

About Premenstrual Syndrome (PMS) & menstrual pain

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- **Premenstrual syndrome (PMS)** refers to a range of physical and emotional symptoms that occur prior to menstruation, and typically resolve once the period begins.¹
- PMS occurs due to hormonal changes during the menstrual cycle.¹
- **Menstrual pain (dysmenorrhoea)** is defined as pain during the menstrual cycle, usually located in the lower abdomen, which may radiate to the inner thighs and back.²
- There are two types of menstrual pain:
 - Primary dysmenorrhoea – pain caused by prostaglandins (chemicals made in the lining of the uterus that cause it to contract);³ and
 - Secondary dysmenorrhoea – pain caused by an underlying health condition or structural abnormality within, or external to the uterus, such as endometriosis or fibroids.³
- The menstrual cycle or a 'period' is a natural, hormone-regulated process occurring roughly every month, lasting between three and seven days.⁴
- During a period, the lining of the uterus (endometrium) sheds, presenting as bleeding through the vagina.⁴

Prevalence

- As many 85 per cent of women experience period pain,⁵ and up to half (47.8 per cent) battle PMS symptoms.⁶
- In Australia, more than 90 per cent of women under 25 years of age experience menstrual issues, including menstrual pain.⁷

Symptoms

- Common PMS symptoms reported by Australian women include:⁸
 - Emotional changes, including depressed mood, anxiety, irritability, and mood swings;
 - Physical symptoms, such as bloating, fluid retention, breast tenderness, headaches, and muscle or joint pain; and
 - Compromised wellbeing, including fatigue, skin issues, and digestive changes, such as constipation or diarrhoea.
- Common symptoms of menstrual pain reported by Australian women include:^{3, 9}
 - Cramping or a feeling of heaviness in the pelvic area;
 - Pain in the stomach, lower back, and legs;
 - Gastrointestinal symptoms, including nausea or diarrhoea; and
 - General wellbeing effects, including a pale appearance, fatigue (tiredness), and insomnia (sleep problems).
- While experiencing some discomfort during a period is normal, it should not interfere with daily life.⁹



Causes & risk factors

Although the exact cause of **PMS** is unknown, most healthcare providers believe PMS occurs due to hormonal changes relating to the menstrual cycle.¹⁰

Risk factors for PMS include:^{11, 12}

- Lifestyle factors – poor diet, inadequate sleep, and low levels of regular exercise which can make symptoms worse;
- A personal or family history of depression or anxiety disorders; and
- High stress levels.

Menstrual pain is triggered by hormone-like substances called prostaglandins, which cause uterine muscle contractions. Higher prostaglandin levels are linked to more severe pain.¹³

Menstrual pain may also be caused by underlying conditions such as:¹³

- Endometriosis – uterine-like tissue growing outside the uterus;
- Uterine fibroids – non-cancerous growths in the uterine wall;
- Adenomyosis – uterine lining tissue growing into the muscle wall;
- Pelvic inflammatory disease – infection of the reproductive organs; and
- Cervical stenosis – an unusually small cervical opening that blocks menstrual flow and increases pressure.



Risk factors for menstrual pain include:¹³

- Aged under 30 years;
- Early puberty (commencing at 11 years of age or earlier);
- Heavy menstrual bleeding and/or irregular menstrual bleeding;
- Family history of menstrual cramps; and
- Smoking.

Impact on quality of life

- Daily, social, and professional life is disrupted in nearly half of Australian women experiencing menstrual pain or PMS.¹⁴
- Physical discomfort and fatigue from menstrual symptoms often leads to avoidance of social events, school commitments, and sporting activities.¹⁵
- PMS can result in poor sleep, reduced productivity at work or school, increased need for medical care, and relationship difficulties.¹⁶
- PMS and menstrual pain can significantly compromise a woman's emotional wellbeing, leading to anxiety, depression, and a loss of confidence.¹⁷⁻¹⁹
- Stigma, shame, and embarrassment associated with discussing periods can exacerbate the impact of menstrual symptoms.^{14, 20}
- Intimate relationships may also be affected as pain, low mood, and reduced libido can compromise sexual activity.²¹

Diagnosis

- A GP is most commonly the first point of contact for those experiencing PMS and/or menstrual pain.⁹
- A GP assesses medical history, affect on quality of life, and may perform a physical examination.²²
- A GP may recommend further tests to determine the cause of menstrual pain, such as an ultrasound or MRI imaging, blood tests, cervical or vaginal swabs, hysteroscopy (*use of a small, thin camera to examine the uterus / womb, to check for any problems*), and laparoscopy (*a minimally invasive procedure where a doctor makes small cuts in the abdomen to insert a tiny camera and special instruments, to diagnose or treat health issues, such as endometriosis or cysts*).²³
- To diagnose PMS, a GP may ask a woman to keep a symptom diary over at least two menstrual cycles, to assess their timing, duration, and impact on daily life.¹



Management & treatment

- Concerningly, around half of reproductive-age women who experience bothersome periods fail to raise this with a doctor because they think their symptoms are “not bad enough.”²⁴
- One in three women fail to seek medical advice on the mistaken belief that nothing can be done about their symptoms.²⁴
- The main treatments for PMS and menstrual pain include:^{1, 25-28}
 - Lifestyle modifications, including regular exercise, stress management, heat therapy, and a balanced diet, which can help to reduce symptoms;
 - Khapregesic® – a clinically tested, plant-based, drug-free solution proven to help relieve menstrual pain and PMS;
 - Pain relief medications, such as over-the-counter NSAIDs (e.g., ibuprofen or naproxen), which help to alleviate cramps and physical discomfort;
 - Hormonal treatments, including oral contraceptives, progestin-only pills, or hormonal IUDs, which can help regulate hormones and reduce uterine contractions or PMS symptoms;
 - Antidepressants (SSRIs), which may be prescribed for mood-related PMS symptoms, such as anxiety, irritability, or depression; and
 - Specialist interventions, including imaging (ultrasound or MRI) or surgical options like laparoscopy, which may be considered if menstrual pain is caused by underlying conditions such as endometriosis.

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