The PMDD *Practice*

A division of **The PMDD Project**

A Guide for GPs

Clinical Review Statement
This resource has been developed by The PMDD Project and reviewed by our Clinical Advisory Board for clinical accuracy and alignment with current evidence and guidelines.

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The PMDD Project Clinical Advisory Board

The PMDD Practice is the professional engagement division of The PMDD Project, providing evidence-informed education, consultancy and strategic partnerships to improve PMDD awareness, diagnosis and care across healthcare, workplaces and public services.

Premenstrual Dysphoric Disorder (PMDD) is often misunderstood. As a GP, you play a vital role in ensuring that patients receive an accurate diagnosis.

At present, individuals experiencing PMDD have to wait around 12 years on average to receive a diagnosis[1]. PMDD affects an estimated 1 in 20 menstruating individuals and can be confused with other conditions, such as bipolar disorder, depression, or even severe PMS.

Each patient's experience with PMDD is unique, and their symptoms can vary in intensity and presentation. Additionally, anxiety that often accompanies PMDD may prevent patients from fully expressing the severity of their symptoms, so it's crucial to approach the diagnosis with empathy and understanding.

Understanding PMDD

PMDD is more than just "bad PMS".

While both involve physical and emotional symptoms before menstruation, PMDD's symptoms are far more severe, particularly in terms of emotional impact.

PMDD does not always begin at menarche[2].

For some patients, symptoms emerge later in life, for example after pregnancy, changes in contraception, periods of chronic stress, or during perimenopause.

In the UK, PMDD may be considered a disability under the Equality Act 2010, as it significantly impacts an individual's ability to perform day-to-day activities. This classification is important when considering patient support and workplace accommodations.

Core characteristics:

Timing:	**Severity:**	**Psychological:**
Symptoms typically begin during the luteal phase (1-2 weeks before menstruation) and subside almost immediately after the period starts, or within a few days after.	PMDD symptoms are intense enough to disrupt daily life, impacting work, relationships, and overall wellbeing.	The emotional symptoms, especially mood swings, anxiety, and depression, are key indicators that differentiate PMDD from PMS[3].

Common symptoms of PMDD

While symptoms vary from person to person, PMDD usually presents with a combination of **emotional, cognitive, and physical symptoms**[3].

Emotional symptoms:
Severe mood swings *(e.g. Sudden sadness or tearfulness)*
Irritability or anger, often leading to conflicts
Anxiety or tension, or feeling "on edge"
Depressive thoughts or feelings of hopelessness
Difficulty concentrating
Fatigue or lack of energy
Overwhelm or a sense of being out of control

Physical symptoms:
Bloating or weight gain
Breast tenderness
Headaches
Joint or muscle pain
Sleep disturbances *(e.g. Insomnia or excessive sleep)*
Appetite changes *(e.g. Overeating or food cravings)*

Neurodiversity and PMDD

There is increasing evidence that individuals who are neurodivergent, such as those with **autism spectrum disorder (ASD), ADHD, or other neurodevelopmental conditions**, may experience *PMDD more intensely*[4].

Neurodivergent individuals often have heightened sensitivities to sensory stimuli and emotional dysregulation[5], which can be exacerbated during the luteal phase of the menstrual cycle.

This means that the symptoms of PMDD may not only feel more severe but can also lead to a more difficult time coping with day-to-day stressors.

Key considerations:

Sensory sensitivities

Individuals with neurodiversity may experience amplified sensitivity to light, sound, and touch during PMDD, which can increase emotional distress.

Emotional regulation

Those with conditions like ADHD or autism may find it more challenging to regulate emotions during the luteal phase, which can exacerbate irritability, anxiety, or mood swings.

Understanding this connection is crucial in ensuring that patients receive appropriate care and tailored support.

Making patients feel heard and understood

It's important to remember that your patients may downplay their symptoms due to the anxiety and self-doubt that PMDD can trigger.

They may feel embarrassed or worry that they won't be taken seriously and some patients may have had previous negative experiences with healthcare providers, so it's essential to create a supportive and non-judgemental space where they feel comfortable discussing their experience.

Ask open-ended questions

Encourage your patients to describe how their symptoms affect their daily life, both at home and at work.

This can help you gauge the true impact, even if they initially hesitate to fully express it.

Reassure them they're not alone

PMDD can make patients feel isolated or like their emotions are "too much".

Reassure them that PMDD is a real, recognised condition and that they're not alone in their struggle.

Acknowledge variability

Every patient's experience with PMDD is different. Some may have more intense mood swings, while others may experience severe physical symptoms.

Letting them know that you understand the diversity of symptoms will make them feel validated.

Differentiating PMDD from other conditions

PMDD is sometimes mistaken for other mood disorders, such as bipolar disorder, depression, anxiety, or thyroid disorders.

It's crucial to differentiate PMDD by focusing on the cyclical nature of the symptoms, which follow the menstrual cycle.

PMDD vs. Bipolar disorder

Unlike bipolar disorder, which involves sustained mood episodes that can last for weeks or months...

PMDD symptoms occur predictably during the luteal phase of the menstrual cycle and resolve shortly after menstruation begins.

Patients with PMDD will have symptom-free periods between cycles.

PMDD vs. Depression/anxiety

While PMDD can cause severe depressive or anxious feelings, these symptoms are cyclical and tied to the luteal phase...

Patients with major depressive disorder or generalised anxiety disorder experience symptoms that are not linked to the menstrual cycle.

PMDD vs. PME

Premenstrual Exacerbation (PME) refers to the worsening of an existing mental health condition (such as depression, anxiety, PTSD, or ADHD) during the premenstrual phase[6].

Unlike PMDD, symptoms of PME are present throughout the cycle but intensify during the luteal phase.

What differentiates PMDD from PME and other premenstrual syndromes is both the severity of symptoms and the degree to which they impair day-to-day functioning, alongside the clear cyclical pattern and symptom-free interval after menstruation.

Careful cycle tracking and a detailed mental health history are essential to differentiate the two.

The importance of symptom tracking

Suggest apps specifically designed for PMDD tracking, or refer patients to the Daily Record of Severity of Problems (DRSP), which can help patients clearly document the timing and intensity of their symptoms.

Please be aware that not all apps cater to irregular cycles.

Ask for daily symptom logs

Encourage patients to record their emotional, cognitive, and physical symptoms every day for two cycles.

This can help reveal patterns tied to the luteal phase.

Use symptom tracking apps

Suggest apps specifically designed for PMDD tracking, which can help patients clearly document the timing and intensity of their symptoms.

Please be aware that not all apps cater to irregular cycles.

Taking a thorough history

When assessing possible PMDD, a careful history can provide crucial diagnostic clarity.

Helpful areas to explore include:

Age at menarche and when symptoms began
(noting that PMDD does not always start at menarche and can emerge later in life)

Whether symptoms have changed over time
(e.g. after pregnancy, starting or stopping hormonal contraception, perimenopause, trauma, or major life stress)

Previous or current mental health diagnoses

History of trauma, chronic stress or adverse childhood experiences,
which may increase vulnerability

Use of hormonal contraception, medications or substances
that could influence symptoms

This broader context can help differentiate PMDD from PME, primary mood disorders and other medical causes of cyclical symptoms.

Diagnostic criteria for PMDD (DSM-5):

According to the DSM-5, to diagnose PMDD, **a patient must experience at least five of the following symptoms** during most menstrual cycles in the luteal phase, with **at least one being from the first four**[7]:

Affective lability (e.g. Mood swings, sudden sadness)	**Irritability or anger**
Depressed mood or feelings of hopelessness	**Anxiety or tension**
Decreased interest in usual activities	**Difficulty concentrating**
Lethargy or fatigue	**Changes in appetite, overeating, or food cravings**
Hypersomnia or insomnia	**A sense of being overwhelmed or out of control**
Physical symptoms such as breast tenderness, bloating, or joint pain	

Key:

Emotional / Cognitive	**Physical / Behavioural**

Symptoms must not be attributable to the physiological effects of a substance *(e.g. medication, drugs or other treatment)* or another medical condition *(e.g. hyperthyroidism)*.

Symptoms must be severe enough to interfere with daily life and not solely attributable to another mental health disorder.

In some cases, you may need to refer the patient to a psychologist or psychiatrist for an official diagnosis or further mental health support, as PMDD often requires multidisciplinary approach to treatment.

In the UK, psychologists or psychiatrists can help with a more formal mental health evaluation, and psychiatrists can prescribe medications if needed.

Offering compassionate care

Understanding the emotional toll PMDD can take on your patients is essential for providing compassionate care.

Let them know that you take their symptoms seriously and that you'll work with them to find an effective management plan.

Encourage self-advocacy

Empower patients to speak up about their needs and seek support from family, friends, or mental health professionals.

Some patients may also be entitled to workplace accommodations.

Discuss treatment options

Treatment needs to be holistic and personalised, taking into account prior treatments tried, side effects, and individual circumstances.

A holistic approach is helpful, looking at lifestyle modifications alongside treatments such as antidepressant or hormone treatments or therapy.

Please refer to our *'Treatment options for PMDD'* resource for more information.

Regular follow-ups

Schedule regular check-ins with patients to monitor their progress and make adjustments to their treatment plan as needed.

Signposting to specialist support

PMDD management often requires a multidisciplinary approach. You may wish to refer to or signpost patients to gynaecology, psychiatry, psychology, or specialist PMDD services. More detailed treatment pathways and patient-facing guides are available through The PMDD Project.

As a GP, your attentiveness and empathy can make a profound difference in helping patients with PMDD. Recognising the cyclical nature of the disorder and offering a supportive, non-judgemental environment will ensure patients feel heard and understood.

Given that PMDD can be recognised as a disability under the Equality Act 2010, ensuring patients have the right support at work and in their personal lives is essential.

With your help, they can access the right treatment and regain control over their health and wellbeing.

Sources

[1] International Association for Premenstrual Disorders (IAPMD) (n.d.), Facts & Figures, IAPMD
[2] International Association for Premenstrual Disorders (IAPMD) (n.d.), Reproductive Lifespan, IAPMD
[3] National Institute for Health and Care Excellence (NICE) (n.d.), Premenstrual Syndrome, CKS
[4] Social Work Today Magazine (n.d.), Neurodiversity: The Intersection of Autism, ADHD, and PMDD, Social Work Today
[5] (n.d.), Sensory Profiles in Neurodivergent Populations, (Academic / research article)
[6] (n.d.), Premenstrual Exacerbation: Symptoms and Treatment, (Online health resource)
[7] (n.d.), Premenstrual Exacerbation: Symptoms and Treatment, (Online health resource)

Further reading

Premenstrual dysphoric disorder (PMDD) | Mind
NHS 111 Wales - Health A-Z : Premenstrual Dysphoric Disorder (PMDD)

Need urgent support?

We know that managing PMDD can be incredibly difficult, and at times, the emotional weight can feel overwhelming. If you are experiencing severe distress, suicidal thoughts, or feel you are in crisis, please know that you are not alone and that support is available. You deserve to be heard and kept safe.

If you are in immediate danger:
Please call 999 or go to your nearest Accident and Emergency (A&E) department immediately.

Samaritans: Call 116 123 for free, 24/7 confidential support, or visit www.samaritans.org.
Shout: Text 'SHOUT' to 85258 for free, confidential, 24/7 text support.

Please note: This resource is intended for information and peer support; it is not a substitute for professional mental health care or crisis intervention. Please reach out to your GP, local mental health services, or the resources above if you need urgent help.

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References available upon request.

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