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WEST *of* SCOTLAND

# Premenstrual Dysphoric Disorder (PMDD)

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University  
of Glasgow



Image by rawpixel.com on Freepik

**1. Premenstrual Dysphoric Disorder (PMDD)**

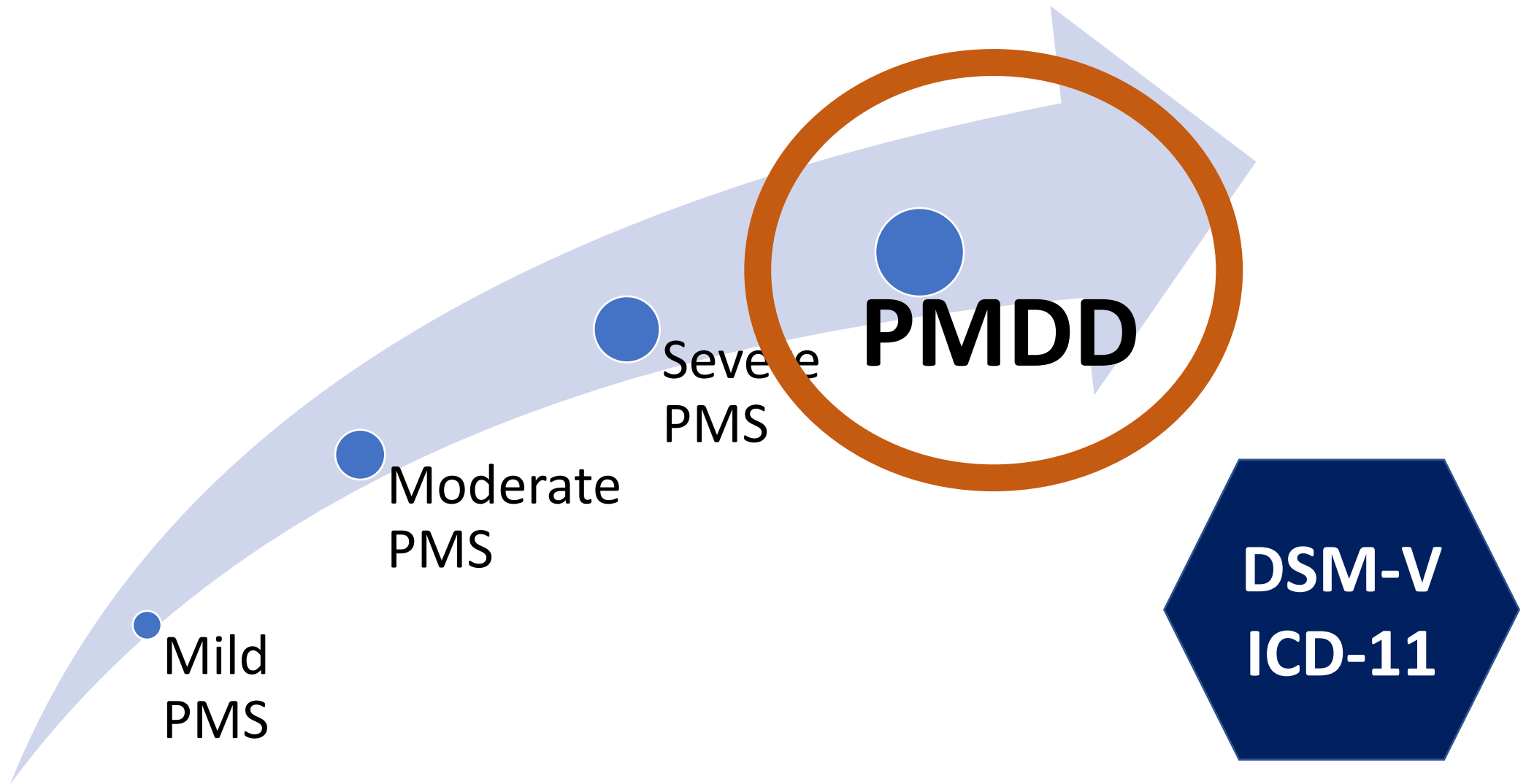
**2. PMDD tailored suicide prevention**

**3. Hormone sensitivity and perimenopause**

Part one

# Premenstrual Dysphoric Disorder

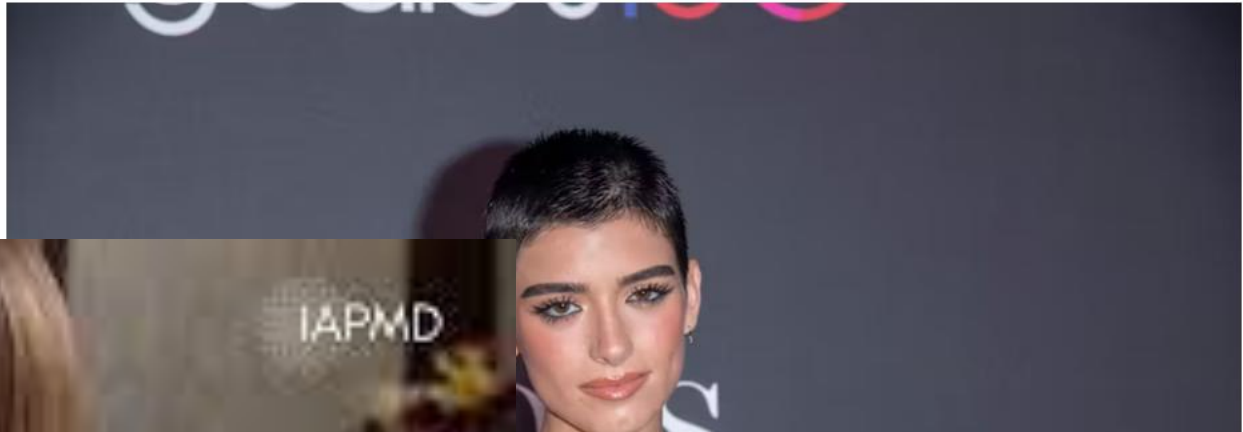






# Premenstrual dysphoric disorder: the frightening psychological condition suffered by Dixie D'Amelio

Published: November 1, 2022 4.41pm GMT



The Standard

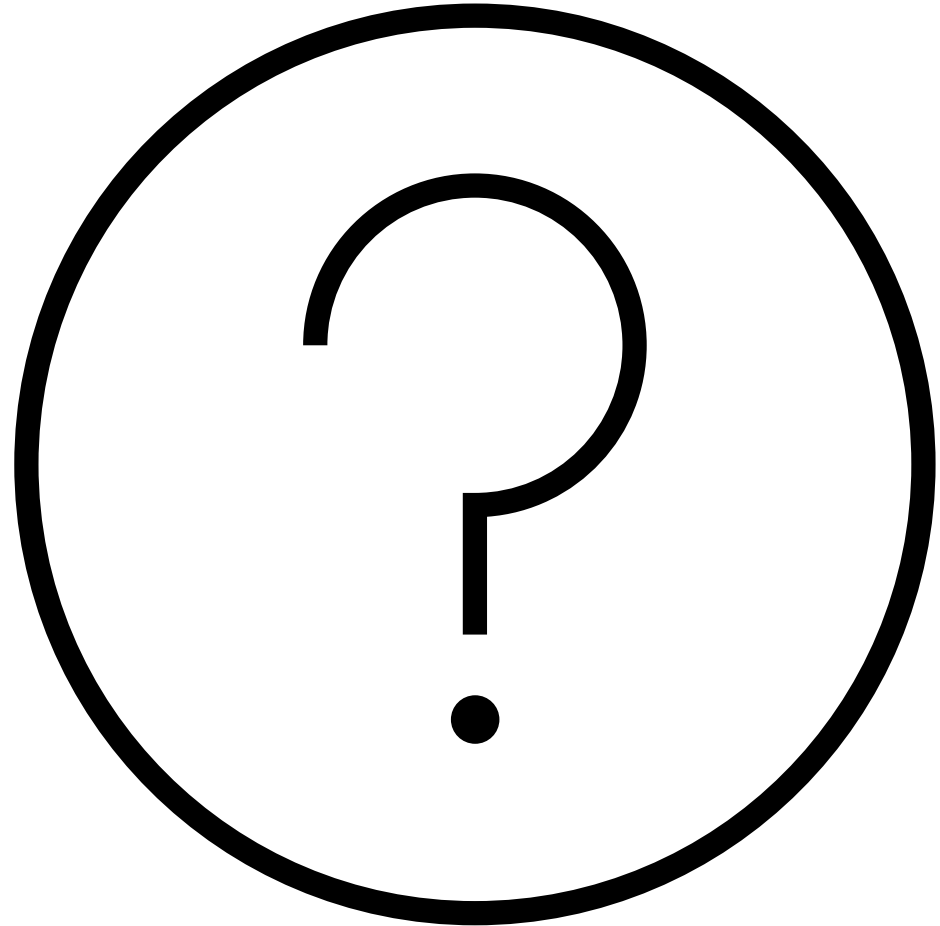
SHOWBIZ

Vicky Pattison reveals she's been diagnosed with PMDD after five year fight for diagnosis



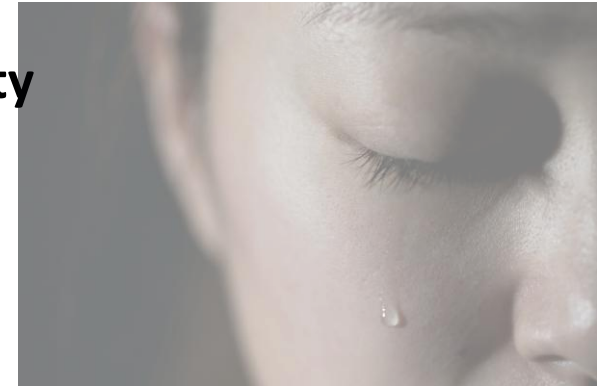
The  
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What is  
PMDD?



# Symptoms

- **Mood/emotional changes (e.g. mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection)**
- **Irritability, anger, or increased interpersonal conflict**
- **Depressed mood, feelings of hopelessness, feeling worthless or guilty**
- **Anxiety, tension, or feelings of being keyed up or on edge**
- Decreased interest in usual activities
- Difficulty concentrating, focusing, or thinking; brain fog
- Tiredness or low-energy
- Changes in appetite, food cravings, overeating, or binge eating
- Hypersomnia (excessive sleepiness) or insomnia (trouble falling or staying asleep)
- Feeling overwhelmed or out of control
- Physical symptoms such as breast tenderness or swelling, joint or muscle pain, bloating or weight gain



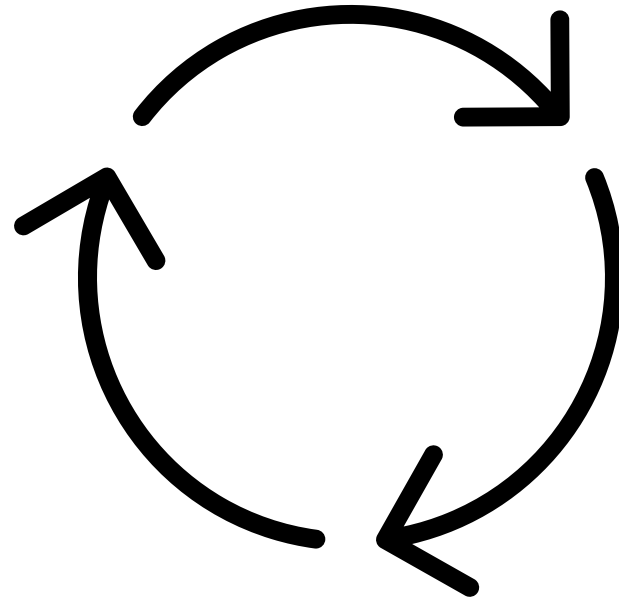
# Diagnosis

Diagnosis requires the presence of at least five of these symptoms, one of which must be a "**core emotional symptom**" (one of the first four symptoms listed in bold).

PMDD is characterised by these symptoms lifting when someone starts their period.

This creates a cyclical pattern, every month, likely for decades.

**Diagnosis requires a minimum of two months of tracking symptoms**



# Management

SSRIs (optional onset dosing)

Hormonal treatments

GnRH analogues (+ HRT)

Oophorectomy, hysterectomy + HRT

## Premenstrual Syndrome, Management (Green-top Guideline No. 48)

### Access other versions of this paper

> [Green-top Guideline No. 48](#)

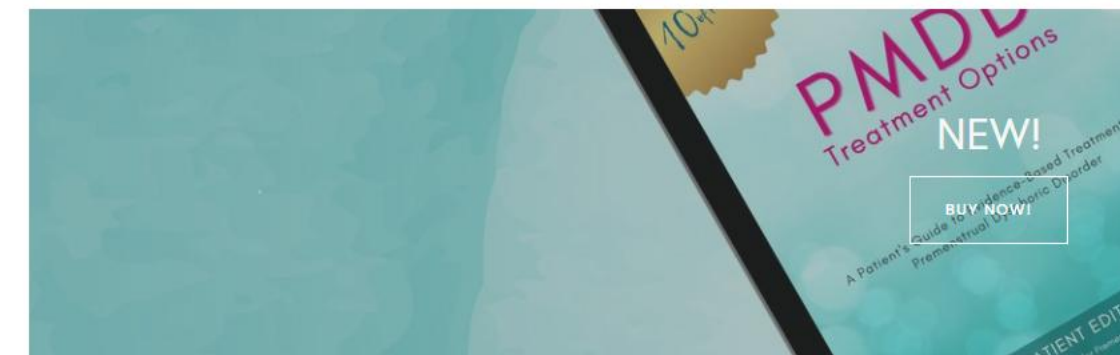
> [Access the PDF version of this guideline on Wiley.](#)

### Summary

Since the first edition, there has been considerable work by the International Society for Premenstrual Disorders and the National Association for Premenstrual Syndrome to achieve consensus on the recognition, diagnosis, classification and management of premenstrual syndrome (PMS).



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# The UK research agenda

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Launched in May 2023

Co-authored by Julie Riddell  
University of Glasgow

[www.pmdresearch.com](http://www.pmdresearch.com)



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**UWS**

## **PREMENSTRUAL DYSPHORIC DISORDER (PMDD)**

**The UK Research Agenda**





# RESEARCH PRIORITY NO. 1

## Diagnosis and management of PMDD

**Summary:** People with PMDD visited health professionals for 4-14 years before receiving a correct diagnosis. Many described misdiagnoses and inappropriate medications. People with PMDD felt frustrated by health professionals' lack of awareness and knowledge of PMDD. Health professionals also felt frustrated by the lack of training on PMDD and the lack of multidisciplinary teams to support their patients.



*"I'd been in mental health services for ten years, and no one had mentioned periods [or] asked me about my cycle. I'd been diagnosed with borderline personality disorder first ... and then bipolar disorder, and it hadn't occurred to the psychiatrist, female and male, to ask about my menstrual cycles"*

(Person with PMDD)

*"A great multidisciplinary approach, I think that would make my life so much easier to have a team where I could speak to a GP, a psychiatrist, even nutritionist trained people, a dietician, more holistic approach to PMDD, psychologist, a counsellor, where there is space to discuss what's happening for each person, and then that person then also has input from that wide team. I think that would be the dream"*

(Health professional)

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“I'd been in mental health services for ten years, and **no one had mentioned periods or asked me about my cycle.** I'd been diagnosed with borderline personality disorder first ... and then bipolar disorder, and it hadn't occurred to the psychiatrist, female and male, to ask about my menstrual cycles”

*(Person with PMDD)*

“One of our main interventions [for adolescent mental health] is Cognitive Behavioural Therapy (CBT) for anxiety and mood disorders, and if there is that underlying possible hormonal influence. Then CBT is recommended as a treatment, but a lot of our **CBT therapists probably won't be trained in PMDD, and offer it as a tool for supporting PMDD**”

*(Health professional)*



## RESEARCH PRIORITY NO. 2

### Best approaches for psychological support

**Summary:** PMDD typically impacts people for decades. People with PMDD therefore need life-long coping skills to navigate daily life. Although several options were identified, including dialectical behavioural therapy (DBT) and cognitive behavioural therapy (CBT), research is lacking on what are the best approaches, and how these might work for PMDD. Understanding the best psychological techniques (and how to access and fund them) is a key priority for future research.



*“[We don't have] any specialist psychological service that we can refer patients to after they're seen at our clinic. So, a lot of patients request some sort of specialist psychology, or even specialist support for ongoing support after they're seen at our clinic, and at the moment we don't have anywhere that I'm aware of that we can refer patients to ... it would be really nice to have some sort of either psychoeducation group or specialist psychology service within the NHS that you can refer patients to”*

*(Health professional)*

*“One of our main interventions [for adolescent mental health] is Cognitive Behavioural Therapy (CBT) for anxiety and mood disorders, and if there is that underlying possible hormonal influence. Then CBT is recommended as a treatment, but a lot of our CBT therapists probably won't be trained [in PMDD], and offer it [as a tool for supporting PMDD]”*

*(Health professional)*



# RESEARCH PRIORITY NO. 3

## Suicide and self-harm prevention

**Summary:** Although one in three people with PMDD attempt suicide, there is minimal PMDD-specific support available. Emergency crisis personnel and support organisations described the challenge of supporting people in PMDD crisis when they themselves have limited options. Additionally, PMDD may not be recognised yet, by either the person with PMDD or those supporting them. This adds additional complexity when providing support.



*"Sometimes in a [PMDD] crisis, there will be a lot of self-harm. Normally with calls like that the police are called there first ... Sometimes they're having suicidal thoughts, which is [frustrating] for us and them in a way, because all we can really do in that case is take them to A&E. That's pretty much the only pathway we have for them at the moment. So they're feeling their worst [...] and they say they speak to the mental health team after waiting for hours, and then are sent home, and then the thing will repeat again"*

(Emergency crisis personnel)

*"There's definitely things that myself and the people I work with aren't qualified on, and that would be things like support for suicidal thoughts, people in crisis, and we would refer in cases like that [...] You Google and there's nothing there (for PMDD related suicide/self-harm support), so it's really hard to try to keep a positive spin when you're talking to somebody that's in crisis"*


(Support organisation)

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“Sometimes in a [PMDD] crisis, there will be a lot of self-harm {...} Sometimes they’re having suicidal thoughts, which is frustrating for us and them in a way, **because all we can really do in that case is take them to A&E.**

That’s pretty much the only pathway we have for them at the moment. So they’re feeling their worst [...] and they say they speak to the mental health team after waiting for hours, and then are sent home, **and then the thing will repeat again”** (*Paramedic*)

“The amount of families that have broken up [...] I’m just thinking, as an example, someone who then had to go into housing and needed council housing, needed extra support. You start counting all those things in, those relationship break ups, the hospitalisation, everything. **It really adds up [and takes] a toll** on so many levels, financial, emotional ...” *(Health professional)*



## RESEARCH PRIORITY NO. 4

### Impact of PMDD on life

**Summary:** People typically live with PMDD for decades. It impacts on all areas of life, including their education, employment, relationships, parenting and more. Understanding the impact of PMDD on life helps create interventions to support people long-term.

““  
“The amount of families that have broken up [...] I’m just thinking, as an example, someone who then had to go into housing and needed council housing, needed extra support. You start counting all those things in, those relationship break ups, the hospitalisation, everything. It really adds up [and takes] a toll on so many levels, financial, emotional ...”  
”  
(Health professional)

“I’d like to know what the long term impacts on some people living with PMDD. I don’t think people think about that enough. So, for example, how it affects your life and work opportunities, your quality of life, because it’s something that you have to live with for 30 years or so. It can have a significant impact, and I don’t think that’s appreciated”  
”  
(Researcher)



# RESEARCH PRIORITY NO. 5

## Hormonal 'triggers' for PMDD

**Summary:** Research shows that PMDD is linked with hormonal events. These range from menarche (i.e. the first menstrual cycle) to menopause (i.e. the last menstrual cycle), and include events such as starting/stopping hormonal treatment (including birth control), pregnancy, stopping breastfeeding and perimenopause. People with PMDD describe a lack of information and support for these hormonal 'triggers'.



*"And also like the impact of some hormonal events, pregnancy, breastfeeding, all of that did have a huge effect. And it affected my relationship with [my partner]"*

(Person with PMDD)

*"It appeared like she was hyperventilating, a panic attack, and her husband came and said, "It's really weird, she had just started menopause. This happened a month ago, pretty much to the same day, and the month before that you had asthma attacks"*

(Emergency crisis personnel)

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“And also like the impact of some **hormonal events, pregnancy, breastfeeding**, all of that did have a huge effect. And it affected my relationship with my partner”  
*(Person with PMDD)*

Causes

Other risk  
behaviours

Post-surgery

Support barriers

Cost

Neurodivergence

Training

PME

Welfare



## RESEARCH PRIORITY NO. 1

### Diagnosis and management of PMDD

**Summary:** People with PMDD visited health professionals 4-14 years before receiving a correct diagnosis. Common reasons for misdiagnoses and inappropriate medication: frustration by health professionals' lack of awareness of PMDD. Health professionals also felt frustrated by their training on PMDD and the lack of multidisciplinary support for their patients.



"I'd been in mental health services for years and they had mentioned periods [or] asked me if I was pregnant. I was diagnosed with borderline personality disorder, bipolar disorder, and it hadn't occurred to me to ask about my periods."

"A great multidisciplinary approach to PMDD would be to have a team of a psychiatrist, a psychologist, a nutritionist, a dietitian, a holistic approach to PMDD, psychology, and then that person then also has a support organisation. I think that would be the dream."



## RESEARCH PRIORITY NO. 2

### DIAGNOSIS AND MANAGEMENT

### PSYCHOLOGICAL SUPPORT



## RESEARCH PRIORITY NO. 3

### IMPACT ON LIFE

### HORMONAL TRIGGER EVENTS

### Self-harm prevention

Research shows that in three people with PMDD attempt suicide, one person has specific support available. Emergency crisis organisations described the challenge of supporting people in a PMDD crisis when they themselves have limited support. PMDD may not be recognised yet, by either the person or those supporting them. This adds additional challenges to providing support.

"Sometimes in a [PMDD] crisis, there will be a lot of self-harm. Sometimes they'll call the police, which is not the best way, because all we can really do is offer them support. That's pretty much the only thing we can do at the moment. So they're feeling really distressed, they speak to the mental health professionals, and then they're sent home, and then they're back in crisis."

(Emergency crisis personnel)

"I've supported myself and the people I work with with PMDD. It would be things like support for people in crisis, and we would refer in cases like that where there's nothing there [for PMDD related], so it's really hard to try to keep a person safe. Talking to somebody that's in crisis."

(Support organisation)

...ants.  
...opause

(i.e. the last menstrual cycle), and include events such as starting/stopping hormonal treatment (including birth control), pregnancy, stopping breastfeeding and perimenopause. People with PMDD describe a lack of information and support for these hormonal 'triggers'.



"And also like the impact of some hormonal events, pregnancy, breastfeeding, all of that did have a huge effect. And it affected my relationship with [my partner]"

(Person with PMDD)

"It appeared like she was hyperventilating, a panic attack, and her husband came and said, 'It's really weird, she had just started menopause. This happened a month ago, pretty much to the same day, and the month before that you had asthma attacks'"



"The amount of families that have broken up [...] I'm just thinking, as an example, someone who then had to go into housing and needed council housing, needed extra support. You start counting all those things in, those relationship break ups, the hospitalisation, everything. It really adds up [and takes] a toll on so many levels, financial, emotional..."

(Health professional)

"I'd like to know what the long term impacts on some people living with PMDD. I don't think people think about that enough. So, for example, how it affects your life and work opportunities, your quality of life, because it's something that you have to live with for 30 years or so. It can have a significant impact, and I don't think that's appreciated"

(Researcher)

Part 2

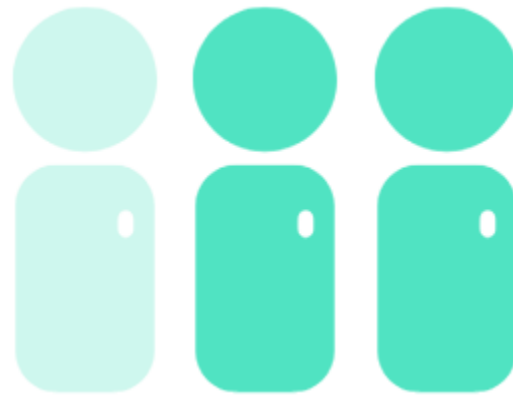
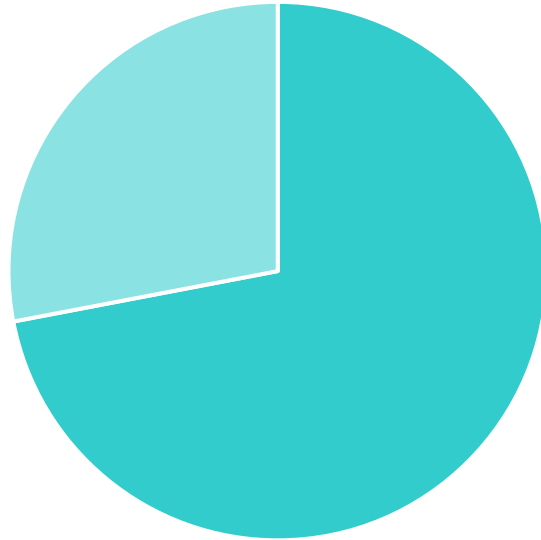
# Suicide and self-harm



# What do we already know?

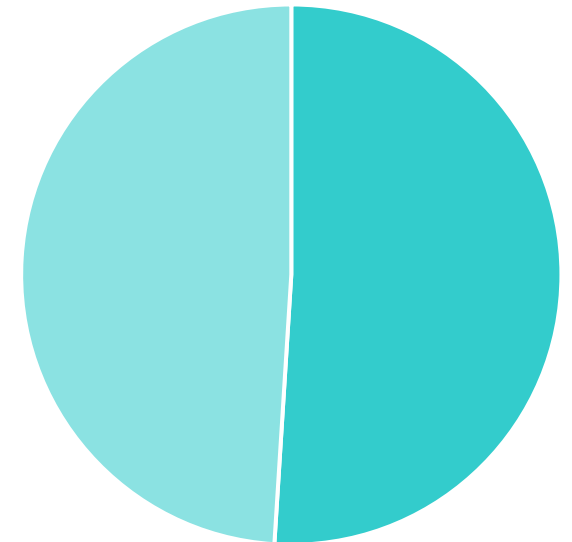
(Eisenlour-Moul et al., 2021)

72% of people with PMDD experience suicidal thoughts



One in 3 will attempt suicide

51% of people with PMDD self harm



# Person living with PMDD

*“I just think back to all the teenage years and the suicide attempts, and how I could have just not been here, **how close I can imagine we’ve all been to just not being here anymore.**”*



Image by pikisuperstar on Freepik

# Support organisations



Image by pch.vector on Freepik

*“You Google and there’s nothing there (for PMDD related suicide/self-harm support), so **it’s really hard to try to keep a positive spin** when you’re talking to somebody that’s in crisis”*

MRC/CSO Social and Public Health Sciences Unit



Medical  
Research  
Council



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# Asking the right question

*“I was going to say if we go to someone in crisis, just a simple question like, **“Does this happen often?”** And if they say, “Yes monthly,” or something maybe, then that could be a start. All we have to do is ask that, and that could be a help for them going forward possibly.”*

Emergency crisis personnel

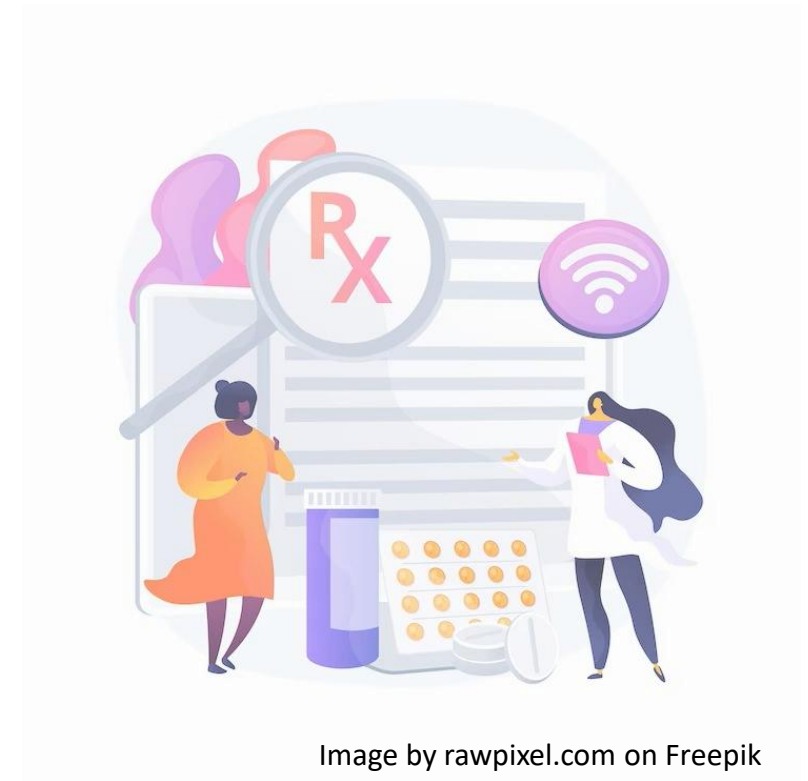


Image by rawpixel.com on Freepik



*“And with a lot of probing and questions, she said, you know, ‘**how often does this happen?**’ And I kind of sat and I thought I would definitely say it happens every month, I feel this way. And this is when she said you know, ‘I think that you might be suffering with something called premenstrual dysphoric disorder’.”*

Person living with PMDD

MRC/CSO Social and Public Health Sciences Unit



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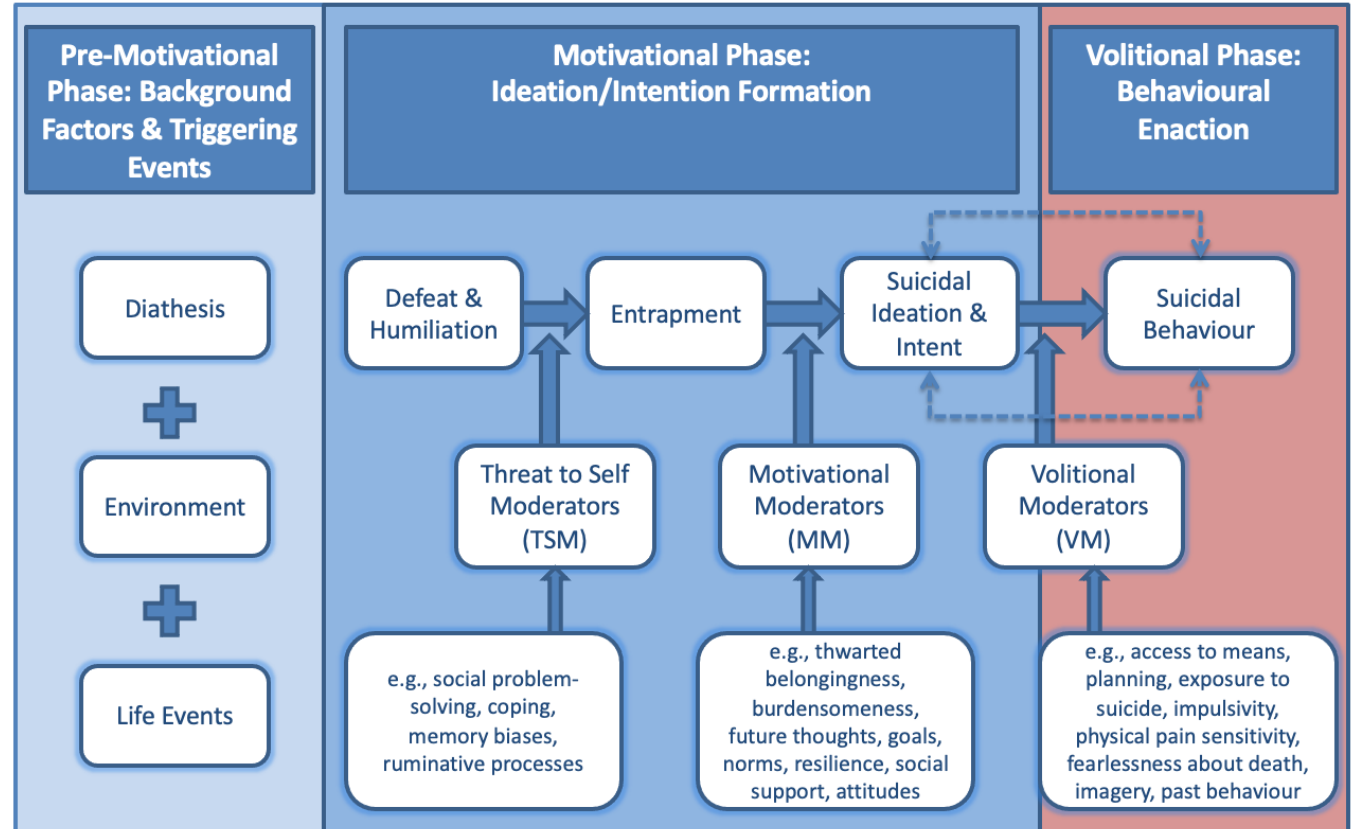
Ongoing work ...

Adapted version of the  
IVM model of suicide  
prevention (O'Connor et al., 2018)

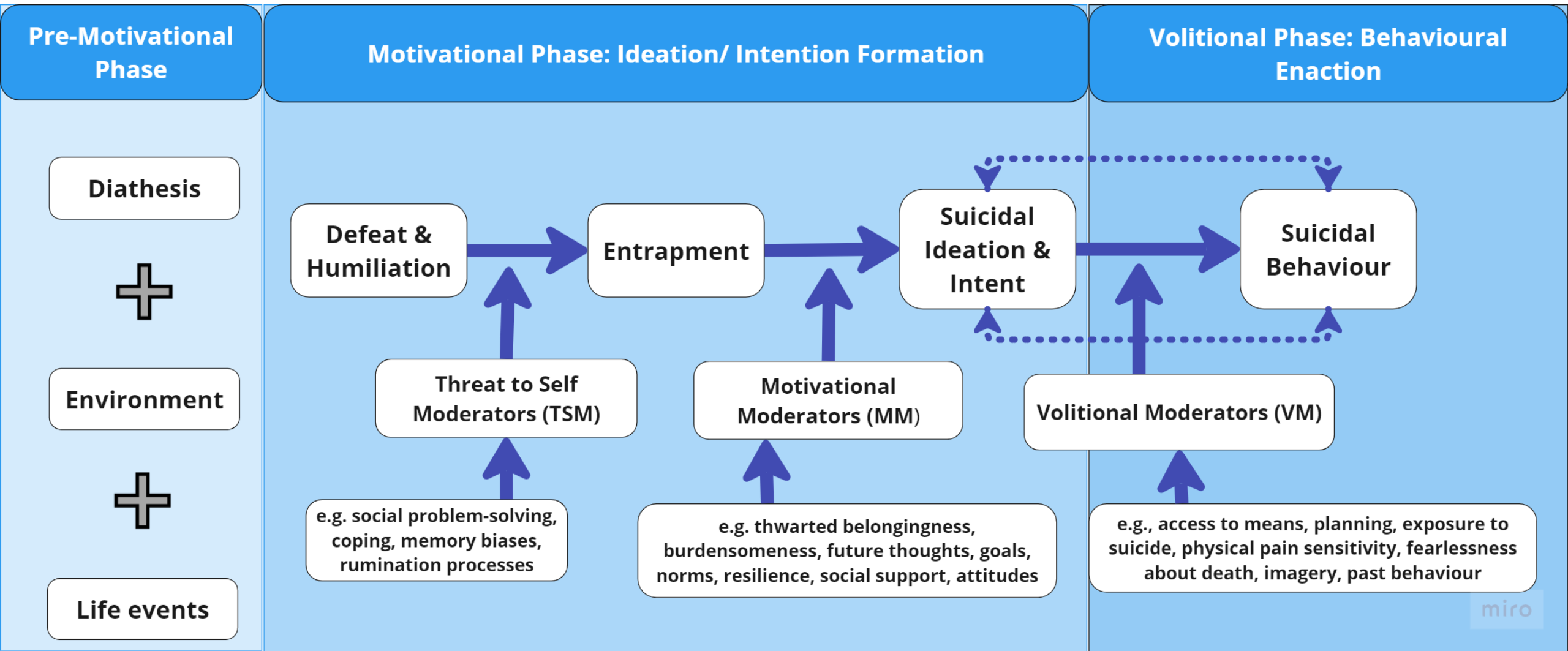
Co-researchers

Julie Riddell, Seonaid Cleare  
and Rory O'Connor

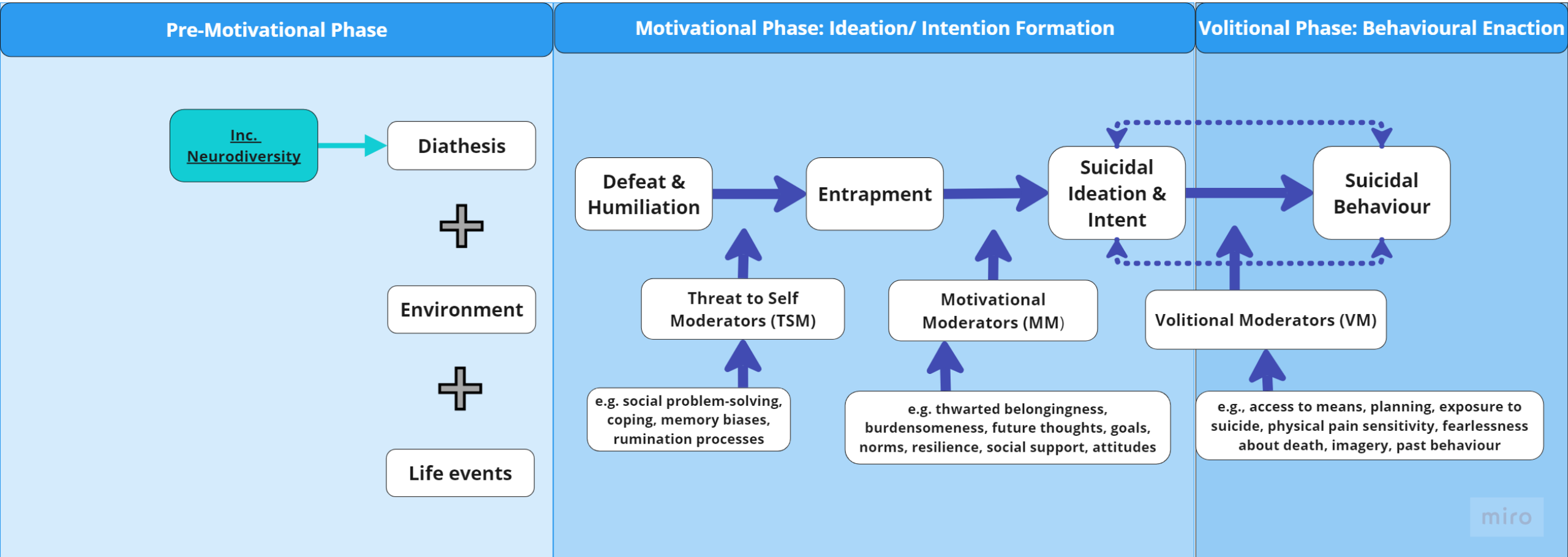
*University of Glasgow*



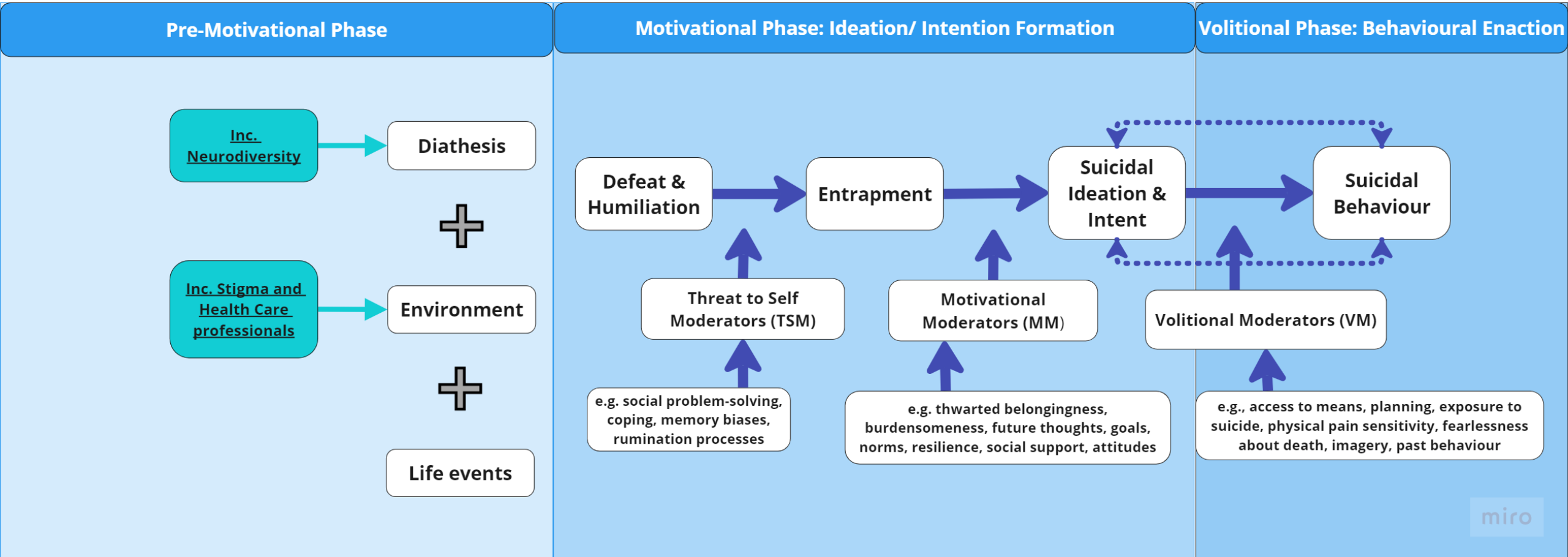
# IMV model: Suicide prevention (O'Connor et al., 2018)



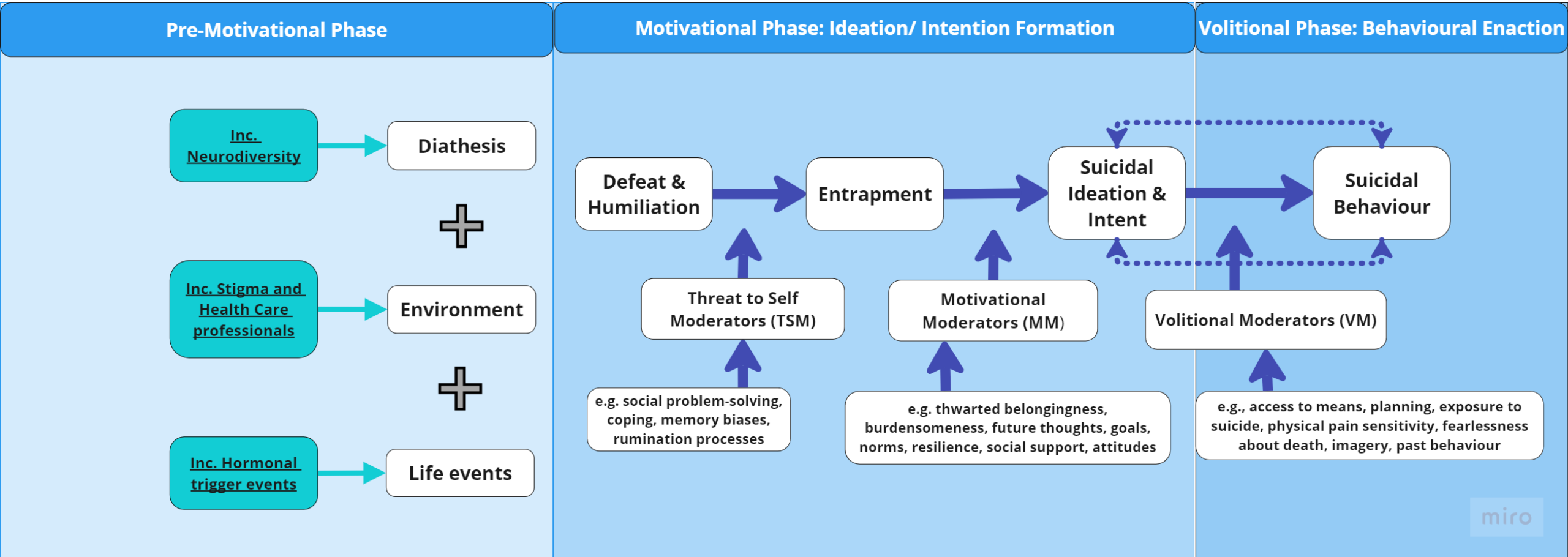
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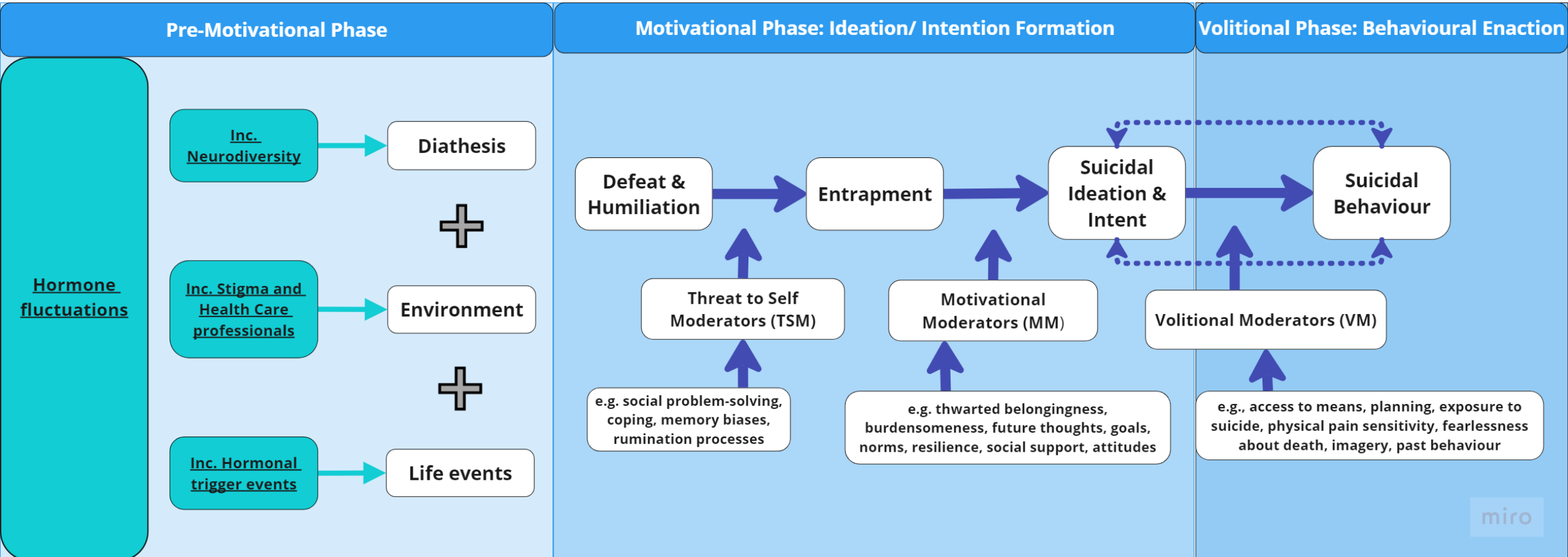
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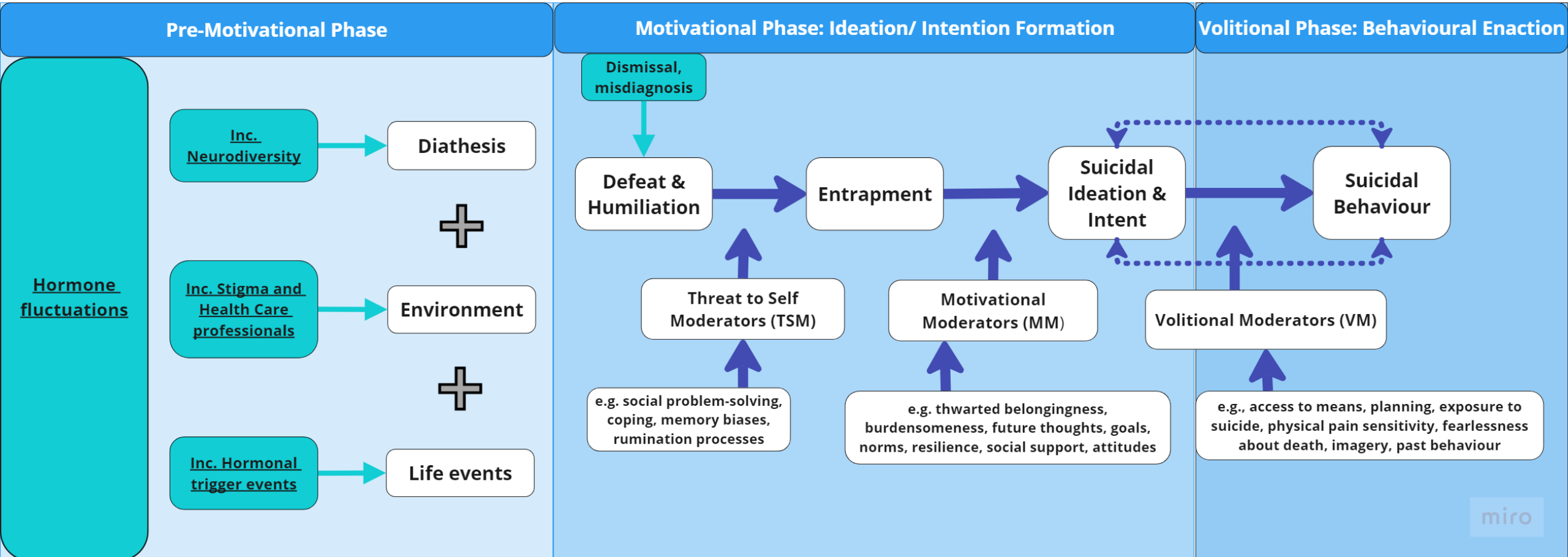
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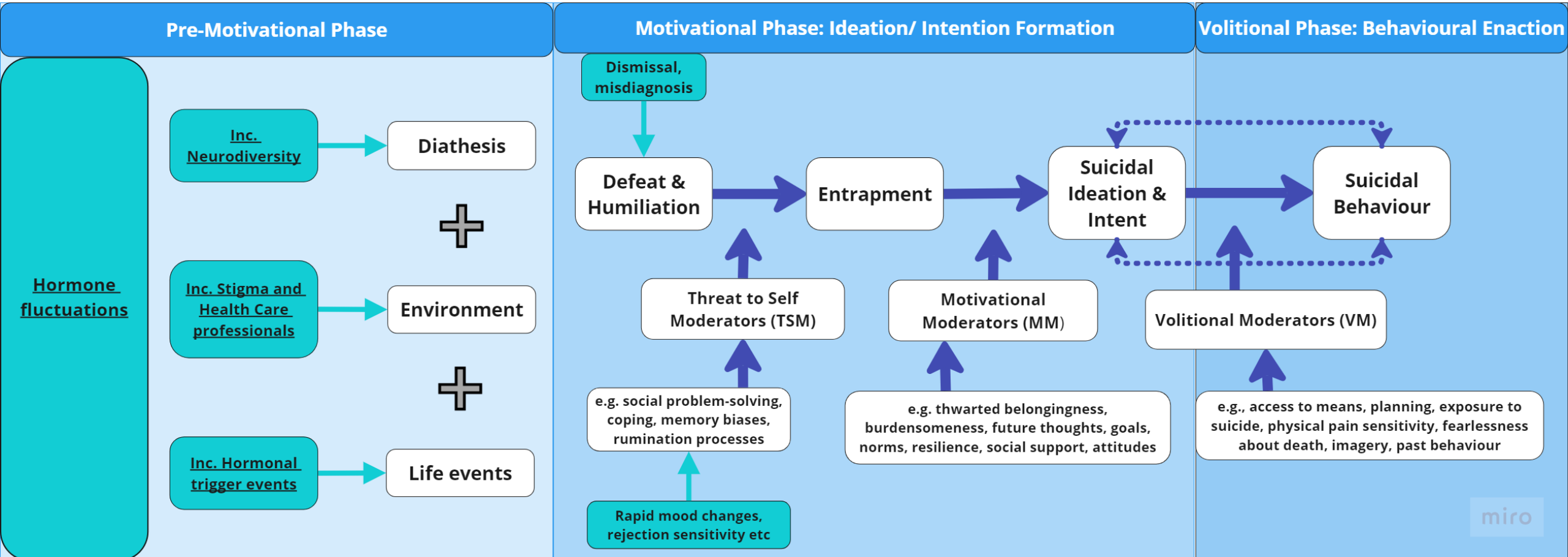
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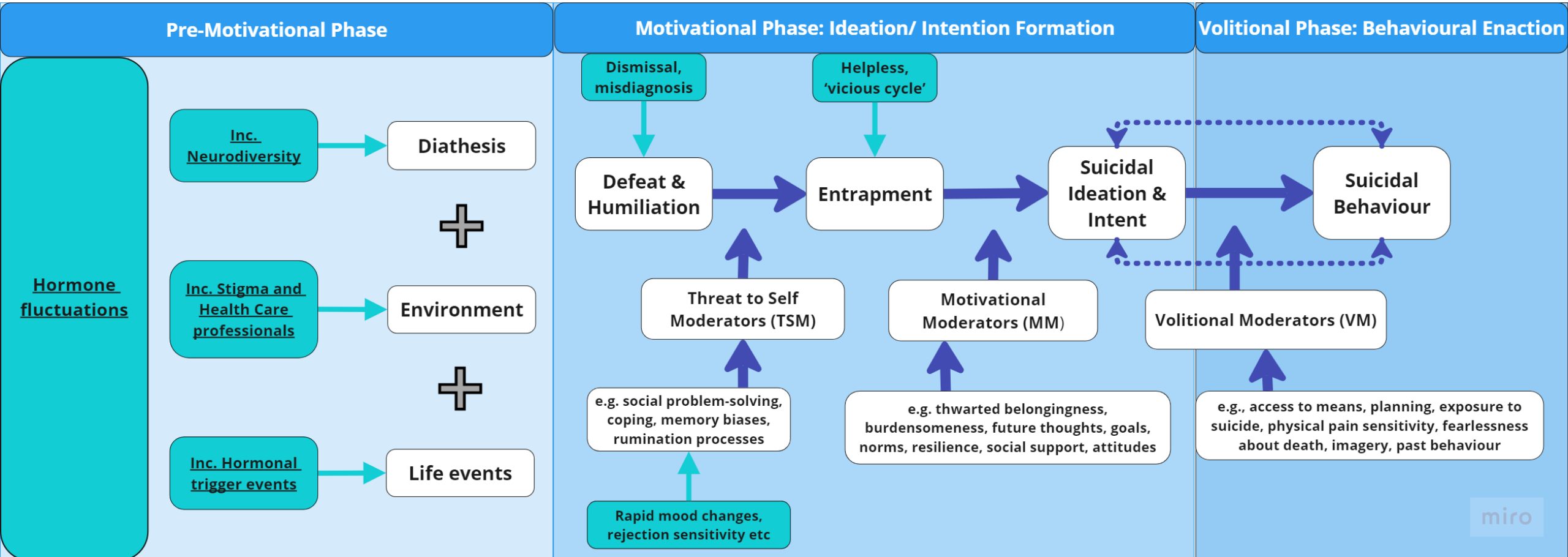
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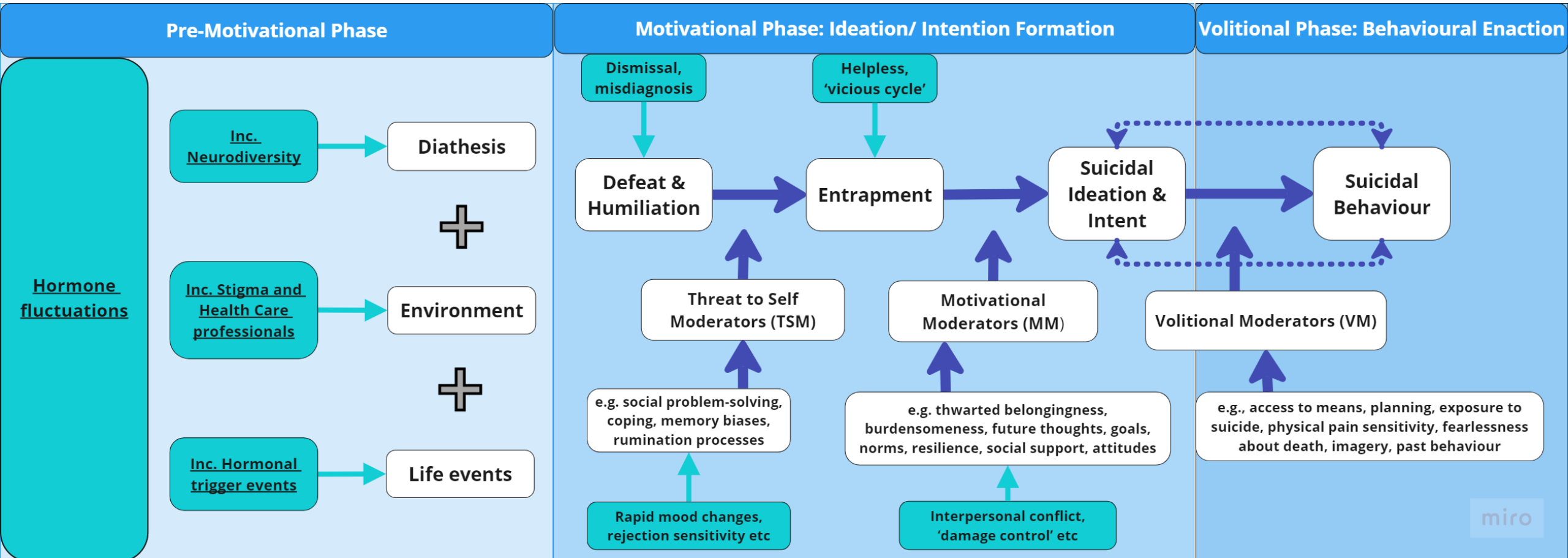
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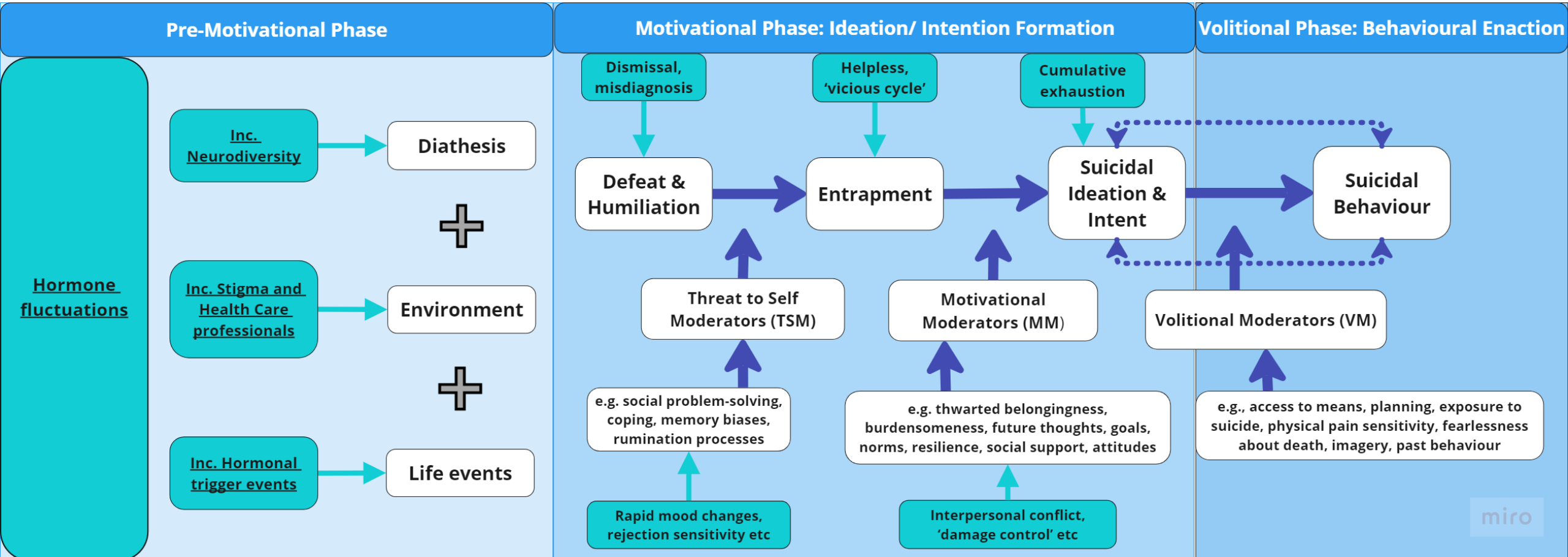
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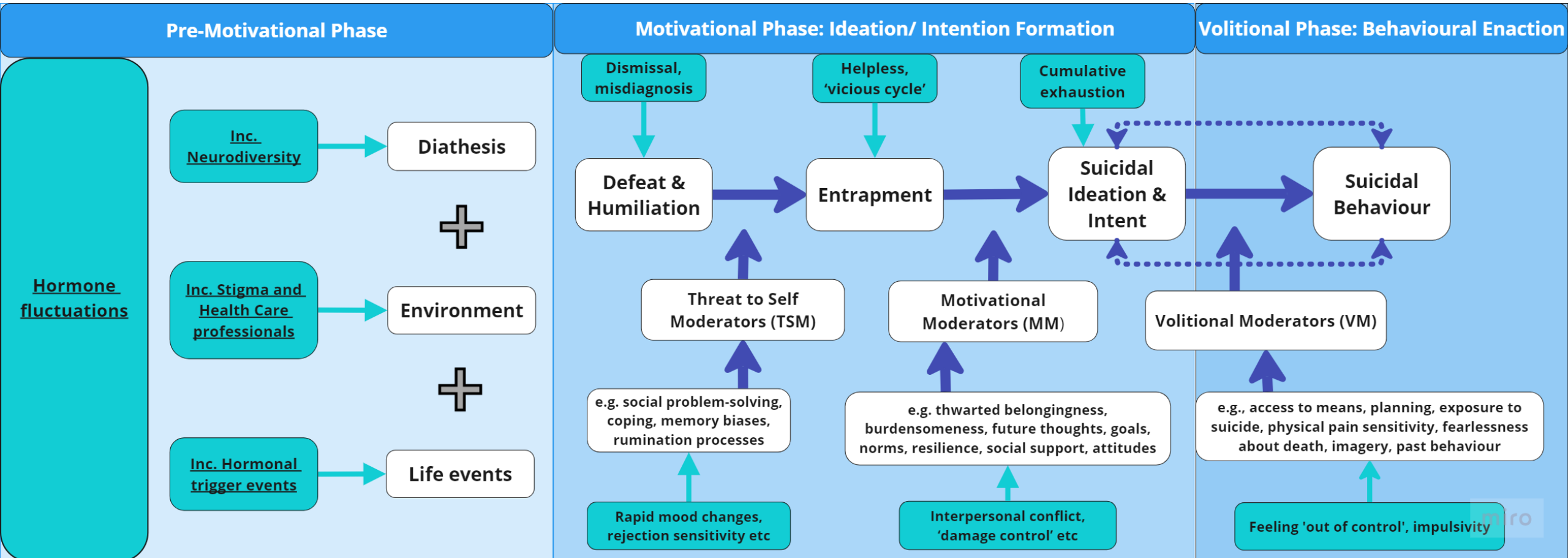
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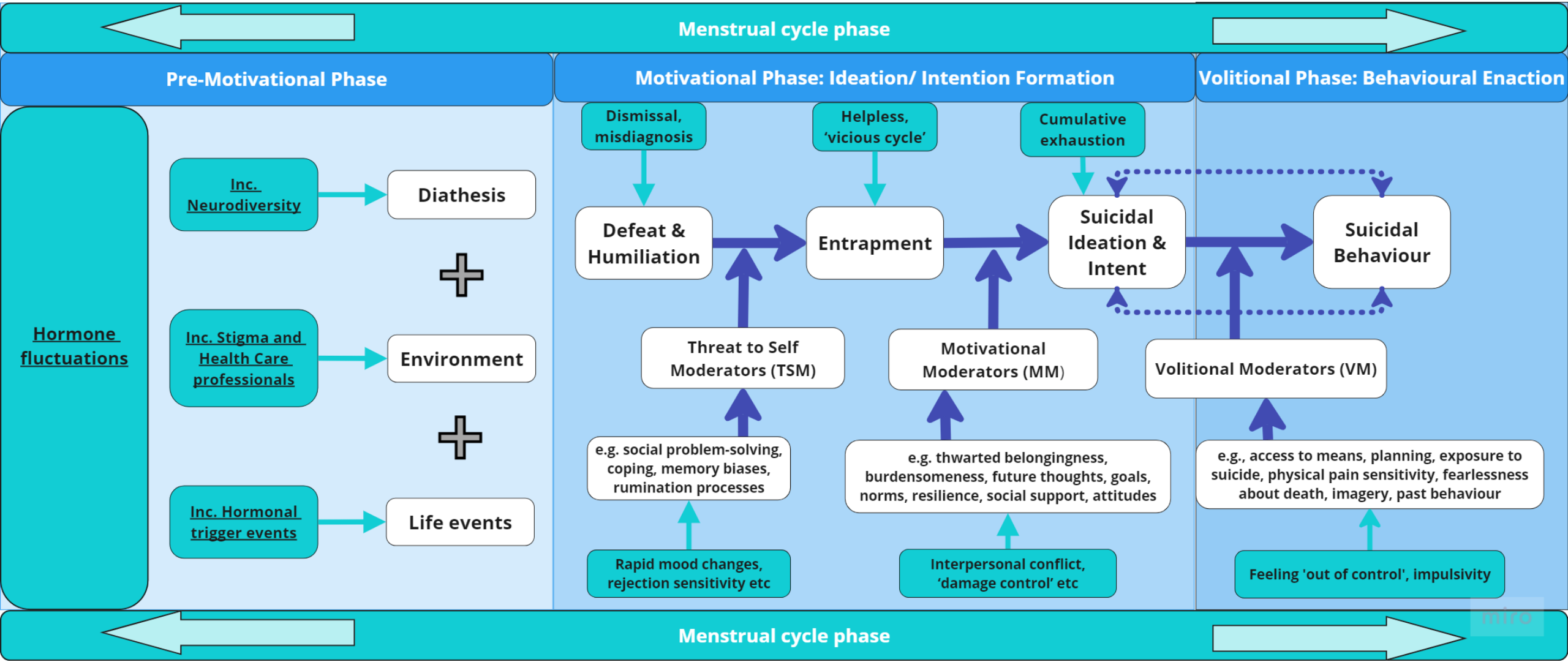
# IMV model: Suicide prevention (O'Connor et al., 2018)



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# IMV model: Suicide prevention (O'Connor et al., 2018)



***“PMDD is a silent killer.***

***In furthering the support and research surrounding all aspects it can save lives.***

***It has ruined my life.”***

(Person with PMDD)

Part 3

# Perimenopause



# Physical symptoms of perimenopause

- Menstrual irregularity
- Vaginal dryness
- Sleep disturbance e.g. insomnia
- Dry eyes
- Brittle nails
- Heartburn
- Dizziness
- Altered sense of smell
- Dry itchy skin
- Heart palpitations



Credit: nhs.uk

# Vasomotor symptoms of perimenopause

- Hot flashes
- Night sweats



# Psychological symptoms of perimenopause

- Anger and irritability
- Anxiety
- Forgetfulness
- Loss of self-esteem
- Loss of confidence
- Low mood and feelings of sadness or depression
- 'Brain fog', poor concentration

In the UK..

People of perimenopausal  
age 45 to 64 years have had  
the highest rates of female  
suicide since 2005

*Office for National Statistics, 2024*

# Risk factors for mental health

- One of the biggest single risk factors for menopausal associated depression was a [previous history](#) of depressive illness.
- [Family history](#) of depression also increases risk of perimenopausal depression
- [Early trauma](#) increases perimenopausal risk for mental health issues

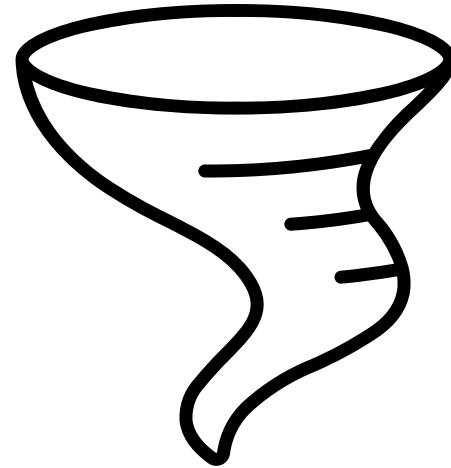
# Alcohol misuse during perimenopause

- Perimenopause can lead to [‘instability’](#) in drinking habits.
- Another review found that stress and depression related to menopause may trigger the onset of [alcohol abuse](#) or worsen established alcohol misuse.
- In the UK, the ages of 45 to 65 years are a high-risk period for exceeding the recommended 14 units of alcohol per week. [1 in 5 people of perimenopausal age](#) in England exceed the limit.



# PMDD during perimenopause

- PMDD and psychological symptoms of perimenopause are linked to a sensitivity to **fluctuating hormone levels**
- Premenstrual symptoms **increase in severity** during perimenopause
- Some who never had PMDD **may develop** it during perimenopause
- PMDD is **already** a high-risk phase for suicide and self-harm. Therefore, **higher risk during perimenopause**




# Menopause and GBV

- Symptoms of perimenopause impact home life.
- GBV increases menopause symptoms, particularly depression, sleep and memory disorders.
- Perimenopause is a significant life change, leading some to attempt leaving abusive relationships.
- In the UK, almost four in ten (39%) people who menstruate are killed by men in the UK are in the 36-55 age range.

# Eating disorders and perimenopause

- During perimenopause, eating disorders can return or increase in severity.
- Some may develop disordered eating for the first-time during perimenopause.
- Associated with psychological symptoms such as 'loss of control', anxiety, and low mood.
- Physiological mechanisms
  - Low estrogen and testosterone = weight gain
  - Low estrogen = disturbed sleep = influences 'hunger' hormones
- By mid-life, 15.3% meet criteria for a lifetime ED.



# Take-home messages



# Six take-home messages

**(1) PMDD is a  
severe mood  
disorder**

**(2) Diagnostic  
criteria and  
treatment  
guidelines exist**

**(3) Tailored  
suicide and self-  
harm prevention  
is needed**

# Six take-home messages

**(4)**

**Perimenopause is  
a high-risk phase  
for suicidality**

**(5) Hormone**

**sensitivities need  
consideration**

**(6) Are we asking  
the right  
questions?**

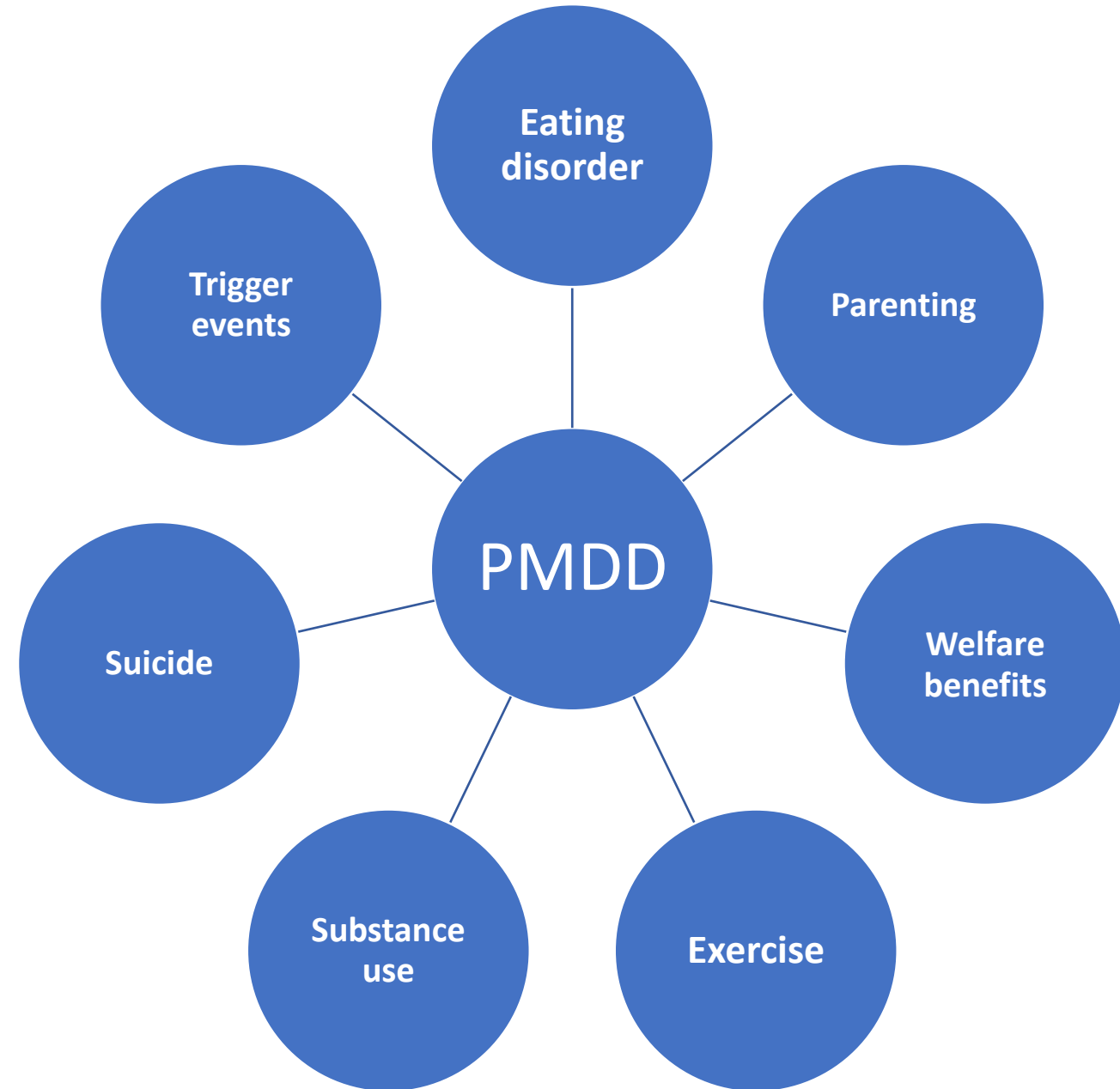
# Our PMDD research

To see our PMDD studies visit  
[www.pmdresearch.com](http://www.pmdresearch.com)

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 [Julie.Riddell@glasgow.ac.uk](mailto:Julie.Riddell@glasgow.ac.uk)

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# Thank you

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Helpful resources & researcher community:

- [www.iapmd.org](http://www.iapmd.org)

Our research page [www.pmddresearch.com](http://www.pmddresearch.com)

- For info on our ongoing projects
- Sign up to our research newsletter
- Sign up to our PMDD patient insight group



PMDD

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