

APPENDIX 2: Symptom-based approach to PMS/PMDD treatment

Primary symptom(s)	Treatment
General	<ul style="list-style-type: none"> • Calcium (1,200 mg/day) • (Possibly) aerobic exercise • Chaste berry fruit
<p>Mood symptoms</p> <p>For mild-moderate symptoms</p> <p>For severe symptoms or symptoms not responsive to treatments listed above</p>	<ul style="list-style-type: none"> • Patient education • Lifestyle: aerobic exercise, nutritional changes (reduction of caffeine, salt & alcohol; increase in complex carbohydrates) • Dietary supplements—select from among: calcium (1000 mg/day), magnesium (400 mg/day), chaste berry fruit (20 mg/day) • Dietary supplements not effective • SSRI (e.g., fluoxetine 20 mg qd, sertraline 50-150 mg qd) on symptomatic days (typically days 14-28 of menstrual cycle) • SSRI daily <p>[Note: if initial SSRI agent is ineffective or poorly tolerated, try at least 2 more SSRIs before moving on to treatments below]</p> <ul style="list-style-type: none"> • Buspirone in luteal phase (5-10 mg tid) • GnRH (standard dose), with add-back estrogen if continued past 6 months • Bilateral oophorectomy (only if GnRH is not a long-term option and other options are ineffective)
<p>Specific physical symptoms</p> <p>Breast tenderness</p> <p>Bloating, swelling</p> <p>Headaches or other aches</p>	<ul style="list-style-type: none"> • Supportive bra, weight loss, reduction in caffeine, smoking cessation • When supportive measures fail, spironolactone daily (50-200 mg) or Danazol (100-200 mg/day during luteal phase) • For severe symptoms, if no relief with above, short course (2-6 month) trial of bromocriptine (2.5 mg/day) or tamoxifen (10 mg/day) may be considered in selected patients • Oral contraceptives may be helpful and worth trial if contraception desired • Spironolactone (50-200 mg/day) • Oral contraceptives may be helpful and worth trial if contraception desired • NSAIDs in luteal phase (e.g. naproxen 600 mg tid)

Adapted from:

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Steege JF, Blumenthal JA. The effects of aerobic exercise on premenstrual symptoms in middle-aged women: a preliminary study. *J Psychosom Res* 1993; 37(2):127-133 PM:8463989

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November 2006

