PREMENSTRUAL SYNDROME (PMS):

Premenstrual syndrome (PMS) is characterized by the presence of both physical and behavioral symptoms that occur monthly prior to your menstrual period. PMS symptoms that occur more than three days prior to your period often reflect a *Luteal Phase Deficiency (LPD)*, which is low progesterone in the post-Peak progesterone). Problems with your **thyroid function** can also mimic PMS symptoms.

COMMON SYMPTOMS:

- irritability
- bloating
- crying easily
- fatigue
- depression
- anxiety
- food/sweat cravings
- breast tenderness
- weight gain
- headache
- insomnia

DIAGNOSIS/TREATMENT FOR LUTEAL PHASE DEFICIENCY (LPD):

- after you have charted using CrMS for about two months, and you can confidently identify your Peakday, I will recommend drawing post-peak hormone panels. See <u>Handout #3. Ordering Hormone Panels.</u>
- If progesterone is low, we will start by giving you progesterone 200 mg on P+3 through P+12 monthly.
- a P+7 lab draw will be required for two cycles to ensure your levels are normal and healthy see here.
- most often when progesterone levels are normalized, PMS symptoms will disappear.

ALTERNATIVE TREATMENT OPTION:

Naltrexone 50 mg

- naltrexone is commonly used to help people with addictions avoid alcohol use and or opioid use. Many NaPro providers use naltrexone as an "off-label" medication to treat PMS, with amazing results.
- we would start at a very low dose and slowly uptitrate:
- all patients must complete a PHQ-9 screen (Handout#6) for baseline score.

Rx# 1: naltrexone 4 mg (#30 pills), must be ordered through a compounding pharmacy, see <u>Handout#17</u>.

- take one pill daily x 10 days (4 mg daily total)
- take two pills daily x 10 days (8 mg daily total)
- repeat PHQ-9 screen during final week of 8 mg daily, and then I will to send in next Rx.

Rx#2: naltrexone 8 mg (#60 pills), must be ordered through a compounding pharmacy. take two pills daily x 10 days (16 mg daily total) take four pills daily x 10 days (32 mg daily total)

- repeat PHQ-9 screen during final week of 32 mg daily, and then I know to send in next Rx.

Rx#3: naltrexone 50 mg (#30 pills), available at either retail pharmacy or compounding pharmacy. - take one pill daily daily. I will instruct pt when to repeat PHQ-9 as indicated.

DIAGNOSIS/TREATMENT FOR THYROID DYSFUNCTION:

- all pts will have thyroid functions lab tests drawn at their initial visit. See Handout #1.
- a goal for your TSH level is between 1 and 2.5 to optimize your fertility.