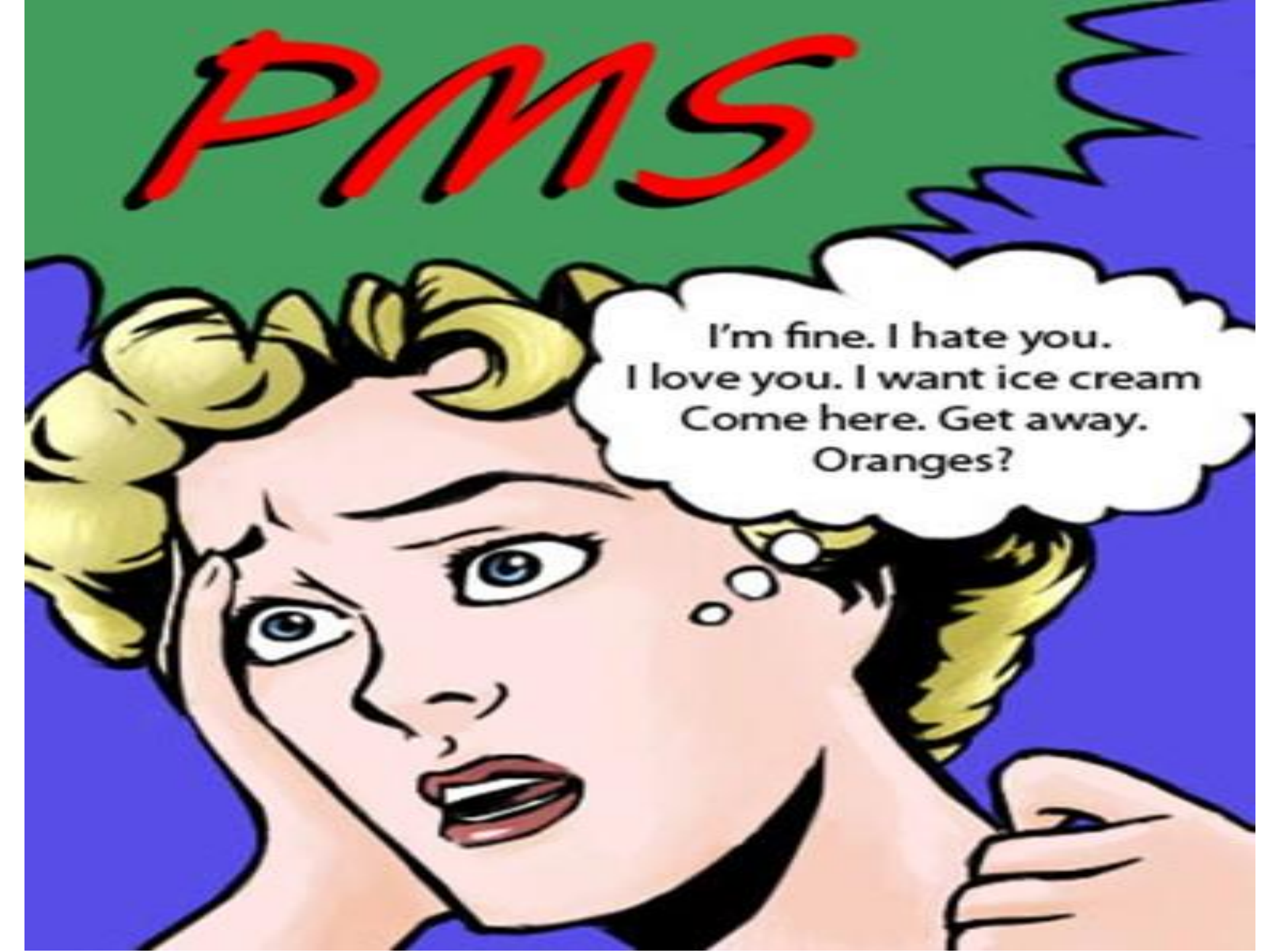


بسم الله الرحمن
الرحيم



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PMS



I'm fine. I hate you.
I love you. I want ice cream
Come here. Get away.
Oranges?

1 Premenstrual syndrome (PMS)

- 2 Premenstrual syndrome (PMS) refers to a wide range of symptoms that: -Start during the second half of the menstrual cycle (14 days or more after the first day of your last menstrual period) the time after ovulation and before menstruation. -Go away days after the menstrual period starts -Symptoms vary between women and even from cycle to cycle

Monthly Cycle



Causes

- Causes The causes of PMS are still not known with certainty, but it is probably due to a range of metabolic factors influenced by hormones.
- Up to 3 out of every 4 women experience PMS symptoms during their childbearing years

:Symptoms

- :Symptoms are For some women, the physical pain and emotional stress are severe enough to affect their daily routines and activities. Regardless of their severity, though, the signs and symptoms disappear, for most women, as the menstrual period begins -Body -Mind -Spirit
- Body: fluid retention and oedema Fatigue, Joint or muscle pain, Headache, Weight Gain, Bloating, Acne, Breast tenderness, Constipation or diarrhea, Changes in appetite

Mind

- Mind: Poor concentration, Insomnia, Depression
- Spirit: Anxiety, Crying spells, Mood swings and irritability or anger, Social withdrawal Feelings of sadness or hopelessness

Please print and use as many sheets as you need for at least two FULL months of ratings.

Month/Year

Each evening note the degree to which you experienced each of the problems listed below. Put an "x" in the box which corresponds to the severity: 1—not at all, 2—minimal, 3—mild, 4—moderate, 5—severe, 6—extreme.

[illegible]

Please print and use as many sheets as you need for at least two FULL months of ratings.

Name or initials:

Month/year:

Each evening note the degree to which you experienced each of the problems listed below. Put an "x" in the box which corresponds to the severity:
1 - not at all, 2 - minimal, 3 - mild, 4 - moderate, 5 - severe, 6 - extreme.

Enter day (Monday = "M", Thursday = "R", etc) >

Note spotting by entering "S" >

Note menses by entering "M" >

Begin rating on correct calendar day >

1. Felt depressed, sad, "down", or "blue" or felt hopeless; or felt worthless or guilty

2. Felt anxious, tense, "keyed up" or "on edge"

3. Had mood swings (ie, suddenly feeling sad or tearful) or was sensitive to rejection or feelings were easily hurt

4. Felt angry, or irritable

5. Had less interest in usual activities (work, school, friends, hobbies)

6. Had difficulty concentrating

7. Felt lethargic, tired, or fatigued; or had lack of energy

8. Had increased appetite or overate; or had cravings for specific foods

9. Slept more, took naps, found it hard to get up when intended; or had trouble getting to sleep or staying asleep

10. Felt overwhelmed or unable to cope; or felt out of control

11. Had breast tenderness, breast swelling, bloated sensation, weight gain, headache, joint or muscle pain, or other physical symptoms

At work, school, home, or in daily routine, at least one of the problems noted above caused reduction of productivity or inefficiency

At least one of the problems noted above caused avoidance of or less participation in hobbies or social activities

At least one of the problems noted above interfered with relationships with others

Keep a daily diary or log for at least 3 months

- Keep a daily diary or log for at least 3 months. Record the type of symptoms you have, how severe they are, and how long they last. This symptom diary will help you and your health care provider find the best treatment.



- A. در اکثر سیکل‌های قاعدگی، حداقل ۵ علامت در هفته آخر قبل از قاعدگی وجود داشته باشد که در روزهای اولیه پس از شروع قاعدگی پیشرفت کند و در هفته بعد از قاعدگی بسیار کم شده یا قطع شود.
- B. یک یا بیش از یک علامت از موارد زیر باید وجود داشته باشد.
۱. تغییرات عاطفی واضح (برای مثال نوسانات خلقی، احساس ناگهانی غم یا گریان شدن، یا افزایش حساسیت به طرد شدن)
 ۲. تحریک‌پذیری، خشم، افزایش ناسازگاری شدید بین فردی
 ۳. خلق افسرده، احساس ناامیدی و افکار ناامیدکننده قابل ملاحظه
 ۴. اضطراب، تحت فشار بودن، احساس عصبانی بودن یا تحت فشار بودن
- C. یک یا بیشتر از یک علامت از موارد زیر نیز باید حضور داشته باشد تا در کل همراه با علائم معیارهای B، ۵ علامت شود.
۱. کاهش علاقه به فعالیت‌های روزانه (برای مثال کار، مدرسه، دوستان، سرگرمی‌ها)
 ۲. احساس درونی اختلال در تمرکز
 ۳. احساس کسل بودن، خستگی زودرس و کاهش آشکار انرژی
 ۴. تغییرات واضح در اشتها، خوردن بیش از حد و اشتیاق به غذای خاص
 ۵. خواب‌آلودگی مفرط یا بی‌خوابی
 ۶. احساس دست‌پاچه شدن یا خارج از کنترل بودن
 ۷. علائم بالینی مانند تندرئس یا ورم پستان‌ها، سردرد، درد عضله یا مفاصل، احساس نفخ یا افزایش وزن
- یادداشت: معیارهای A تا C باید در اکثر سیکل‌های قاعدگی در طی سال قبل باید رخ داده باشد.
- D. این علائم با اختلال جدی یا آشفتگی سرکار، مدرسه، کارهای معمول روزانه و روابط دیگر ارتباط داشته باشد برای مثال (امتناع از فعالیت‌های اجتماعی، کاهش جذابیت و سودمندی سرکار، مدرسه یا خانه)
- E. این اختلال نباید تشدید شده اختلال دیگری باشد مانند اختلال افسردگی مازور (MDD) بیماری پانیک، بیماری افسردگی پیشرونده (dysthymia) اختلالات شخصیتی (اگرچه ممکن است به صورت همزمان با سایر موارد دیده شود).
- F. معیارهای A باید به وسیله امتیازدهی روزانه آینده‌نگر در حداقل دو سیکل علامتدار متوالی تأیید شود (ممکن است تشخیص موقتاً قبل از این تأیید گذاشته شود)
- G. علائم نباید به اثرات فیزیولوژیک ماده‌ای (برای مثال مواد مخدر، دارو، سایر درمان‌ها) یا سایر بیماری‌های طبی (برای مثال هیپرتیروئیدسم) نسبت داده شود.

۱. PMS اگر بیمار یکی از علائم سوماتیک و اثر گذارنده در طی ۵ روز قبل از قاعدگی در سه سیکل قاعدگی داشته باشد PMS می تواند تشخیصی باشد.

علائم عاطفی

- افسردگی
- طغیان خشم
- تحریک پذیری
- اضطراب
- پریشانی
- ترک فعالیت های اجتماعی

علائم سوماتیک

- تندر نس پستان ها
- نفخ شکم
- سردرد
- ادم انتهاها

۲. این علائم تا ۴ روز پس از قاعدگی بهبود می یابد. حداقل تا روز ۱۳ سیکل عود نمی کنند. این علائم با فقدان هرگونه درمان فارماکولوژیک مصرف هورمون، استفاده از الکل یا مواد مخدر تظاهر می یابد. علائم باید در طی ۲ سیکل آینده در ثبت علائم سیکل قاعدگی اتفاق بیافتد. بیماران از اختلال قابل توجهی در روابط اجتماعی یا اقتصادی رنج می برند.

Treating premenstrual syndrome

- :(PMS) There is no cure for premenstrual syndrome (PMS) but there are treatments that can help you manage your symptoms so they do not interfere with your daily life. However, if your PMS is mild or moderate, you may want to make changes to your diet and lifestyle

PMS management

- Lifestyle changes- -Dietary changes
- -Complementary medicine
- -Supplements for PMS
- -Medication and hormone treatments

How to decrease the symptoms of PMS ??

- Modify your diet- limit salt, eat smaller meals, choose foods high in complex carbohydrates, such as fruits, vegetables and whole grains, and rich in calcium. Avoid caffeine and alcohol

How to decrease the symptoms of PMS ??

- some research has shown that increasing complex carbohydrates before menstruation helps increase the levels of the neurotransmitter serotonin, a deficiency of which has been linked to PMS-related depression
- Incorporate exercise into your regular routine- at least 30 minutes of aerobic activity most days of the week.

Therapies for the premenstrual syndrome

Treatments with demonstrated efficacy

Selective serotonin reuptake inhibitors

Agents that suppress ovulation

Combined estrogen-progestin oral contraceptives (COCs)

COC containing 20 mcg EE/3 mg drospirenone

Continuous administration COC containing 20 mcg EE/90 mcg levonorgestrel

Gonadotropin-releasing hormone (GnRH) agonists

Alprazolam (but not recommended)

Treatments with possible efficacy

Cyclic oral contraceptives (not containing drospirenone)

Exercise

Vitex agnus castus

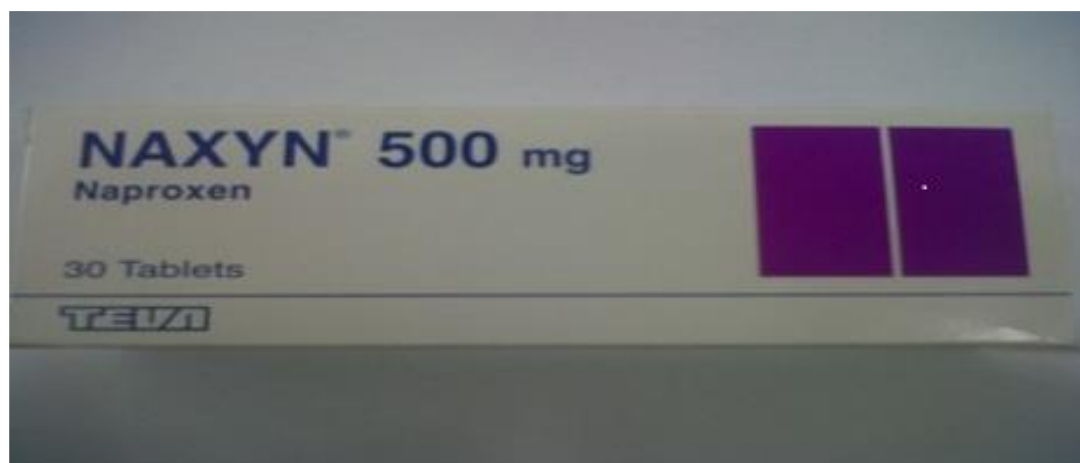
Ineffective treatments

Progesterone

Vitamin supplements

Other herbal supplements

Dietary restrictions



Reduce stress- acupuncture, yoga or
massage to relax and relieve stress

- Evening primrose oil
- EPO is a rich source of gamma-linolenic acid (GLA), a precursor of prostaglandin
- E1, which is believed to be important in moderating responses to
- hormones associated with the menstrual cycle. One theory proposed to
- explain some of the symptoms of PMS is that sufferers have low levels of
- GLA. This deficiency is believed to be responsible for breast pain

Ginger Raspberry Leaf Tea

- This herb may help lower your levels of pain and menstrual cramps. Although ginger tea is generally considered safe, it does have a few side effects. Do not drink ginger tea if you have peptic ulcers. Avoid ginger if you have a bleeding disorder or are taking blood-thinning drugs.
- Raspberry Leaf Tea
- This tea may help relieve
- menstrual cramps, possibly by relaxing the uterus.

Agnus castus (chaste tree) fruit extract

The fruits of *Vitex agnus castus* (Verbenaceae) have traditionally been used to

- relieve the symptoms of PMS and other menstrual problems

-Supplements for PMS

- **Calcium.** Consuming 1,200 (mg) of dietary and supplemental calcium daily may reduce the physical and psychological symptoms of PMS.
- **Magnesium.** Taking 400 mg of supplemental magnesium daily may help to reduce fluid retention, breast tenderness and bloating
- **Vitamin B-6.** A daily dose of 50 to 100 mg of vitamin B-6. Pyridoxine is a co-enzyme in the final step of the biosynthesis of serotonin, a neurotransmitter known to have potent effects on mood
- **.Folic acid** (400 micrograms) in fatigue, irritability, headaches, and depression are signs of folic acid deficiency.
- **Vitamin E.** , taken in 400 international units daily, may ease PMS symptoms by reducing the production of prostaglandins, hormone-like substances that cause cramps and breast tenderness

Medication and hormone treatments

- Non-steroidal anti-inflammatory drugs (NSAIDs)
- You can take NSAIDs, such as ibuprofen and aspirin, and naproxen to ease stomach cramps and sore breasts. They may also relieve headaches, muscle pain and joint pain, but they can make fluid retention worse.
- Children under the age of 16 shouldn't take aspirin. If you have asthma, do not take ibuprofen

If your PMS is severe or you have premenstrual dysphoric disorder PMDD

- Your doctor may prescribe one or more medications for premenstrual syndrome. The success of medications in relieving symptoms varies from woman to woman.
- Commonly prescribed medications for premenstrual syndrome include:
- Antidepressants. Selective serotonin reuptake inhibitors (SSRIs), which include fluoxetine (Prozac), paroxetine (Seroxit).
- first-line agents for treatment of severe PMS or PMDD.

- Diuretics.eg, Spironolactone, When exercise and limiting salt intake aren't enough to reduce the weight gain, swelling and bloating of PMS
- Oral contraceptives. These prescription medications stop ovulation and stabilize hormonal swings, which may bring relief from PMS symptoms.

Premenstrual dysphoric disorder (PMDD): Suggested daily dosing for continuous and intermittent regimens

SSRI	Starting dose (half suggested effective dose)	Usual effective doses	Maximum after several cycles if further titration is needed for symptom control
Citalopram	10 mg	20 to 30 mg	Continuous: 40 mg Intermittent: 30 mg
Escitalopram	5 to 10 mg	10 to 20 mg	Continuous: 20 mg Intermittent: 20 mg
Fluoxetine	10 mg	20 mg	Continuous: 30 mg Luteal phase: 30 mg Symptom onset: 20 mg
Paroxetine (IR)	10 mg	20 to 30 mg	Continuous: 40 mg Intermittent: 30 mg
Sertraline	25 mg	50 to 150 mg	Continuous: 200 mg Intermittent: 150 mg

Treatment of PMS and PMDD

