated which were the most common, which resulted in a list of 88 symptoms (Futterman et al., 2000). An analysis of the 88 symptoms on a sample of 878 women put them into five clusters, listed below. *Symptoms can range from barely noticeable to incapacitating.*

- **Cognitive-attentional.** The degree to which symptoms interfere with thinking, attentiveness, concentration, ability to plan ahead, and ability to reason in stressful situations. Tendencies to misperceive and distort information, to be easily distracted, and to be forgetful. If you have mild PMS, you may not even become cognizant of changes in your thinking patterns. This can contribute to a tendency to overreact to minor events.
- **Heightened emotionality.** The impact of PMS on emotional sensitivity. You may experience a number of emotional shifts, such as becoming irritable, feeling tense, and being depressed. Research indicates that aerobic exercise can significantly reduce this symptomatology. Psychotherapy has been found to reduce emotional distress associated with your menstrual cycle.

- **Physical complaints.** The physiological changes that occur such as bodily aches and pains, low-back aches, cramping, clumsiness, leg pain, and other physical changes. Women who suffer from physical complaints may be internalizing stressors. Psychotherapeutic intervention may focus on modifying this tendency. If you experience physical complaints premenstrually, keeping a log of your physical difficulties can help you make connections between your menstrual cycle and your physical and emotional states.
- **Sexual behavior and feelings.** The changes in interest in sex and actual changes in sexual activity that are often reported in conjunction with PMS. Many women report an increase in sexual desire but often
- **Eating behavior/water retention.** This refers to increases in eating and drinking, water retention, bloating, breast tenderness, gain, "bingeing," and cravings for sweets and salty foods. If you are suffering from these symptoms, you might consider consulting a nutritionist, talking with your physician to explore endocrine abnormalities, and psychological intervention. You may also need to explore lifestyle changes, or the possibility that you may have an eating disorder.

PMS is a syndrome. That means that there are many ways of experiencing it. Any of these symptoms that you experience most of the time, regardless of your cycle, can become exaggerated premenstrually. For example, if you are prone to depression, you may be more significantly depressed premenstrually. A particular set of symptoms and the degree of discomfort will change with age. less active sexually during their luteal phases.

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References

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