UNDERSTANDING YOUR DIAGNOSIS

Severe Premenstrual Mood Changes

Also called Premenstrual Dysphoric Disorder

In the week or two before your period your mood drops hard, then lifts once bleeding starts. That pattern is treatable.

HOW COMMON	WHEN IT HITS	WHEN IT LIFTS	TREATABLE
About 2 to 5 in every 100	The week or two before	Within days of bleeding	Yes - often within days

What this is

- This is not ordinary PMS. The mood changes are severe enough to damage work, parenting, and relationships every month.
- Your hormone levels are normal. Your brain is simply unusually sensitive to the normal rise and fall in your cycle.
- It is not a character flaw and not something you are choosing. The timing gives it away: it lifts when your period starts.
- Diagnosis needs daily tracking across **2 cycles**, because memory alone gets the timing wrong surprisingly often.

What it can look and feel like

- Your mood swings hard in the days before your period - tears, rage, and dread arriving without much warning.
- You snap at the people closest to you, then feel awful about it once your period arrives and the fog lifts.
- You feel tense, on edge, or swamped by tasks that are perfectly manageable the rest of the month.
- You lose interest in things you like, and you may want to hide from everyone for a week at a time.
- Sleep goes sideways - too much or too little - and cravings for salt, sugar, or carbs get intense.
- Your body hurts: sore breasts, bloating, headaches, and aching joints or muscles in the same days.
- Dark thoughts can show up on schedule and then vanish. That is common here, and worth telling your clinician.

What is happening in your brain and body

- A calming brain chemical made from progesterone can act backwards in sensitive people, causing tension instead of calm.
- Serotonin, a brain chemical that helps steady mood, gets knocked off balance by the normal hormone shift after ovulation.
- Brain scans in this phase show a jumpy alarm center with less steadying input from the thinking part of the brain.
- Switching ovulation off with medicine removes the symptoms, and adding hormones back brings them straight home again.
- That sensitivity is why medicines can work within a day or two here, instead of the weeks other depressions need.

What can make it more likely

- Sensitivity to your own hormone shifts runs in families, so a mother or sister may have had the same pattern.
- Cells from people with this condition answer sex hormones differently. That is a biological difference, not a mood choice.
- Past trauma or long-running stress raises the chance, most likely by keeping your stress system on a hair trigger.
- It usually begins after periods start, often peaks in your 30s, and ends at menopause when the cycles stop.

What to expect

- Once treated, most people get real relief. Some feel better within **1 to 2 days** of starting a medicine.
- Tracking daily for two cycles pays off twice: it confirms the diagnosis and shows you the pattern to plan around.
- Without treatment the pattern tends to repeat every cycle until menopause, so a long-term plan is worth making.
- Pregnancy, breastfeeding, and cycle changes can all shift the pattern. Revisit the plan when your cycles change.

What helps

Treatment works. Most people get better.

Talking therapies

- Daily symptom charting is both the test and part of the treatment. Seeing the pattern hands back a sense of control.
- **CBT** reduces irritability and the damage to daily life, and the gains tend to last after treatment ends.
- **DBT** skills teach you how to ride out an urge and handle conflict without setting fire to a relationship.
- Couples or family sessions help everyone treat the hard week as a health issue and plan for it together.
- Mindfulness practice lowers how strongly you react to the body sensations and mood shifts of the hard days.

Medicines

- **SSRIs** such as sertraline or fluoxetine are the first choice and work much faster here than in other depressions.
- You can take them every day or only during the second half of your cycle. Your prescriber sets that schedule.
- Some **birth control pills** on a 24-day active schedule are FDA approved for this and can smooth out the swings.
- Medicines that pause ovulation are saved for severe cases, since they carry bone thinning and hot flash risks.
- Calcium supplements help modestly, and over-the-counter pain relievers help headaches, cramps, and bloating.

Everyday things that help

- Track every day with a simple chart or an app, and mark the first and last day of bleeding each cycle.
- Exercise, less caffeine, and a steady sleep schedule each cut symptoms by a modest but very real amount.
- Where you can, move hard conversations, big deadlines, and travel out of your worst week of the month.
- Tell your partner or a friend what the calendar looks like, so the hard week is expected instead of confusing.
- Keep meals steady. Long gaps without food make irritability and cravings noticeably worse in this phase.

Get help right away if

- If suicidal thoughts show up in the hard week, call or text **988** (Suicide and Crisis Lifeline) right away.
- Go to the nearest emergency room if you cannot keep yourself safe, even if you expect the feeling to pass.
- Tell your clinician if the low mood keeps running after your period starts - that points to something else.

Questions to ask your care team

- *Should I take medicine every day, or only in the second half of my cycle?*
- *How do I chart my symptoms, and what should I bring to the next visit?*
- *Could a birth control pill help me, and how would we know if it works?*
- *Do I need my gynecologist involved, and who is managing which part?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.