



BRIDGING THE GAP BETWEEN *mental and premenstrual health*

WHAT IS PMDD?

Premenstrual Dysphoric Disorder (also known as Premenstrual Dysphoria or PMDD) is a cyclical, hormone-based mood disorder with symptoms arising during the luteal phase of the menstrual cycle and lasting until the onset of menstrual flow. It affects an estimated 2-10% of women and AFAB individuals of reproductive age. While PMDD is directly connected to the menstrual cycle, it is not a hormone imbalance. PMDD is a severe negative reaction to the natural rise and fall of estrogen and progesterone. It is a suspected genetic disorder with symptoms often worsening over time and following reproductive events including ovulation, pregnancy, birth, miscarriage, and menopause. Women with PMDD are at an increased risk for postnatal depression and suicidal behaviour.

PMDD / BIPOLAR DISORDER

Women are diagnosed with rapid cycling bipolar disorder at three times the rate of men. There is much evidence to suggest that women with PMDD are most commonly misdiagnosed with bipolar disorder. Rapid cycling occurs when a person has four or more episodes of major depression, mania, hypomania, or mixed states, all within a year. A woman with PMDD will experience a minimum of two manic and/or depressive episodes in two months (or the equivalent of two menstrual cycles).

The main indicator being whether or not these episodes occur on the days between ovulation and the onset of her period only. If a woman does not track her menstrual cycle or is not advised to track her menstrual cycle, she is at an increased risk to be misdiagnosed and treated with heavy antipsychotic drugs that may have potential long-term risks.

SYMPTOMS OF PMDD

- Feelings of sadness, despair or even thoughts of suicide
- Feelings of tension or anxiety
- Panic attacks, mood swings, or frequent crying
- Lasting irritability or anger that affects other people
- Lack of interest in daily activities and relationships
- Trouble thinking or focusing
- Tiredness or low-energy
- Food cravings or binge eating
- Trouble sleeping
- Feeling out of control
- Physical symptoms, such as bloating, breast tenderness, headaches, and joint or muscle pain

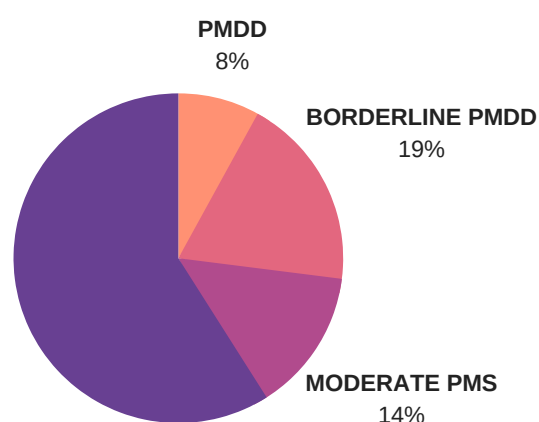
These symptoms occur during a week or two before menstruation and go away within a few days after bleeding begins. A diagnosis of PMDD requires the presence of at least five of these symptoms.



AN ESTIMATED 2 - 10% of women OF REPRODUCTIVE AGE HAVE PMDD

This number does not account for missed or misdiagnosis nor women and AFAB individuals whose ovulatory cycle is suppressed by hormonal, chemical, or surgical means. Criteria for diagnosis set by The American Psychological Association (APA) and The International Society for Premenstrual Disorders (ISPMD) also exclude women with co-existing physiological or physical disorders.

PREVALENCE IN WOMEN OF REPRODUCTIVE AGE



THERE ARE ABOUT 12.5 MILLION WOMEN OF REPRODUCTIVE AGE LIVING IN THE UNITED KINGDOM

(ages 15 - 44) which means there are as many as 1.2 million women in the UK living with PMDD.

30% OF THOSE WITH PMDD WILL ATTEMPT AN ACT OF SUICIDE IN THEIR LIFETIME.

While men are more likely to die by an act of suicide, women/AFAB attempt suicide three times more often.

WOMEN EXPERIENCE DEPRESSION AT ROUGHLY TWICE THE RATE OF MEN

Many factors in women may contribute to depression, such as developmental, reproductive, hormonal, genetic and other biological differences (e.g. premenstrual syndrome, childbirth, infertility, and menopause).

Get screened at iapmd.org/self-screen.



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