

Premenstrual dysphoric disorder: a neglected condition in girls and women

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Abstract

The etiology of premenstrual dysphoric disorder is not fully understood yet even though it's believed to be secondary to multiple factors including genetics, personal and environmental factors. Genetic etiology potentially explains 30 to 80% whereas neuroticism, obsessiveness, mood instability, childhood sexual abuse, domestic violence, and social problems probably explain the rest. This short review article demonstrated the Premenstrual dysphoric disorder from etiology aspects.

Keywords: Girls, Women, Premenstrual dysphoric disorder, Environmental factors

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Introduction

Premenstrual dysphoric disorder is a common mental condition that targets adolescent girls. Its prevalence differs from one study to another, but it's estimated to be in the range of 1-6 %. It can occur at any age but less commonly among adults and older women [1].

Furthermore, the etiology of premenstrual dysphoric disorder is not fully understood yet even though it's believed to be secondary to multiple factors including genetics, personal and environmental factors. Genetic etiology potentially explains 30 to 80% whereas neuroticism, obsessiveness, mood instability, childhood sexual abuse, domestic violence and social problems probably explain the rest [2].

Moreover, premenstrual dysphoric disorder is characterized by the appearance of a group of psychological, physical, and behavioral symptoms in the few days preceding the menses, followed by gradual remission of most features once menstrual blood flows. Such symptoms should occur repeatedly during the course of at least two consecutive cycles in order to confirm the diagnosis.

Another conditional criterion for diagnosis is that such symptoms must impair the daily functioning of the girl or the woman in the days or a week before the menses. Signs and symptoms of this disorder are mood swings, irritability, feeling sad or anxious, diminished interest in previously joyful activities, concentration difficulties, lethargy, overeating or loss of appetite, insomnia or sleeping too much, along with some somatic symptoms such as pain or swelling in joints or muscles, breast tenderness and bloating [3, 4].

The functional impact of premenstrual dysphoric disorder might enroll as problems with the husband, partner, children, or other family members whereas other students or employees could avoid school or work or get involved in interpersonal problems with other students or staff mostly as a result of irritability [5].

In addition, premenstrual dysphoric disorder has been associated with suicidal ideas and attempts especially among those aged less than 20 years. That is why specific inquiries about suicide must always be obtained in all cases whenever encountered by a mental health professional, gynecologist, or any specialist involved [2].

Many patients suffering from clinical features of premenstrual dysphoric disorder especially those with prominent somatic symptoms actually consult gynecologists, thus effective professional collaboration with psychiatrists and other mental health specialists lies at the heart of the management plan.

Management strategies are according to the severity and frequency of the symptoms and must always include psycho-education and reassurance about the benign nature of this condition. Treatment options are non-pharmacological methods through cognitive behavioral therapy, biofeedback, and relaxation techniques whereas pharmacological therapy is offered if other options proved ineffective or if the symptoms are severe.

A group of antidepressants called selective serotonin reuptake inhibitors (SSRIs) such as Fluoxetine carries the best results with the least side effects compared to other psychotropic medications. An SSRI must be prescribed exclusively by psychiatrists to be taken for only two weeks before the menses or throughout the entire cycle according to the severity and duration of symptoms [6].

Fortunately, many females suffering from premenstrual dysphoric disorder will improve spontaneously as they get older even without receiving formal treatment.

Conclusion

This study concluded that premenstrual dysphoric disorder is very common among adolescent girls and has been associated with suicidal behaviors that make having efficient continuous collaboration among gynecologists, psychiatrists, and other mental health professionals, being very essential and critical for proper management.

Ethical approval

The study was conducted in accordance with the ethical standards of the Helsinki Declaration of 1975, as revised in 2008. No formal ethical clearance was sought for conducting the study.

Conflicts of Interest

The author declares that he has no competing interests.

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Study registration

Not required.

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