

Northern Lights Psychiatry

A Patient Guide to Premenstrual Dysphoric Disorder (PMDD)

Guiding Minds Toward Healing, Balance & Recovery

Understanding PMDD

Premenstrual Dysphoric Disorder (PMDD) is a severe, hormone-related mood disorder that occurs in the **luteal phase** of the menstrual cycle (typically the 1–2 weeks before a period begins).

While many women experience mild premenstrual symptoms (PMS), PMDD is **more intense, more disruptive, and significantly impacts daily functioning and relationships**.

PMDD is not caused by abnormal hormone levels, but rather by an **increased sensitivity of the brain to normal hormonal fluctuations**, particularly changes in estrogen and progesterone and their effect on serotonin.

Common Symptoms of PMDD

Symptoms typically:

- Begin after ovulation
- Worsen in the days leading up to menstruation
- Improve shortly after the period starts

Emotional Symptoms

- Severe mood swings
- Irritability or anger
- Depression or hopelessness
- Anxiety or tension
- Feeling overwhelmed or out of control

Cognitive Symptoms

- Difficulty concentrating
- Brain fog
- Negative or intrusive thoughts

Physical Symptoms

- Fatigue
 - Sleep changes
 - Appetite changes or cravings
 - Bloating or breast tenderness
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Key Feature of PMDD

Symptoms are **cyclical** and resolve after menstruation—this pattern is essential for diagnosis.

PMDD vs PMS

It is important to distinguish PMDD from more common premenstrual symptoms.

PMS

- Mild to moderate symptoms
- Manageable
- Minimal impact on functioning

PMDD

- Severe emotional distress
- Significant impact on work, relationships, or daily life
- Often feels like a “different version” of yourself

Many women with PMDD describe feeling stable for part of the month and then experiencing a dramatic shift in mood and functioning during the luteal phase.

How PMDD Is Diagnosed

PMDD is a **clinical diagnosis**, meaning there is no single lab test to confirm it.

Diagnosis is based on:

- Symptom pattern
 - Severity
 - Timing in relation to the menstrual cycle
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Symptom Tracking (Most Important Tool)

Tracking symptoms daily for **at least 2 cycles** is essential.

This helps confirm:

- Symptoms occur after ovulation
- Symptoms resolve after menstruation
- Severity meets diagnostic criteria

Helpful Tools

- Daily mood tracking apps
 - Written symptom journals
 - Standardized tools (such as DRSP – Daily Record of Severity of Problems)
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Medical Evaluation May Include

- Thyroid testing
- Vitamin levels (B12, Vitamin D)
- Screening for depression or anxiety
- Evaluation for other hormonal conditions

This ensures symptoms are not caused by another medical condition.

Natural and Lifestyle Approaches

Many women benefit from combining medical and non-medical strategies.

Nervous System Regulation

PMDD often involves heightened emotional reactivity. Supporting regulation can reduce symptom intensity.

- Deep breathing exercises
 - Grounding techniques
 - Reducing overstimulation
 - Creating predictable routines
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Nutrition Support

Stabilizing blood sugar and supporting neurotransmitters can help:

- Regular meals with protein and healthy fats
 - Limiting caffeine and alcohol during luteal phase
 - Increasing complex carbohydrates
 - Magnesium-rich foods (leafy greens, nuts)
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Supplements (when appropriate)

- Magnesium
- Vitamin B6
- Calcium
- Omega-3 fatty acids

(Supplements should always be reviewed with a provider.)

Lifestyle Adjustments

- Prioritize sleep
 - Gentle movement (walking, yoga)
 - Sunlight exposure
 - Reduce scheduling demands during high-symptom days
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Emotional Support

- Therapy or counseling
 - Support groups
 - Open communication with partners/family
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Important Insight

PMDD is not about “coping better.”

It is about understanding your biology and supporting your system appropriately.

Medical Treatment Options

For many women, medical treatment significantly improves quality of life.

SSRIs (First-Line Treatment)

Selective serotonin reuptake inhibitors are highly effective for PMDD.

Common options include:

- Sertraline
- Fluoxetine
- Escitalopram

Dosing Approaches

- Daily dosing
- Luteal phase only (2 weeks before period)

SSRIs can work more quickly in PMDD compared to traditional depression treatment.

Hormonal Treatments

Goal: suppress ovulation and stabilize hormonal fluctuations

Options may include:

- Oral contraceptives
 - Continuous birth control (skipping placebo week)
 - Other hormone-modulating treatments
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Adjunct Medications

Depending on symptoms:

- Anti-anxiety medications
 - Sleep support
 - Mood stabilizing approaches in complex cases
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Severe / Treatment-Resistant Cases

In rare situations:

- Referral to specialists
 - More advanced hormonal or psychiatric interventions
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Treatment Is Individualized

What works for one person may not work for another.
A thoughtful, personalized approach is essential.

When to Seek Help

You should seek professional support if:

- Symptoms interfere with work or relationships
 - You feel out of control during part of the month
 - You experience depression, anxiety, or anger that feels cyclical
 - You feel like a “different person” before your period
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Seek Immediate Help If

- Thoughts of harming yourself
 - Severe emotional distress
 - Inability to function
 - Feeling unsafe
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What Recovery Looks Like

With appropriate treatment, many women experience:

- More stable mood throughout the month
- Reduced emotional intensity
- Improved relationships
- Better functioning at work and home
- Increased sense of control

Recovery does not mean eliminating all symptoms—it means **regaining stability and quality of life.**

Final Thoughts

PMDD is a real, biologically-based condition.
It is not a personality flaw, weakness, or failure.


You are not imagining it—and you are not alone.

With the right support, treatment, and understanding, you can feel more like yourself again.

Northern Lights Psychiatry

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