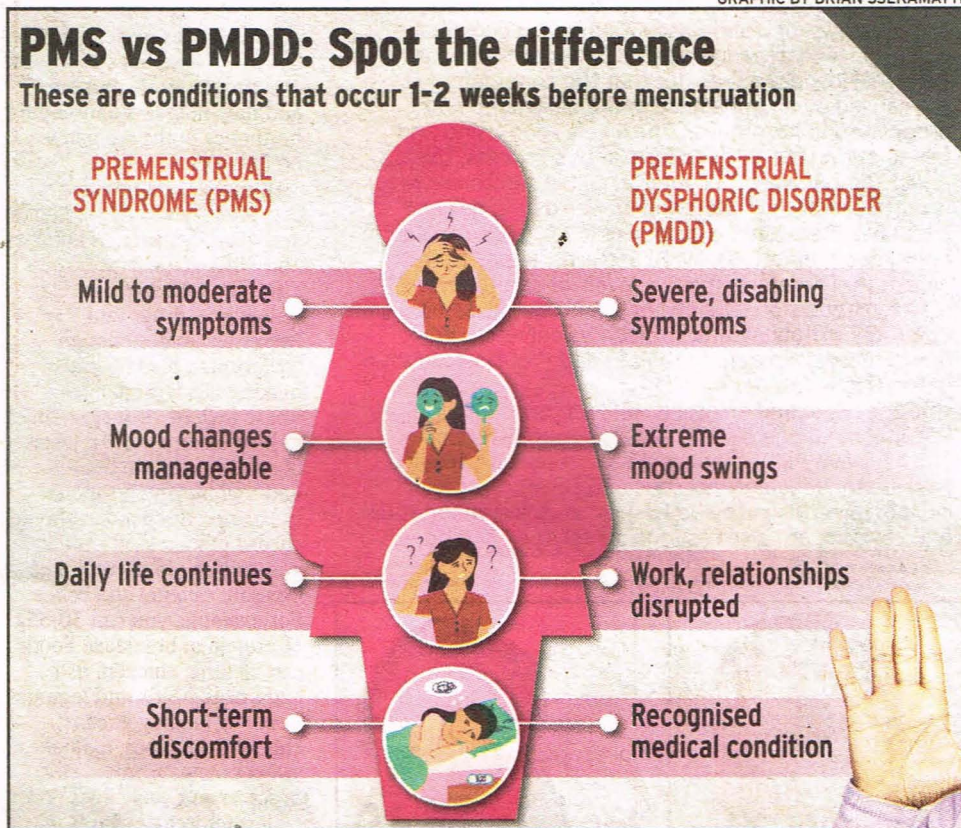


DISABLING IMPACT OF PREMENSTRUAL SYNDROME

IN APRIL, HER VISION IS PUTTING THE SPOTLIGHT ON MENSTRUATION, A SUBJECT OFTEN WHISPERED ABOUT YET IS CENTRAL TO WOMEN'S WELL-BEING. THROUGH A FOUR-PART SERIES, WE UNPACK THE REALITIES, MYTHS AND MEDICAL TRUTHS BEHIND MENSTRUAL HEALTH. IN THE LAST PART, **RITAH MUKASA** FOCUSES ON PREMENSTRUAL SYNDROME (PMS) AND PREMENSTRUAL DYSPHORIC DISORDER (PMDD) CONDITIONS THAT OCCUR 1-2 WEEKS BEFORE MENSTRUATION OFTEN CAUSING EXTREME IRRITABILITY, MIGRAINES, DEPRESSION AND ANXIETY AS WELL AS AFFECTING RELATIONSHIPS, PRODUCTIVITY AND MENTAL HEALTH.

For the last eight years, 33-year-old Mariah (second name withheld) has been on an emotional roller coaster. A week to her menstruation, she becomes unpredictable. One minute she is happy and the next, a fit of rage will bubble from nowhere. Yelling at her children and the house help becomes the order of the day. Throughout that week, Mariah also grapples with fatigue and panic attacks. And at night, the migraines, hot flashes and dry eyes make it hard for her to fall asleep. "I have fallen out with friends, family members and colleagues at work due to the mood swings," she says. Mariah was once diagnosed with severe depression and put on antidepressants but the condition persisted. At first, her husband thought she was overreacting and later he suspected peri-menopause but last month, a consultant gynaecologist diagnosed Mariah with premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) conditions she had never heard of.

UNDERSTANDING PMS AND PMDD
Premenstrual syndrome (PMS) are the symptoms that appear in a woman before



her menstruation, according to Dr John Bosco Nsubuga, a consultant obstetrics and gynaecologist at Entebbe Regional Referral Hospital. They occur after ovulation and before menstruation, specifically, during the luteal phase or in the second half of

the menstrual cycle. These conditions usually resolve within a few days of menstruation, but create a distressing cyclical pattern that can be both confusing and exhausting yet women are usually dismissed as overreacting, says Moureen Nakiboneka, a midwife.

PMS symptoms can be physical, psychological and behavioural according to Nsubuga. Some women experience mood swings, fatigue and bloating (gas in the stomach) plus breast pain also called breast tenderness. Others get insomnia, weight gain, irritability and withdrawal from family and peers during that period. Cramps, depression, joint pain, headaches or migraines are also common symptoms. There are also women who get diarrhoea in addition to

craving particular foods before their

menses. "Many women go to hospital thinking they have an infection or malaria only for the tests to turn out negative," he says. But they later understand that it is how their bodies react towards menstruation. On the other hand, premenstrual dysphoric disorder (PMDD) is the severe form of PMS. The woman experiences excessive irritability, depression and anxiety. Add to that extreme bloating, breast tenderness, muscle pain and headaches. "The pain and severity of the symptoms make women cry, anxious and depressed," Nsubuga says. Others get panic attacks.

Nsubuga points out that symptoms have to recur over various cycles to be considered PMDD. But it's also important for women with suspected PMDD to track symptoms by recording the severity every day. Say, whether the headache was mild or severe. The tracking should be done for at least two consecutive menstrual cycles. Nsubuga says, this data helps the doctor to establish whether it is PMDD,



Premenstrual syndrome (PMS) causes mood swings and irritability

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RECOGNISING AND TREATING PREMENSTRUAL DYSPHORIC DISORDER

GRAPHIC BY BRIAN SSEKAMATTE

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PMS or other disorders.

Simply put; PMS is when the symptoms are mild and PMDD is when they are severe. In PMS, Nsubuga says; the hormonal imbalance happens, but the body manages to contain it. But in PMDD, the body becomes overly sensitive and reacts abnormally.

In a landmark 2019 decision, the World Health Organisation (WHO) included PMDD in the 11th revision of the International Statistical Classification of Diseases as a distinct medical diagnosis, recognising it as a severe, chronic condition rather than 'bad PMS'.

TOLL ON MENTAL WELL-BEING

"We call PMS and PMDD, periods before your periods," says Salim Kayiwa Sembajjo, a registered psychiatric nurse working with Medical Teams International in Rwamwanja Health Centre IV.

He says, it all starts with the fluctuations of the hormonal levels hence affecting serotonin which plays a vital role in mental well-being of any woman. With these imbalances, the affected woman might experience brain fog and become forgetful during her period. Others lose focus and concentration while performing vital activities or fail to make decisions. It also becomes difficult to solve daily challenges.

PMDD can periodically exacerbate pre-existing psychiatric conditions such as anxiety disorders, depression, bipolar and more, explains Dr Husina Atukwatse Nyanzi, a psychiatry resident at Makerere University. Unfortunately, these symptoms are sometimes missed and instead they are attributed to the underlying psychiatric illnesses. Then regarded as over reactive behaviour and not given critical attention.

PMDD afflicts women but it's worse in those with disabilities. They face many barriers including misconceptions and stereotypes, explains Dr Rachael Kalinaki, a disability advocate. With some disabilities like cerebral palsy, it becomes difficult for the woman to manage her periods well. Such women end up being insulted and at worst, beaten up and isolated instead of being comforted, Dr Kalinaki adds.

Besides, PMDD also

Premenstrual dysphoric disorder and mental health

Premenstrual dysphoric disorder (PMDD) is the severe form of premenstrual syndrome (PMS)

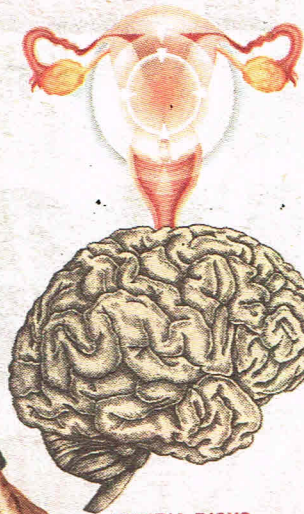
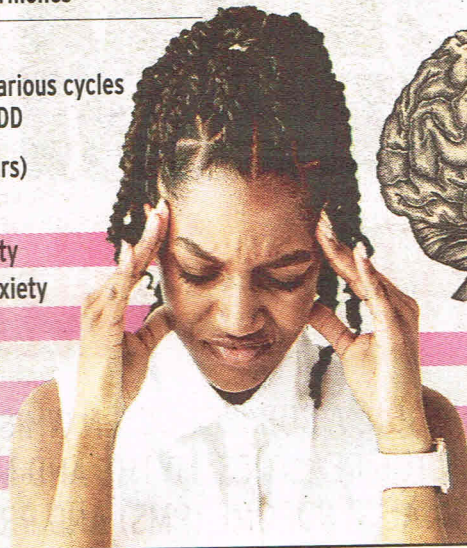
Caused by an imbalance in the oestrogen and progesterone hormones

SYMPTOMS

Have to recur over various cycles to be considered PMDD

A woman (20-40 years) experiences

- Excessive irritability
- Depression and anxiety
- Extreme bloating
- Breast tenderness
- Muscle pain
- Severe headaches
- Panic attacks



MENTAL RISKS

- Brain fog
- Poor concentration
- Anxiety and panic attacks
- Depression
- Risk of suicidal thoughts

Women experience mood swings, fatigue and bloating (gas in the stomach) plus breast pain also called breast tenderness.

affects relationships stemming from outbursts, irritability and failure to make good decisions. "We have seen many cases where a woman falls out with her family, friends and workmates because of PMDD," Kayiwa says. Others isolate themselves. There are also cases where the woman becomes suicidal, requiring admission and close monitoring by a trained psychiatric or psychologist and possibly enrolling her on treatment.

COPING MECHANISMS

While both PMS and PMDD are not preventable, the symptoms can be reduced through lifestyle changes and medication. Early diagnosis is key, including comprehensive history taking and physical examination, advises Dr Atukwatse.

Both conditions, Kayiwa says, require immediate medical and psychological attention. The treatment prescribed depends on the severity of the condition.

Who is at risk?

These disorders are common in women of childbearing age; 20s-40s. Dr John Bosco Nsubuga, a consultant obstetrics and gynaecologist at Entebbe Regional Referral Hospital points out that the conditions are caused by an imbalance in the oestrogen and progesterone hormones. The levels keep rising and falling during the luteal phase. In this process, they affect the release of a chemical called serotonin, which is produced both in the brain as well as the gut and intestines. Serotonin is responsible for one's regulating one's mood, emotions, sleep patterns, appetite and digestion. Therefore, the low levels of serotonin will lead to depression, anxiety, failure to sleep, insomnia, agitation, irritability and sometimes shivering in menstruating women. Both PMS and PMDD usually run in families.

Dr Joet Kasango, the medical director of Imperial hospital in Iganga district says: "If your sisters or mother have PMS, chances are you too will have it." Nutritional deficiencies especially, the shortage of certain minerals in the body such as folate, magnesium and calcium, are also responsible for the conditions.



Dr Kalinaki

In severe cases, Dr Nsubuga says, drugs that increase serotonin in the brain,



Nakiboneka

are prescribed. Given that serotonin is a 'happiness hormone', so, when its levels

Myths vs facts

- PMS and PMDD are the same. That is false. PMDD is more severe, often debilitating form of PMS.
- Both are mental health myths. This is not true. These conditions are recognised medical disorders driven by hormonal fluctuations that affect brain chemistry
- Every woman has PMS. It is not true. While common, many women don't experience any symptoms.
- A hysterectomy is the only cure for PMDD. It is false. Surgery (removing the ovaries) is a last-resort treatment for severe cases.
- Only young women get PMS. This is false. Females of any menstruating age can experience PMS, but it is often reported more frequently in women in their late 20s to early 40s.

Compiled from online sources



Kasango

increase, symptoms such as anxiety and irritability reduce.

"We also use oral contraceptives in treatment," he says. These have oestrogen and progesterone in them, and they help to stabilise the hormones in the woman's body.

Mild cases are handled conservatively with meditation and exercises such as aerobics and other physical workouts. This helps the body to relax.

However, drugs and exercises are not enough. Dr Kasango recommends making lifestyle changes. These include dietary changes to help ensure normal levels of serotonin in the brain and regulate the hormonal imbalance. Such a diet should consist of increased protein and carbohydrates and take less salt, caffeine and coffee. For example, you can 30-35g of protein at breakfast. Foods can include; chicken, fish, eggs, nuts, seeds and legumes. Then for lunch you can choose from; peas, matooke, sweet potatoes, brown rice, avocado and vegetables. Your plate should have foods that are rich in magnesium such as leafy greens like spinach, nakati and kale. You should also include pumpkin seeds, cashew nuts, almonds and peanuts in your diet. The plate should have 30-40% of carbohydrates, 30% protein and 30% leafy greens and colourful vegetables.

Magnesium, also referred to as 'nature's tranquiliser' plays a significant role in relieving cramps by relaxing the uterus muscles. Also, bananas, peas, fish and chicken are packed with vitamins which are essential for managing mood swings. Then avocados and fish have fats that help to reduce inflammation and stabilise hormones.

Meanwhile, Dr Kasango recommends women with PMDD to observe the diet guidelines all year round, but with more focus on adjustments during the luteal phase. This helps to manage the nutrient deficiencies that worsen PMDD.

You can also consult a nutritionist to guide your diet. Avoiding alcohol and stopping smoking may also ease the symptoms.

In addition, the patient should get enough sleep (eight hours) and practice relaxation techniques, such as mindfulness and meditation.

Patients also need emotional support during this period, explains Dr Atukwatse.

"Avoid stressful situations and emotional triggers, such as arguments over financial issues or relationship issues whenever possible," adds Dr Kasango. But also, the people around these women need health information to be able to offer necessary support, Kayiwa says. In some societies where menstruation remains a taboo, open discussions on PMS or PMDD are blocked, Nakiboneka says. "We need to do better."

She roots for increased awareness about PMS and PMDD which can be done through social media, outreaches, sharing personal experiences and holding open conversations to help break the silence and reduce stigma as well.