

Premenstrual syndrome

Regular presence of **somatic and psychological problems in the luteal phase** of the menstrual cycle. They are of different nature and intensity. It occurs by a high number of women. It most often appears 7 days before menses and disappears with its onset.

Symptoms

Psychological symptoms include nervousness, emotional lability, anxiety, depression, increased aggression, headaches, migraines, etc. Mastodynia, a feeling of tension in the breasts, nipple hyperalgesia, flatulence, diarrhea, vomiting, lower abdominal pain, pressure in the pelvis, etc. also appear. Less often tachycardia and dysuria.

 For more information see *Premenstrual tension*.

The cause is probably an imbalance of the endocrine and neurotransmitter systems, which are linked to psychological factors. A special type is **premenstrual dysphoric disorder**, in which the symptoms of PMS are so accelerated that they make social adaptation of the patient impossible (affective lability, anxiety, tension, dysphoria, etc.).

Diagnosis and therapy

In order to establish a diagnosis, the presence of one somatic and one psychological symptom in three consecutive cycles is necessary. Treatment is symptomatic. **Lifestyle modification** and **psychiatric care** are the basis. Of the drug, we indicate **hormonal contraception** with a low estrogen content in combination with drospirenone (gestagen with antimineralecorticoid activity), which reduces the formation of edema. In the treatment of pain, we indicate **non-steroidal antiphlogistics**. Sometimes we give supplementation of vitamins (B6, E and minerals (magnesium, calcium)).



Hormonal anticonception

Links

Related articles

- Mestruation
- Dysmenorrhoea
- Premenstrual tension
- Cyclic bleeding disorders

Použitá literatura

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