Navigating PMDD Treatment Options: A Guide to Finding Relief

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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Reviewed by:
The PMDD Project Clinical Advisory Board

This resource provides an overview of treatment options that may be considered for people with PMDD. Some approaches are supported by clinical guidelines and research evidence, while others are based on emerging evidence or patient experiences. Treatment decisions should always be discussed with a qualified healthcare professional.

While PMDD is a distinct condition from Premenstrual Syndrome (PMS), many clinical guidelines and research studies use PMS as an umbrella term that includes PMDD. Where evidence is derived from PMS studies, this is noted where relevant.

Guideline-supported treatments

SSRIs (first-line treatment)

Selective serotonin reuptake inhibitors (SSRIs) are among the most extensively researched treatments for PMDD and are recommended as a first-line treatment by major clinical guidelines. Unlike their use in depression, SSRIs often work rapidly in PMDD and can be taken continuously throughout the month or only during the luteal phase.

Research consistently shows that SSRIs can significantly improve emotional, behavioural and physical symptoms associated with PMDD[1]. Several medications have been studied, including fluoxetine, sertraline, escitalopram, paroxetine and citalopram.

Combined Oral Contraceptive Pills (COCPs)

COCPs can help some people with PMDD by suppressing ovulation and reducing hormonal fluctuations throughout the menstrual cycle. Because PMDD is thought to result from an increased sensitivity to normal hormone changes, stabilising these fluctuations may reduce symptoms.

The strongest evidence exists for drospirenone containing pills, such as Yaz. Research suggests these pills can improve overall PMDD symptoms[2], although individual responses vary and some people may experience side effects or symptom worsening.

Cognitive Behavioural Therapy (CBT)

CBT is a structured talking therapy that helps people identify and change unhelpful thought patterns and behaviours. CBT can help individuals develop coping strategies, improve emotional regulation and reduce the impact PMDD symptoms have on daily life.

While CBT does not alter the hormonal changes that drive PMDD, it may help improve symptom management resilience and overall wellbeing. CBT is included in several clinical guidelines as a supportive treatment option for PMDD.

GnRH Agonists

Gonadotrophin-Releasing Hormone (GnRH) agonists are specialist treatments used for severe PMDD that has not responded to first line therapies. Medications such goserelin and leuprorelin work by temporarily switching off ovarian hormone production, preventing ovulation and eliminating the cyclical hormonal fluctuations that trigger PMDD symptoms.

This treatment is sometimes described as a temporary or "medical menopause". Many individuals experience significant symptom improvement when ovarian hormone production is suppressed.

Because long-term low oestrogen levels can affect bone, cardiovascular and overall health, GnRH agonists are usually prescribed alongside hormone replacement therapy ("add-back therapy") and require specialist monitoring.

Specialist Hormonal Treatments

Hormone Replacement Therapy (HRT)

Hormone replacement therapy may be used off-label for PMDD when first-line treatments have not been effective.

In PMDD, the goal is not to replace hormones as it is during menopause, but to suppress ovulation and prevent the hormonal fluctuations that trigger symptoms. This is usually achieved using higher-dose transdermal oestrogen alongside a suitable progestogen to protect the womb lining.

Several studies have shown that ovulation-suppressing doses of transdermal oestrogen can improve PMDD symptoms[3], although the evidence base remains smaller than that for SSRIs and drospirenone-containing contraceptive pills.

Surgical Menopause

Surgical menopause is reserved for severe, treatment-resistant PMDD and involves the removal of both ovaries.

By permanently stopping ovulation, surgical menopause eliminates the hormonal fluctuations that trigger PMDD symptoms. For carefully selected individuals who have responded well to temporary ovarian suppression with GnRH agonists, this may result in complete symptom remission.

Because the procedure is irreversible and causes immediate menopause, long-term hormone replacement therapy and ongoing specialist care are essential.

Additional Psychological Support

Dialectical Behaviour Therapy (DBT)

Dialectical Behaviour Therapy (DBT) is an evidence-based psychological therapy that focuses on emotional regulation, distress tolerance, mindfulness and interpersonal effectiveness.

While research specifically evaluating DBT for PMDD remains limited, many people find DBT skills helpful for managing emotional overwhelm, irritability, mood swings, impulsivity and relationship difficulties associated with PMDD.

DBT may be used alongside medical treatments and other forms of psychological support.

Lifestyle Measures

Lifestyle approaches may not directly treat PMDD, but many people find they support overall wellbeing and symptom management.

These may include:

Regular physical activity	Limiting alcohol intake
Prioritising sleep	Eating a balanced diet
Managing stress	Tracking symptoms across the menstrual cycle

Emerging or Limited-Evidence Approaches

Many complementary approaches have been studied more extensively in PMS than PMDD. While some individuals report benefits, the evidence base is generally smaller and less certain than for guideline-supported treatments.

Calcium

Calcium has some of the strongest evidence among nutritional supplements and may help reduce certain premenstrual symptoms.

Magnesium

Some studies suggest magnesium may support mood and reduce symptoms such as bloating, although findings remain inconsistent.

Omega-3 Fatty Acids

Omega-3 fatty acids may support mood and reduce inflammation, but further research is needed specifically in PMDD populations.

Acupuncture

Some people find acupuncture helpful for symptom management, but research findings are mixed and evidence remains insufficient to recommend it as a primary treatment.

Herbal Supplements

A variety of herbal supplements have been studied for premenstrual symptoms. However, evidence remains limited, and quality and safety can vary between products.

Light Therapy

Some individuals report benefits from light therapy, particularly where PMDD symptoms overlap with seasonal changes in mood. However, evidence for PMDD remains limited.

Agnus Castus (Vitex)

Some evidence suggests Agnus Castus may improve premenstrual symptoms, although evidence specific to PMDD remains limited.

Isoflavones

Limited evidence suggests isoflavones may help some individuals with premenstrual symptoms, but further research is needed.

Sources

[1] Jespersen et al. 2024 Cochrane Review. Cochrane Database of Systematic Reviews. 2024; Issue 8: CD001396

[2] Lopez LM, Kaptein AA, Helmerhorst FM. Oral contraceptives containing drospirenone for premenstrual syndrome. Cochrane Database of Systematic Reviews. 2023;6:CD006586.

[3] Naheed et al. (2017), Non-contraceptive oestrogen-containing preparations for controlling symptoms of PMS, Cochrane Database of Systematic Reviews.

Further reading:

De Wit et al. (2021), Efficacy of combined oral contraceptives for premenstrual symptoms, Systematic Review and Network Meta-analysis.

Lambert et al. (2025), Emotion regulation in Premenstrual Dysphoric Disorder and Premenstrual Syndrome: a systematic review, PubMed

Lambert et al. (2026), Gold-standard evidence and best practice guidance for menstrual cycle-informed clinical care: An overview for clinicians, PubMed

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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