

# PREMENSTRUAL SYNDROME

*PREMENSTRUAL SYNDROME  
CAN BE A SIGNIFICANT  
PROBLEM FOR ACTIVE WOMEN  
WHEN THE PMS PHASE  
COINCIDES WITH COMPETITION  
AND TRAINING*

## and the active woman

### HOW IS PREMENSTRUAL SYNDROME DEFINED?

The definition of Premenstrual Syndrome (PMS) can be somewhat complicated as PMS affects women in many different ways.

The following criteria are used by doctors to determine if someone has PMS:

- a** Signs and symptoms must occur cyclically and recur to some degree in the second half of the cycle. There is a natural variation in the severity of symptoms from cycle to cycle but they are usually present to some degree in each cycle.
- b** Prior to ovulation (follicular phase) the active woman should be free of symptoms. There must be at least seven symptom free days in the cycle.
- c** Symptoms must be severe enough to significantly alter the lifestyle of the active woman.

- d** Exclusion of other physiological or psychological conditions which could explain the symptoms.

### WHAT ARE THE SYMPTOMS OF PMS?

More than one hundred symptoms have been reported in association with PMS. The most common physical and emotional symptoms are identified in the box below.

### HOW IS PMS MANAGED?

Because PMS has many different symptoms, management should be individualised so that each woman has optimal treatment for her specific symptoms.

The process of management begins with the active woman writing a diary to understand the pattern of symptoms and their relationships to her training, work and social life. In the diary she should explain both her symptoms and their severity over a two month period.

## COMMON PHYSICAL AND EMOTIONAL SYMPTOMS OF PMS

### EMOTIONAL

- Depressed, sad, low, lonely
- Anxious, jittery, nervous
- Mood swings
- Trouble with relationships
- Irritable, angry, impatient
- Sensitive to rejection
- Difficulty concentrating
- Feel out of control
- Cannot cope
- Less productive in job or home
- Decreased interest in usual activities
- Avoid social activity

### PHYSICAL

- Headaches, breast tenderness/swelling
- Abdominal bloating, swelling or heaviness
- Low energy, tired and weak
- Back joint and muscle pain
- Sleep more, mope, stay in bed
- Increased/decreased appetite
- Crave food



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and the active woman



Once the diary has been analysed by the active woman with her doctor a number of general strategies to reduce the symptoms of PMS may be undertaken. These include lifestyle, dietary and training modifications.

**LIFESTYLE CHANGES** — include modification of training and rescheduling of commitments. Doing this is likely to relieve stress and improve the athlete's well-being. It is also important to educate the coach, team members and close family about the nature of PMS and how it may affect the athlete.

**DIETARY CHANGES** — dietary deficiencies do not cause PMS, however, symptomatic relief is often found by changing to a healthy, well balanced diet. A small percentage of active women develop low blood sugar levels in the second half of their cycle and are assisted by a diet of frequent small meals, with a low fat content and an emphasis on carbohydrates.

Vitamin supplements are often tried as a treatment for PMS. There is no evidence that Vitamin A, Vitamin E, magnesium, calcium or tryptophan improve PMS. Some women may wish to try Evening Primrose Oil to reduce depression, anxiety and breast pain but there is no scientific evidence to show it to be effective.

**ACTIVITY CHANGES** — maintaining high levels of physical activity in the pre-menstrual phase may worsen some PMS symptoms in some women while easing symptoms in others.

## WHAT IF LIFESTYLE CHANGES DON'T HELP?

If severe symptoms persist after trying the above management strategies the active woman should seek further medical assistance.

Medical treatments may help minimise specific symptoms.

**HORMONE THERAPY** — Hormone levels may be altered using the Pill to suppress the cycle to give a steady rather than a fluctuating level of hormones. For women who would like to avoid menstrual bleeding altogether (such as swimmers) the Pill can be taken continuously. Some active women may find HRT useful in the second half of the cycle.

## CONCLUSION

Because of the complex and varied nature of PMS the active woman and her doctor should jointly develop an appropriate management strategy.

The first step is for the active woman to keep a diary recording symptoms, severity, timing within the menstrual cycle and how these factors affect her sports participation.

The doctor and active woman may then try some general management strategies. If these do not ease the condition then the athlete should see a sports physician who can develop a more detailed treatment plan.



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