

Chapter 1 : Premenstrual syndrome (PMS) - Symptoms and causes - Mayo Clinic

Certain conditions may mimic PMS, including chronic fatigue syndrome, thyroid disorders and mood disorders, such as depression and anxiety. Your health care provider may order tests, such as a thyroid function test or mood screening tests to help provide a clear diagnosis.

Over the course of a year and during the menstrual cycles, five or more of the following symptoms must be present. These symptoms occur a week or two before your period begins and disappear within a few days of the onset of bleeding. Hyde; feeling suddenly sad or extremely sensitive to rejection Persistent and marked anger or irritability or increased interpersonal conflicts Decreased interest in usual activities work, school, friends, hobbies Subjective sense of difficulty concentrating Lethargy, easily fatigued or marked lack of energy Marked change in appetite, overeating or specific food cravings Hypersomnia sleeping too much or insomnia difficulty initiating sleep, middle of the night or early morning waking A sense of being overwhelmed or out of control Physical symptoms, including breast tenderness or swelling, abdominal cramping, headaches, joint or muscle pain and others The disturbance markedly interferes with work, school, or usual activities and relationships with others. Do you avoid social events, are you as productive and efficient? When I read the criteria list, I cried because it was describing me. About 10 to 14 days of my cycle, I experience every single symptom on the criteria list. Some months can be harder than others. I was wound up from the emotional and physical stress of PMDD; I begged and prayed for my period to get arrive. It was a very stressful month. Women with PMDD experience a variety of symptoms monthly; no one is the same. The average woman with PMDD will lose between three to seven years of productive life due to her symptoms. This fact hit me deeply because I realized it had affected me for that long. I thought it was my PCOS causing me emotional issues. I started to think dark thoughts about my life. Feeling unworthy, ugly and that no one wanted me. I believed in my head that my husband would be happier if I were not alive so that he could be free and not be a prisoner to my health issues. These dark thoughts all went away once I started my period, though. I thought maybe it was just in my head and I should just let it go, but my symptoms kept coming every month, and were getting worse. I was very hopeful when we moved to New York and prayed for a doctor that was willing to hear me out, which I found. It brought me so much relief to finally be validated. This acknowledgment alone can bring wonders to someone with a chronic illness. It brings hope and strength to an already tired body. I believe God knew what he was doing when he moved us here. That is from PMDD alone. They are more than just PMS symptoms when they cause harm, depression , irritability, rage or feeling out of control. These symptoms are affecting our relationships, jobs, schooling and lives. Premenstrual dysphoric disorder is a condition that many women may never know they have. For some of these women, it will be too late. The video below is the perfect representation of the mental battle a woman with PMDD experiences: I meditate, eat healthy, work out and journal. I know women in their 20s who are getting their ovaries and uteruses removed so they can be free from PMDD. But I also know women who have done the procedure and regretted it. My husband and I are trying to conceive, but my periods cause me so much pain. Sure, there can be things that help manage some symptoms. But the thing about PMDD is it takes time to find your protocol. It may work for a few months and then stop.

Chapter 2 : WHAT IS PREMENSTRUAL SYNDROME OR PMS? - Ultra PMS

If PMS is a problem for you, there are ways to manage it. PMS is a group of changes that can affect you on many levels. They can be physical, emotional, or behavioral.

PMS makes me miserable every month. Should I avoid my occasional glass of wine? Symptoms range from mood swings, fatigue, irritability and depression to breast tenderness, abdominal bloating, anxiety, insomnia, headache, fluid retention, and increased appetite with cravings for sweet or salty foods. Less than five percent of menstruating women are affected by premenstrual dysphoric disorder, a form of PMS that causes severe irritability, depression and anxiety. It occurs more frequently in women who have high levels of stress, a family history of depression or a personal history of depression or postpartum depression. Clearly, hormonal fluctuations are involved, as PMS symptoms tend to disappear when hormone levels are stable, such as during pregnancy and after menopause. Results of an investigation from Spain published in April concluded that drinking alcohol may be linked to an increased risk of PMS and appears to play a role in 11 percent of cases worldwide. The researchers also estimated that some 21 percent of PMS cases in the U.S. Even so, the research team noted that based on its review, it is not clear whether consuming alcohol increases the risk of PMS or whether affected women are more likely to drink alcohol in order to ease their symptoms. They reached these conclusions after reviewing 19 studies involving more than 47,000 women in eight countries. This is a difficult issue to study, since PMS may occur before girls are old enough to legally consume alcohol. I suggest you abstain from drinking, especially as your period approaches, to see if alcohol is a factor in your PMS. Conventional medicine treats the condition with non-steroidal anti-inflammatory drugs (NSAIDs), which can ease cramps and relieve breast discomfort. Taking these drugs before your period helps prevent cramps by lowering blood levels of prostaglandins, hormones that promote inflammation. Oral contraceptives can help as well, because they prevent ovulation and its associated hormonal changes. In some cases, conventional physicians prescribe antidepressant drugs. These boost levels of serotonin in the brain and have been shown to reduce fatigue, food cravings and sleeping problems. Some doctors recommend taking them only during the two weeks prior to onset of menstruation. A more drastic alternative is an injection of Depo-Provera, a hormone that stops ovulation temporarily. It can cause increased appetite, weight gain, headache and depressed mood.

Chapter 3 : PMS (premenstrual syndrome) - NHS

Premenstrual syndrome (PMS) is a condition that affects a woman's emotions, physical health, and behavior during certain days of the menstrual cycle, generally just before her menses. PMS is a.

The symptoms of PMS are cyclic in nature, generally beginning at or after ovulation release of an egg by the ovaries , and continue until menstruation begins. Typically PMS begins from about 7 to 14 days before menstruation and ending within 24 hours after menstruation has begun. Research suggests that as many as 75 percent of women of child-bearing age have some degree of PMS. PMS is most common in women in their 20s and 30s, gradually decreasing and ceasing entirely at menopause. **Diagnosis** There are no objective tests physical, biochemical or endocrine to assist in making a diagnosis. Therefore PMS is diagnosed by recording symptoms for several menstrual cycles in a symptoms chart. This is partly because the retrospective reporting of symptoms is inaccurate and because significant numbers of women who report PMS have other underlying problems such as perimenopause, thyroid disorder, migraine, chronic fatigue syndrome, as well as psychiatric disorders such depression, panic disorders and anxiety disorder. Symptoms that occur in a predictable pattern starting before menstruation, and then disappearing when it begins are usual indicators of premenstrual syndrome. A doctor may perform a physical exam, if necessary, to rule out the possibility that symptoms indicate the presence of disease. **Treatment** Treatment of PMS involves finding the remedy or combination of remedies that work for each individual. A lot of unsubstantiated claims have been made for the supplementation of calcium, vitamin E, magnesium, dietary change, vitamin B6, evening primrose oil, exercise, yoga, acupuncture, psychotherapy and many more. There is very little evidence that any of these treatments for PMS are effective with the exception of exercise and cognitive behavioral therapy. Despite the fact that non-medical treatments are of doubted efficacy, they are generally harmless. They can be tried before resorting to medical therapy as there is no risk, except in severe cases where patients may be delaying therapy. **Medical Therapies** Broadly speaking, treatment of PMS should generally be achievable either by suppressing ovulation and the endocrine cycle either pharmacologically or by surgery or it may be achieved by altering the sensitivity to progesterone by elevating serotonin levels. Suppression of the ovarian cycle eliminates PMS effectively. This can be achieved by GnRH analogues with add back tibolone. Oestrogen also suppresses ovulation and eliminates PMS without menopausal side effects. Intrauterine progestagen as levonorgestrel IUS avoids re-stimulation of premenstrual syndrome at the same time that it protects the endometrium; it reduces periods and provides contraception. Other medications used to treat PMS include diuretics to ease fluid retention , oral contraceptives for hormone control , and anti-anxiety medication, for extreme irritability. SSRIs are the simplest and most effective non-hormonal approach to treatment. Some consider them to be first line medical therapy. Women with premenstrual dysphoric disorder usually require antidepressant medications. Because the symptoms include emotional fluctuations as well as physical discomfort, neither the woman nor her partner knows what to expect. Some women find that their energy goes into symptom management, and they become self-absorbed. They tune in to their bodies but tune out their sexual feelings and, many times, their partners too. About the Author admin This author has not added a biography. Meanwhile admin has contributed posts. [Click here to view them.](#)

Chapter 4 : Prone To Premenstrual Syndrome (PMS)? - calendrierdelascience.com

Premenstrual syndrome, also known as PMS, includes changes in mood as well as physical signs that occur in the days to two weeks before a woman's menstrual period starts. Symptoms typically go away shortly after the period begins. Premenstrual dysphoric disorder, also known as PMDD, is a more severe form of PMS, affecting about % of women.

Sick of the ups and downs? There are simple lifestyle changes that you can make to ease some of your monthly problems. Premenstrual Syndrome is very common among women in the lead up to their period. PMS
Premenstrual Syndrome is used to describe premenstrual symptoms which occur in women around the time of their period. PMS is very common but there are simple ways to beat the blues and manage pains. These are the most typical menstrual symptoms and ways to minimise the impact they have on your life: Tiredness Get plenty of sleep in the weeks before your period. Anxiety If you lead a high-stress lifestyle try to take more time every day just for you, have a bath, read your favourite book or head outside for a walk. Headaches Avoid caffeine and try to get your 8 hours of sleep a night. Mood swings or irritability Some gentle exercise releases feel good hormones which can combat erratic mood swings. Check out some healthy exercise tips below. Bloating Eat well. Fruit and vegetables are best, and try to avoid sugary and fatty foods before your period. Check below for great period cramp advice. Exercise Try to get 15 minutes of exercise a day, go outside and do a sport or activity that you enjoy. You can find some great yoga positions in our Menstrual Cramps section – relieve pain while you exercise! Sleep well Get 8 hours of sleep a night and you will feel rested and full of energy to take on the day! Diet Eat a balanced diet. Avoid sugary, salty foods and caffeine. However, we do feel that chocolate is a pre-menstrual necessity! De-stress Clearing your mind and relaxing your body will make dealing with stress and anxiety easier. When to see a doctor If you feel that PMS is disrupting your life, or your menstrual cycle symptoms become difficult to manage, visit your doctor for a health check. Learn more Do you have more questions or concerns about your period? We have put together helpful pages to answer your menstruation symptom questions. Have a look at our additional links:

Chapter 5 : Diagnosis and Treatment of Premenstrual Syndrome (PMS) | Health Cures and Remedies

Premenstrual syndrome (PMS) has a wide variety of signs and symptoms, including mood swings, tender breasts, food cravings, fatigue, irritability and depression. It's estimated that as many as 3 of every 4 menstruating women have experienced some form of premenstrual syndrome.

Menstrual Diary to Monitor Premenstrual Symptoms
Topic Overview A menstrual diary is a helpful tool for better understanding your premenstrual symptoms and then deciding how to treat them. Regardless of whether you have full-blown, diagnosable premenstrual syndrome PMS , your menstrual diary can help you plan ahead for, prevent, and better cope with your premenstrual symptoms. You can plan to take extra good physical and emotional care of yourself during these difficult days. It also helps others to know that these premenstrual days are not a good time to expect you to be at your best. If your PMS symptoms are mild, you can try home treatment measures. Many women find that making small changes in their lifestyle will improve their symptoms. If your PMS symptoms are more severe or persist with home treatment, talk with your health professional about treatment options. Many health professionals will want to see a menstrual diary of at least two menstrual cycles so they can determine which symptoms are most bothersome and recommend an effective treatment plan. There are several types of menstrual diaries that record the following information every day: Daily physical symptoms How you feel and behave Your weight, especially if your symptoms include bloating, water retention, or food cravings Results of menstrual diary Mild physical symptoms that occur just before menstrual bleeding and end when bleeding is done are considered a normal part of the menstrual cycle. Symptoms that are present any time during your menstrual cycle, even if they get worse before bleeding begins, are not considered PMS; another condition, such as depression or anxiety, is likely to be present. However, it is useful for your health professional to know about such conditions, so that you can have the best possible treatment. Symptoms that may indicate PMS: Occur between ovulation and the first days of menstrual bleeding. Stop after bleeding begins. Are not present for at least 7 days after your menstrual period. It is important to keep a daily record of your symptoms to get an accurate diagnosis of PMS. It may take several months to see a pattern. Try some home treatment measures and note in your diary if they had any effect on your symptoms. Below is an example of a daily calendar for recording your PMS symptoms for each day of the month. Be sure to record the precise dates of your period menstrual bleeding and ovulation, if possible, and the symptoms you have on those days. Mark whether your symptom is mild, moderate, or severe on each day. Bloating, water retention, weight gain. Changes in bowel habits. Nipple discharge when nipples or breasts are pressed. Food cravings, especially for sweet or salty foods. Emotional and cognitive symptoms include:

Chapter 6 : Premenstrual Syndrome - What You Need to Know

PMS (Premenstrual Syndrome) is used to describe premenstrual symptoms which occur in women around the time of their period. Between ovulation and the first day of your period, your hormones levels rise and fall, and this fluctuation can cause changes to your body and your mood.

Certain physical and psychological symptoms recur regularly at the same phase of each menstrual cycle. PMS symptoms begin after ovulation, often intensifying as menstruation approaches. Symptoms cease with the onset of menstruation or bleeding. Every woman with PMS suffers a different set of physical and emotional symptoms. Symptoms and their intensity vary from woman to woman, and from month to month, making each PMS sufferer unique. Listed below are the major, but by no means all, of the symptoms most often reported. It is the timing of these symptoms that determine whether you have PMS. The symptoms will occur on a regular basis, beginning after ovulation, and ceasing with menses. Symptoms scattered about the chart with no discernable pattern indicate that factors other than PMS are affecting the woman. The harsh reality of the modern-day woman? Devoured, and often not much appreciated in the balance, many women feel a sense of living on the brink. PMS in most women is brought on by a combination of diet, stress, vitamin and especially mineral deficiency. Women experiencing PMS have been found consistently to have low blood magnesium levels. Magnesium and calcium must be taken together for either one to be effectively absorbed. Research indicates that a ratio of 2 to 1 is best for maximum absorption. A most important feature of Ultravite is a magnesium to calcium ratio of 2 to 1. Ultravite provides to mg. Therefore, B6 deficiency will cause decreased liver metabolism of estrogen, causing an excess of estrogen which results in estrogen dominance. Mood swings are caused by such imbalance which further invokes the increased activity of the serotonin, norepinephrine, epinephrine and biogenic amines. Inability to focus and concentrate, nervous tension, irritability, hostility and finally, anxiety are the symptoms of estrogen imbalance. The only thing that keeps estrogen under control is dopamine. About the Author Dorothy Rivas Hello and welcome to my personal blog, solely dedicated to the health and well-being of women. My name is Dorothy Rivas and I felt a great need to become an author of a blog that will deal with thematic such as menopause, pms, fibrostol and other aspects of being a woman. Since I am positively sure that most women are not aware of how to maintain their health and take care of themselves, I wanted to give my humble contribution by writing about some of the most common problems that all women tend to experience. Girls, this blog is for you.

Chapter 7 : Premenstrual syndrome - self-care: MedlinePlus Medical Encyclopedia

Premenstrual syndrome (PMS) is a combination of symptoms that many women get about a week or two before their period. According to the National Institute of Mental Health, over 90% of women, over 90%, say they get some premenstrual symptoms, such as bloating, headaches, and moodiness. For some women, these symptoms may be so severe that they miss work or school, but other women are not bothered by milder symptoms.

The cause of PMS is unknown. Factors that may contribute to PMS symptoms include: Incorrect theories about the causes of PMS have included oestrogen excess, progesterone deficiency, vitamin B6 deficiency, abnormal glucose metabolism and electrolyte imbalances. In most cases, it is recommended that you keep a daily symptoms diary to help identify whether you have PMS. Include the details of your menstrual cycle – for example, the first and last days of your menstrual period. Keep this daily diary for at least two menstrual cycles. If you are not sure whether you are suffering from PMS, or if you need help understanding your symptoms, talk to your doctor. PMS management While there is no cure for PMS, the symptoms may be successfully managed with lifestyle changes, dietary modifications, supplements, hormone treatments and other therapies. You may have to experiment to find the balance of treatments that works best for you. Consult with your doctor or healthcare professional during this trial period. Lifestyle changes and PMS Recommended lifestyle changes include: Exercise regularly, at least three times a week – try to exercise daily as the increased endorphins will help. Cut back on caffeine and alcohol in the two weeks before menstruation. Make sure you get enough sleep. Manage your stress in whatever way works for you – for example, counselling, cognitive behaviour therapy CBT, tai chi or meditation, mindfulness, walking or gardening. Dietary changes for PMS Women experiencing PMS symptoms may crave high-fat and high-sugar foods like chocolate, biscuits and ice cream, and may consequently increase their food intake significantly. You can manage your weight and help reduce your PMS symptoms by making a few dietary changes. You might like to try: Supplements for PMS Check with your doctor before taking any type of supplement, including herbal supplements, and make sure that you follow instructions on dosage. Complementary therapies should be viewed as a medicine and should be treated with the same respect. Therapies that can help reduce PMS symptoms include calcium, vitamin D and vitex castus agnus. Medication and hormone treatments for PMS A range of medications and hormone treatments are available to help you manage your symptoms. There are different types available. Treatments that have been proven to relieve symptoms include: SSRIs selective serotonin reuptake inhibitors fluoxetine, sertraline, paroxetine and escitalopram – these medications are mood stabilisers and antidepressants, which can improve PMS symptoms significantly by boosting brain chemicals neurotransmitters. Due to its addictive potential, it is used only in the last two weeks of the menstrual cycle. Treatments that might improve symptoms include: Treatments that have not been proven to relieve symptoms include progesterone and progestogens such as intrauterine devices IUD, intrauterine devices Implanon and Depo-Provera injection. Complementary medicine and PMS Many women feel they benefit from a variety of natural therapies, such as cognitive behaviour therapy, and complementary therapies such as vitex castus agnus. If you would like to use complementary therapies, it is important to seek advice from a qualified professional and to let your doctor know about any herbal or complementary therapies you are using. Where to get help.

Chapter 8 : Premenstrual syndrome - Wikipedia

Premenstrual syndrome (PMS) refers to the range of physical and emotional symptoms that some women experience in the lead up to menstruation, that impact on quality of life. Symptoms usually stop during or at the beginning of the menstrual period. There is at least one symptom-free week before symptoms start returning.

Try some relaxation techniques, such as breathing exercises , yoga , or massage therapy. Practice better time management, and get enough sleep. Create a support system. Join a support group of women who are managing PMS. With your loved ones, plan ways to reduce the demands placed on you when you have PMS. Be safe with medicines. Read and follow all instructions on the label. The most commonly used medicines for PMS are: Selective serotonin reuptake inhibitors SSRIs for mood-related symptoms. NSAIDs work best when taken before and at regular intervals throughout the premenstrual pain period. They are effective either when taken during the premenstrual weeks only or when taken continuously. Other types of birth control pills estrogen-progestin are widely prescribed for PMS. They may improve bloating, headache, belly pain, and breast tenderness in some women. But other women may have worse symptoms or develop mood problems. Estrogen alone may offer some benefit for some women. But when estrogen is taken without progestin, it increases the risk of uterine endometrial cancer. Progestin progesterone has been used in the past for PMS. But for some women, it may make physical and emotional symptoms worse. For more information about birth control pills and progestin, see the topic Birth Control. Diuretics Spironolactone is a water pill diuretic. It may reduce bloating and breast tenderness if taken during the premenstrual weeks. Drospirenone, which is in the certain low-estrogen birth control pills, acts like a diuretic to relieve bloating and breast tenderness. Less commonly used medicines Propranolol, a beta-blocker medicine, may be used to treat migraines or headaches related to PMS. They are generally less favored because of their possible side effects. But they do improve severe depression and insomnia for some women. It can make you sleepy, loses effectiveness over time, and can be addictive. Long-term use may cause withdrawal or life-threatening symptoms. Danazol, a synthetic male hormone, can relieve breast pain by decreasing estrogen production. This medicine stops the monthly menstrual hormonal cycle and results in a condition similar to menopause. Side effects If you are taking medicine for PMS, talk with your doctor about birth control. Some medicines for PMS can cause birth defects if you take them while you are pregnant. The side effects of some medicines may be just as unpleasant as your PMS symptoms. For example, GnRH-a and danazol have severe side effects. In other cases, the relief from symptoms that a medicine gives may far outweigh its side effects. Surgery In the past, some women with premenstrual dysphoric disorder PMDD , the severe form of PMS, had surgery to remove the ovaries oophorectomy and the uterus hysterectomy. Without ovaries, a woman no longer has a menstrual cycle. Surgical removal of the ovaries for PMDD is highly controversial and rarely done. It is only considered if a woman meets all of the following criteria: PMS symptoms are severe and regularly disrupt her quality of life. She has no future plans to give birth, and she is many years away from natural menopause. Symptoms improve with the use of medicines that produce a condition similar to menopause such as danazol or a GnRH-a. All other treatments have failed. All or most of the symptoms are directly related to PMDD. Other problems, such as psychological or nonmedical problems, do not appear to contribute to the symptoms. Removing the ovaries leads to early menopause, and the symptoms tend to be more severe than those of natural menopause. Early menopause also increases the risk of osteoporosis , because low estrogen leads to loss of bone density. Surgery also has risks related to the procedure or anesthesia. For more information, see the topic Hysterectomy. But you may find that one or more of them helps to relieve some of your symptoms. Before you take any vitamin, herb, or mineral supplement, talk with your doctor or pharmacist. He or she can find out if it might interfere with other medicines you are taking. Be sure to follow the directions on the label. Some supplements and remedies should be avoided if you are trying to get pregnant. Complementary therapies commonly used for PMS Bright light therapy on days when PMS symptoms are present may help relieve mood symptoms. Calcium and magnesium may help with certain symptoms of PMS. Vitamin E is used by some women to help with breast tenderness related to PMS. Complementary therapies sometimes used for

PMS Black cohosh is sometimes used to relieve menopause symptoms, and it might help relieve symptoms of PMS. If you plan to take black cohosh, talk to your doctor about how to take it safely. Zinc may help improve PMS-related acne. Vitex agnus-castus, or chasteberry might help relieve irritability, anger, breast tenderness, bloating, cramping, and headaches. But possible side effects include nausea, gastrointestinal upset, and malaise. Ginkgo biloba may reduce breast tenderness, bloating, and weight gain. Evening primrose oil *Oenothera biennis* may offer mild relief of breast tenderness.

Chapter 9 : Premenstrual Syndrome (PMS) and Menstrual Disorders - PMS Center - Everyday Health

Premenstrual syndrome (PMS) refers to physical and emotional symptoms that occur in the one to two weeks before a woman's period. Symptoms often vary between women and resolve around the start of bleeding.

URL of this page: Writing down your symptoms on a calendar can help you understand possible triggers for your symptoms. It can also help your health care provider choose an approach that is most helpful for you. In your diary or calendar, be sure to record: The type of symptoms you are having How severe your symptoms are How long your symptoms last Did your symptoms respond to a treatment you tried You may need to try different things to treat PMS. Some things you try may work, and others may not. Keeping track of your symptoms may help you find the treatments that work best for you. For many women, lifestyle changes alone are enough to control their symptoms. Changes in what you drink or eat may help. During the second half of your cycle: Eat a balanced diet that includes lots of whole grains, vegetables, and fruit. Have little or no salt or sugar. Drink plenty of fluids like water or juice. Avoid soft drinks, alcohol, or anything with caffeine in it. Eat frequent, small meals or snacks instead of 3 large meals. Have something to eat at least every 3 hours. But do not overeat. Getting regular exercise throughout the month can help reduce how severe your PMS symptoms are. Medicines, Vitamins, Supplements Your provider may recommend that you take vitamins or supplements. Vitamin B6, calcium, and magnesium may be recommended. Tryptophan supplements may also be helpful. Eating foods that contain tryptophan may also help. Some of these are dairy products, soy beans, seeds, tuna, and shellfish. Pain relievers, such as aspirin, ibuprofen Advil, Motrin, and others , naproxen Naprosyn, Aleve , and other medicines may help symptoms of headache, backache, menstrual cramping, and breast tenderness. Tell your provider if you are taking these medicines most days. Your provider may prescribe stronger pain medicines for severe cramping. Your provider may prescribe birth control pills, water pills diuretics , or other medicines to treat symptoms. Follow the directions for taking them. Ask about possible side effects and tell your provider if you have any of them. Try to get plenty of sleep throughout the month. Try changing your nighttime sleep habits before you take drugs to help you sleep. For example, do quiet activities or listen to soothing music before going to sleep. To relieve anxiety and stress, try: Deep breathing or muscle relaxation exercises Yoga or other exercise Ask your provider about medicines or talk therapy if your symptoms become worse. When to Call the Doctor Call your provider if: Your PMS does not go away with self-treatment. You have new, unusual, or changing lumps in your breast tissue. You have discharge from your nipple. You are feeling very sad. Premenstrual syndrome and dysmenorrhea. Mendiratta V, Lentz GM. Primary and secondary dysmenorrhea, premenstrual syndrome, and premenstrual dysphoric disorder: Learn more about A. The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed physician should be consulted for diagnosis and treatment of any and all medical conditions. Call for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites.