



...FOR A WORLD WHERE PEOPLE WITH PMDD & PME CAN NOT ONLY

survive but thrive

WHAT IS PMDD?

Premenstrual Dysphoric Disorder (PMDD) is a cyclical, hormone-based mood disorder with symptoms arising during the luteal phase of the menstrual cycle and subsiding within a few days of menstruation.¹ It affects about 5.5% of women and AFAB individuals of reproductive age.² While PMDD is directly connected to the menstrual cycle, it is not caused by a hormone imbalance. PMDD is a severe negative reaction to the natural rise and fall of estrogen and progesterone that happens each month between ovulation and menstruation, or one's period. It is a suspected cellular disorder in the brain, and research is still ongoing to pinpoint the exact causes of symptoms.³ Those with PMDD are at an increased risk for suicidal behavior.⁴

PMDD IS COMMONLY MISDIAGNOSED

The symptoms of PMDD can often mimic those of other disorders, including major depressive disorder, generalized anxiety disorder, panic disorder, bipolar disorder, or borderline personality disorder.⁵ In PMDD, symptoms that overlap with these disorders occur only on the days between ovulation and the end of menstruation, so tracking symptoms and cycles is crucial. However, many patients are not advised to track their symptoms alongside their menstrual cycle, leading to misdiagnoses and often ineffective treatment for PMDD.

SYMPTOMS OF PMDD¹

- Mood/emotional changes (e.g., mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection)*
- Irritability, anger, or increased interpersonal conflicts*
- Depressed mood, feelings of hopelessness, feeling worthless or guilty*
- Anxiety, tension, or feelings of being keyed up or on edge*
- Decreased interest in usual activities (e.g., work, school, friends, hobbies)
- Difficulty concentrating, focusing, or thinking; brain fog
- Tiredness or low-energy
- Changes in appetite, food cravings, or overeating
- Hypersomnia (excessive sleepiness) or insomnia (trouble falling or staying asleep)
- Feeling overwhelmed or out of control
- Physical symptoms such as breast tenderness or swelling, joint or muscle pain, bloating or weight gain

A diagnosis of PMDD requires the presence of at least five of these symptoms, one of which must be a "core emotional symptom" (*indicated with an asterisk above). It should be noted that the use of oral contraceptives suppresses natural ovulation, which makes it impossible to diagnose PMDD - the diagnosis should not be made unless premenstrual symptoms are reported as present and as severe when a person is *not* taking an oral contraceptive.

Get screened at iapmd.org/self-screen.



Get free resources and support at iapmd.org

AN ESTIMATED 5.5% OF WOMEN/AFAB OF REPRODUCTIVE AGE HAVE PMDD²

This number does not account for missed or misdiagnosis nor women or AFAB individuals whose ovulatory cycle is suppressed by hormonal, chemical, or surgical means. It also excludes many patients who experience cyclical exacerbations of chronic symptoms (that do not resolve fully in the follicular phase).

30% OF THOSE WITH PMDD WILL ATTEMPT SUICIDE⁶

While men/AMAB are more likely to die by suicide, women/AFAB attempt suicide three times more often.

AS MANY AS 4 million WOMEN/AFAB INDIVIDUALS IN THE US MAY HAVE PMDD

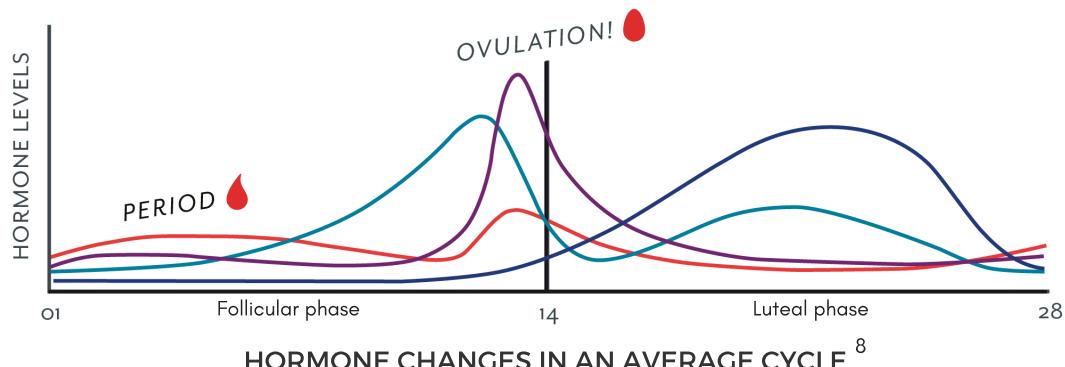
Of the 80 million women/AFAB of approximate reproductive age (15-54) living in the US, there are as many as 4 million suffering from PMDD.^{1,7}

PMDD IS A GLOBAL ISSUE WITH A GLOBAL DIAGNOSIS

The WHO recognizes PMDD in the ICD-11 as both a gynecological condition and within a subgrouping of depressive disorders which mirrors the DSM-5 classification of PMDD as a mood disorder.^{1,7}

- FSH (Follicle Stimulating Hormone)
- E2 (Estrogen/Estradiol)
- LH (Luteinizing Hormone)
- PG (Progesterone)

Symptoms of PMDD occur between ovulation and menstruation each cycle.



Get support at iapmd.org/support.



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