

For Immediate Release

PREMENSTRUAL SYMPTOMS BEING DISCUSSED AT SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA CONFERENCE IN MONT-TREMBLANT

Mont-Tremblant, QC – September 28, 2006 – Over 200 health professionals whose practices address women's health issues are meeting in Mont-Tremblant, Quebec for a two day conference. High on the agenda is a session on premenstrual symptoms and the very real and negative impact they can have on a woman's wellness and quality of life.

"Premenstrual symptoms should not be trivialized. Over 80 per cent of Canadian women suffer from some form of symptoms ranging from minor discomfort to significant impairment to normal life for up to two weeks every month," said Dr. Michelle Dumont, psychiatrist at the Centre hospitalier de l'Université de Montréal (CHUM).

Results from a survey released earlier this month in the United Kingdom by the National Association for Premenstrual Syndrome show that PMS is the main health cause of sexual and personal relationship problems. More than 96 per cent of the 1,000 respondents said that PMS has a negative impact on their personal relationships and 84 per cent said that it had an adverse effect on their sex life.

The objective of the discussions taking place at the SOGC conference is to better equip physicians on how to identify the more than 150 different symptoms associated with the menstrual cycle and to provide advice on how to counsel and treat women faced with the disruptive and often disabling impact of premenstrual symptoms.

Premenstrual Symptoms

Premenstrual symptoms can include mood, behaviour and physical changes that occur prior to a woman's menstrual period. The symptoms are triggered by a set of hormonal changes and usually disappear once menstruation begins. While symptoms can worsen over time, women stop experiencing premenstrual symptoms during pregnancy and through menopause.

Scientists have yet to determine the cause or causes for the symptoms' appearance. It is also not known why symptoms vary from one woman to another. A relatively small percentage of women do not experience any symptoms before menstruation while a majority experiences one or more symptoms every month or sporadically.

Premenstrual symptoms have been categorized based on type and severity:

- Premenstrual Molimina, characterized by less severe symptoms (breast pain, bloating, acne, constipation)¹
- Premenstrual Syndrome, characterized by increasingly severe symptoms that can be bothersome to daily activities and usually appear in a combination of physical, psychological and/or behavioural changes²
- Premenstrual Dysphoric Disorder (PMDD), characterized by severe symptoms that lead to major interference with day-to-day activities and interpersonal relationships. PMDD is a distinct, diagnosable condition that is composed of a combination of specific severe symptoms which are mostly psychiatric in nature.³

PMDD has been acknowledged by the American Psychiatric Association as a distinct, diagnosable condition. It is included in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. PMDD affects approximately three to eight per cent of women.

Symptoms of PMDD include cyclical depression, anger and irritability and can be mistaken for major depression.

“Premenstrual symptoms have long been dismissed as a minor bother that women have to live with. But the reality is that the impact of PMS and PMDD can be sufficiently significant to the point that some women are unable to work, have difficulty with certain relationships and in some cases, even have suicidal thoughts,” said Dr. Donald Davis, President of the Society of Obstetricians and Gynaecologists of Canada.

Diagnosis and treatment

There is no single test to establish a positive diagnosis of premenstrual symptoms. Physicians may ask women to keep a record of their signs and symptoms for at least two menstrual cycles in order to establish a pattern.⁴ Once a diagnosis has been made, several treatment options may be prescribed. They include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs) may be used prior to or at the start of a woman’s period to reduce cramps and breast tenderness⁵
- Certain oral contraceptives have been shown to offer relief from symptoms⁶
- Antidepressants may be used in more severe cases³
- Lifestyle changes such as regular exercise and dietary modifications may relieve mild symptoms⁷

“Regardless of how severe the woman’s symptoms are, she should not be ashamed to speak to her physician about what she is experiencing. It is important that an appropriate diagnosis be made, ruling out other disorders such as depression. My hope is that, in the end, awareness of this condition will ultimately contribute to better women’s health care,” said Dr. Louise Lapensée, Obstetrician and Gynaecologist at the Centre hospitalier de l’Université de Montréal – Hôpital Saint-Luc.

About the SOGC

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration, outreach and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information, visit www.sogc.org.

-30-

Contact:

Mike Haymes, Coordinator, Communications and Public Education

Tel : (800) 561-2416 or (613) 730-4192 extension: 325

Fax: (613) 730-4314

E-mail address: mhaymes@sogc.com Website: www.sogc.org

- more -

¹ Endotext website, <http://www.endotext.org/female/female10/femaleframe10.htm>, accessed September 21, 2006.

² American Journal of Managed Care, <http://www.ajmc.com/Article.cfm?Menu=1&ID=3063>, accessed September 21, 2006.

³ New England Journal of Medicine website, <http://content.nejm.org/cgi/content/full/332/23/1529>, accessed September 20, 2006.

⁴ Mayo Clinic website, <http://www.mayoclinic.com/health/premenstrual-syndrome/DS00134/DSECTION=5>, accessed September 20, 2006.

⁵ Family Doctor website, <http://familydoctor.org/141.xml>, accessed September 20, 2006.

⁶ Brown C, Ling F, Wan J. "A new monophasic oral contraceptive containing drospirenone. Effect on premenstrual symptoms." *J Reprod Med* 2002; 47: 14–22.

⁷ American Journal of Managed Care website, <http://www.ajmc.com/article.cfm?ID=3064>, accessed September 20, 2006.