

Patient information from BMJ

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Premenstrual syndrome

Premenstrual syndrome (PMS, for short) is the name for a group of symptoms that can happen in the week or two before you get your period.

These symptoms affect your daily life. But there are treatments available to help you manage PMS.

What is PMS?

PMS refers to the symptoms that you get in the week or two before your period starts. These symptoms can affect you physically or emotionally. But they only happen during a specific window of your menstrual cycle known as the 'luteal' phase.

The luteal phase is the time between ovulation (i.e., the release of an egg from your ovary) and your period starting. With PMS, symptoms only happen during this window, which usually lasts around two weeks.

Once your period starts, these symptoms normally resolve. But some women may still have symptoms in the first few days of their period too.

It's common for women to experience minor premenstrual symptoms around their period. But PMS is different. It happens every month at the same time and impacts your daily life. For example, your symptoms might make it difficult for you to manage at work, or to deal with your relationships.

It's not clear exactly what causes PMS. Research suggests that PMS is related to the hormone changes during your menstrual cycle. But it's not clear why this happens to some women and not others.

Some women may have severe PMS. When this happens, it's called premenstrual dysphoric disorder (PMDD).

What are the symptoms of PMS?

The symptoms of PMS are usually separated into those that affect you **physically** and **emotionally**.

Premenstrual syndrome

Common physical symptoms of PMS include:

- feeling bloated
- having tender breasts
- getting headaches
- feeling more hungry than usual, and
- feeling more tired than usual.

Common emotional symptoms of PMS include:

- feeling tense and irritable
- having mood swings
- feeling low and hopeless
- losing interest in activities you're normally interested in, and
- feeling out of control, overwhelmed, or agitated.

It's common for women to experience **cognitive** symptoms with PMS too. These are symptoms that can affect things like your memory, thinking, and attention. If you have PMS, you might feel you're more forgetful, or have trouble concentrating.

Some women can experience other symptoms too, but these are less common. These include:

- difficulty sleeping at night
- daytime sleepiness
- loose stools or constipation
- heart palpitations (feeling your heart beat faster or irregularly)
- hot flushes.

Women experience the symptoms of PMS in different ways. Some experiences are more intense than others. But for you to be diagnosed with PMS, your symptoms must affect your daily life in some way.

Your doctor will ask you to keep a **diary** of your symptoms, recording what happens and when. This can help show whether your symptoms are caused by PMS.

Some women may become very depressed with PMS. If you experience any suicidal thoughts, speak to your doctor **immediately**.

What are the treatment options for PMS?

Treatment options for PMS will depend on whether your symptoms are mild, moderate or severe. This means your treatment plan will be tailored specifically to you.

The overall goal of treatment for PMS is to:

- provide relief from your symptoms

Premenstrual syndrome

- improve your quality of life, and
- reduce your distress.

Options include:

- lifestyle changes
- cognitive behavioural therapy (CBT)
- vitamin and mineral supplements
- medicines
- alternative and complementary therapies
- surgery.

Your doctor will discuss recommended treatments with you.

Lifestyle changes

If you have mild PMS, your doctor may suggest you try some simple lifestyle measures first. For example, **exercising** or using **relaxation techniques** can help some women with their symptoms.

Yoga may be one way of relaxing. This can help improve your physical symptoms and overall sense of wellbeing.

Eating a diet rich in **complex carbohydrates** during the luteal phase of your cycle might also help. Complex carbohydrates include foods like:

- whole grains
- legumes, such as peas and beans, and
- vegetables.

Lifestyle changes can help some women with their PMS. But it's important to know there is not much research to show whether these options really work.

CBT

CBT is a type of talking therapy. Research has shown it helps women with PMS. So your doctor will probably offer this treatment to you.

It involves speaking to a therapist about your thoughts and feelings and learning about ways to cope with your symptoms.

If you have a partner, it can sometimes be helpful for them to join these sessions with you.

Vitamin and mineral supplements

Calcium seems to help some women with the physical and emotional symptoms of PMS. But higher doses can cause side effects such as constipation and kidney stones. If your doctor recommends calcium supplements, it's important that you take this medicine as prescribed.

Premenstrual syndrome

In some cases, you may be offered treatment with **pyridoxine (vitamin B6)**. But there is not much evidence to show it's effective. Pyridoxine can cause serious side effects like numbness and tingling in your hands and feet, and loss of balance. So it's very important to follow your doctor's advice about how to take this medicine.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

If you have period pain, your doctor may suggest trying an NSAID. This is a type of medicine that helps to target pain, as well as inflammation. NSAIDs your doctor may prescribe include **naproxen**, **ibuprofen**, and **mefenamic acid**.

NSAIDs are usually combined with other treatments for PMS.

Combined oral contraceptive pill ('the pill')

The combined oral contraceptive pill is called 'combined' because it contains a combination of the hormones oestrogen and progesterone.

Your doctor may recommend this medicine first if you have moderate or severe PMS.

The pill may appeal to you if you also need contraception. But it may not be appropriate if you:

- smoke
- are overweight or obese
- have a history of certain medical conditions like a previous blood clot, heart attack, or stroke.

The pill is generally safe, but it does have risks. For example, there is a small increased chance of having a blood clot in your leg (called deep vein thrombosis) or lungs (called pulmonary embolism), which can be dangerous.

Some women might also experience side effects with the pill, such as:

- spotting in between periods
- changes to your cycle
- headaches
- feeling sick.

You can speak to your doctor about whether the pill is right for you. There are different types, so you may find that one suits you better than others.

If the pill doesn't help enough, there may be other hormonal treatments you can try. Your doctor will give you more information about these if they're an option for you.

Antidepressants

If you mostly have emotional symptoms with PMS, your doctor may suggest you take antidepressants. This might be either all the time or just in the week or two before your

Premenstrual syndrome

period. Your doctor is more likely to suggest this treatment if you have moderate to severe PMS.

Side effects of antidepressants can include:

- feeling jittery
- headaches
- dry mouth
- problems with sleep
- reduced sex drive.

You will normally start on a lower dose of this medicine first. Speak to your doctor if you're concerned about any side effects with your treatment.

Other medicines

Your doctor may recommend some other medicines to help with specific PMS symptoms. But there is no research to prove these treatments actually work.

Other medicines for PMS include:

- spironolactone: can help bloating and breast tenderness
- bromocriptine or cabergoline: can help breast tenderness.

Alternative and complementary therapies

Some women often try herbal remedies or complementary therapies for their PMS like:

- Ginkgo biloba
- St John's wort
- acupuncture
- reflexology.

But there isn't much good-quality research about how well these work.

If you are trying any of these treatments, then let your doctor know. For example, if you're taking herbal remedies, your doctor will want to check these won't cause problems with any medicines you're taking.

Surgery

If you have severe PMS and other treatments haven't helped, your doctor may suggest surgery. But this will only be an option if you aren't planning on becoming pregnant. This is because having this treatment will make you menopausal.

Surgery for PMS involves the removal of both your ovaries and fallopian tubes (known as a **salpingo-oophorectomy**). This may or not be combined with the removal of your uterus (known as a **hysterectomy**).

Premenstrual syndrome

Your doctor will speak to you about the risks and benefits of this treatment if this is an option for you.

What happens next?

If you feel like premenstrual symptoms are impacting your life, you should speak to a doctor. Treatments and changes to your lifestyle can help.

It's important to remember that treatments for PMS can take time to work. You may need to wait for several months before your symptoms show much improvement. But if you experience severe depression and suicidal thoughts, then speak to your doctor **immediately**.

Your doctor will recommend that you keep track of your symptoms in a diary. This can help show whether treatments are helping you. Your doctor will usually want to follow-up with you every few months.

Some women find it helps to get support from other women who have PMS. You may want to join a self-help group. Your doctor may be able to give you some suggestions, or you can try searching online.

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