

PMS Indicators

If you suspect you might suffer from PMS, complete the following self-screening quiz* and show the results to your healthcare provider.

FIRST: Note all the symptoms from both the A-list and the B-list that you experience during the 1-2 weeks before your menstrual period starts:

A-List Symptoms

- I feel much more depressed, down, tearful, sad, or hopeless.
- I feel anxious, tense, nervous, "keyed up", or "on edge."
- I feel hypersensitive to rejection, or emotionally unstable and unpredictable.
- I feel much more irritable, or I get angry easily.

B-List Symptoms

- I am much less interested than usual in my hobbies and daily activities.
- I find it much harder to concentrate.
- I am much more tired and low in energy.
- I tend to crave carbohydrates, feel hungry all the time, or eat more than usual.
- I find myself oversleeping, taking naps, or not sleeping well at night.
- I feel very overwhelmed or out of control.
- I am bothered by any of the following physical symptoms:

- Breast tenderness
- Bloating or water retention
- Increased headaches
- Weight gain
- Joint or muscle pain

SECOND: Answer the following questions:

Does the number of A-list symptoms PLUS the number of B-list symptoms you noted add up to 5 or more?

Yes No

Is at least one of the symptoms you noted on the A-list?

Yes No

Do most of the symptoms you noted disappear by the end of your period?

Yes No

When you are having these symptoms, do they interfere or cause problems in your day-to-day activities or relationships?

Yes No

If you answered "yes" to all four of the above questions, you may have Premenstrual Dysphoric Disorder, the most severe form of PMS.

If you are bothered by some of the above symptoms, you may have a less severe form of PMS.

*Adapted from: The PMS Program at The University of Pennsylvania

Take Charge of Your Health

If you are struggling with PMS, ask your healthcare provider about all of your treatment options. This could be your first step toward a happier and healthier tomorrow.



Premenstrual Syndrome

What is the connection between PMS and your nervous system?



www.NeuroRelief.com

©2007 NeuroScience Inc. No part of this document may be reproduced without the expressed permission of the copyright holder. These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

070323-PT-Z1028



Recognizing PMS

For many women, the weeks or days before menstruation can be filled with extreme physical and emotional upheaval triggered by chemical changes in their bodies. While the symptoms of Premenstrual Syndrome (PMS) can be seriously disruptive, they can be readily addressed.

PMS disorders fall into three categories:

Mild Menstrual Symptoms — Symptoms do not interfere with daily activities.

Premenstrual Syndrome — Symptoms significantly interfere with some daily activities.

Premenstrual Dysphoric Disorder — Severe symptoms interfere with many daily activities.

COMMON PHYSICAL SYMPTOMS:

- Headache or backache
- Swelling of ankles, feet, and hands
- Abdominal cramps, heaviness, or pain
- Muscle spasms
- Breast tenderness
- Weight gain
- Recurrent cold sores
- Acne flare-ups
- Nausea
- Bloating, constipation, or diarrhea
- Decreased coordination
- Food cravings
- Painful menstruation

COMMON EMOTIONAL SYMPTOMS:

- Anxiety, panic, paranoia, or increased fears
- Confusion or forgetfulness
- Difficulty concentrating
- Poor judgment
- Depression
- Irritability, hostility, or aggressiveness
- Increased guilt feelings
- Fatigue or sluggish, lethargic movement
- Decreased self-image
- Change or loss of sex-drive
- Lower tolerance for noises and lights

Facts about PMS

- The exact cause of PMS has not been identified. However, it is believed to be related to both biological (hormone) and psychological (neurotransmitter) factors.*
- PMS is most common among women in their late 20s to early 40s, with at least one child, or with a past medical history of either postpartum depression or an affective mood disorder.*
- PMS is estimated to affect up to 75% of women during their childbearing years.*
- 5-7% of women suffer from the most severe form of PMS — Premenstrual Dysphoric Disorder.*
- As many as 50-60% of women with severe PMS also suffer from a mood disorder, such as depression.*
- PMS can affect women with normal monthly cycles.
- PMS can occur in women with normal estrogen and progesterone levels.

PMS is most common among women in their late 20s to early 40s.

* Data adapted from the Mayo Clinic

PMS & Neurotransmitter Levels

PMS issues are among the most common neurotransmitter-related conditions. Others include anxiety disorders, compulsive behaviors, insomnia, and migraines.

Neurotransmitters are chemicals that relay signals between nerve cells, called “neurons”. They are present throughout the body and are required for proper brain and body functions.

Serious health problems, including depression and anxiety, may occur when neurotransmitter levels are too high or too low.

Every neurotransmitter behaves differently. Some neurotransmitters are inhibitory and tend to calm, while others are excitatory and stimulate the brain. Healthcare professionals conclude that specific neurotransmitter imbalances are more likely to underlie certain conditions. Deficiencies involving the central nervous system’s neurotransmitters—serotonin and norepinephrine—appear to be involved in the development of PMS issues. Disruptions in other neurotransmitters, like GABA and glycine, have been more closely linked to anxiety disorders.

Environmental and biological factors—including stress, poor diet, neurotoxins, or genetics—can cause imbalances in the levels of neurotransmitter chemicals in the brain. These imbalances can trigger or exacerbate PMS issues.



Improving Treatment

Most of the drug-based methods use to treat PMS issues include chemicals that either imitate a neurotransmitter or redistribute existing neurotransmitters. Many affect serotonin, and some affect other neurotransmitters like GABA, norepinephrine, or dopamine. It is generally believed that drugs supporting serotonin signalling will be beneficial when PMS issues result from a lack of serotonin and that GABA supporting drugs will be effective when a person’s symptoms are caused by a lack of GABA. While the idea of matching a drug to a chemical imbalance is generally supported, the vast majority of healthcare providers prescribe a drug based on a patient’s symptoms and few match a drug to a biochemical imbalance. This may explain why some drugs are ineffective for some patients.

Neurotransmitter function can also be supported with nutrient-based programs. Neurotransmitters are made from various components of food in a normal, healthy diet. Increasing the amounts of these dietary constituents can help maintain normal neurotransmitter levels.

While no program can guarantee success for everyone, it is worthwhile to effectively match a drug-based and/or nutrient-based program to the specific needs of the individual.

