



Premenstrual syndrome (PMS) is a common menstrual disorder, affecting up to 75% of women of childbearing age. It is characterized by a set of physical, emotional, and behavioural symptoms, which occur cyclically during the luteal phase of the menstrual cycle (after ovulation) and disappear with the onset of menstruation. These symptoms can vary in intensity, ranging from mild to severe, and have a significant impact on the quality of life and daily functioning of the women who suffer from them.

The symptoms of PMS are multiple and varied, affecting both the physical and psychological sphere. Among the most common physical symptoms, we find:

- Breast tenderness and mastodynia (breast pain)
- Bloating and weight gain due to water retention
- Headaches and migraines
- Joint and muscular pain
- Fatigue and sleep disorders
- Acne and skin outbreaks

On an emotional and behavioural level, women suffering from PMS may present:

- Emotional instability (mood swings, irritability, tears)
- Increased anxiety and nervous tension
- Sadness or depressive mood
- A loss of interest in usual activities
- Difficulties with concentration and memory
- Specific food cravings (sweets, salty foods)

Example: Sophie, 32 years old, consults her gynaecologist for debilitating premenstrual symptoms, which significantly disrupt her personal and professional life. Each month, for the 7 to 10 days preceding her period, she feels intense fatigue, breast pain, bloating, and marked irritability. She struggles to concentrate at work, socially isolates herself, and tends to argue with her partner. These symptoms disappear completely at the onset of menstruation. After ruling out other pathologies (thyroid disorders, depression), a diagnosis of PMS is made.

The exact causes of PMS are not yet fully elucidated, but several factors seem to play a role in its pathophysiology. Hormonal fluctuations during the menstrual cycle, particularly the sudden drop in progesterone at the end of the luteal phase, are considered the main trigger of the symptoms. These hormonal variations interact with the neurotransmitters of the central nervous system (serotonin, GABA), influencing mood and pain sensitivity. Genetic, metabolic (deficiency in magnesium, vitamin B6) and environmental factors (stress, diet) could also modulate the severity of the symptoms.

Anecdote: Julie, 28 years old, has noticed that her premenstrual symptoms significantly worsen during periods of intense stress at work. When she is overwhelmed by her professional projects, she feels crushing fatigue, debilitating migraines, and emotional hypersensitivity in the days preceding her period. In discussing this with her gynaecologist, she realizes that chronic stress disrupts her hormonal balance and exaggerates her PMS. Her gynaecologist advises her to adopt stress management techniques (relaxation, meditation, regular physical exercise) to better regulate her emotions and alleviate her premenstrual symptoms.

The management of PMS is based on a multimodal approach, combining hygienic-dietary measures, drug treatments, and complementary therapies. The first measures involve adopting a healthy lifestyle: a balanced diet rich in fruits, vegetables and whole grains, reduction of sugary and salty foods, regular physical activity, and managing stress through relaxation techniques. Supplementation with certain micronutrients, such as magnesium, vitamin B6, or calcium, may help reduce physical and emotional symptoms.

On the medication side, several options can be proposed depending on the severity of the symptoms and individual tolerance:

- Analgesics (paracetamol, ibuprofen) to relieve pain and headaches
- Diuretics (spironolactone) to reduce bloating and water retention
- Combined oral contraceptives, which regulate hormonal fluctuations and alleviate premenstrual symptoms
- SSRI type antidepressants (fluoxetine, sertraline), which act on serotonin and improve mood
- Hormone therapy with natural progestogens (micronized progesterone), which compensates for progesterone deficiency

Example: Marie, 35 years old, has been suffering from severe PMS for several years, with debilitating physical and emotional symptoms. After unsuccessfully trying various hygienic-dietary measures and sporadic treatments with analgesics and diuretics, her gynecologist proposes continuous treatment with combined oral contraceptive. Thanks to this hormonal regulation, Marie notices a noticeable improvement in her premenstrual symptoms, with a significant reduction in fatigue, breast pain, and emotional instability. She regains a better quality of life and fulfillment in her personal and professional activities.

Some complementary therapies, such as acupuncture, phytotherapy (chaste tree, lady's mantle), or relaxation techniques (yoga, meditation), can also help to relieve PMS symptoms. These approaches aim to rebalance the hormonal system, reduce stress and promote overall well-being.

Anecdote: Sophie, 40 years old, chose to adopt a natural approach to manage her PMS after experiencing annoying side effects with hormonal treatments. She integrated yoga and meditation sessions into her daily routine, which help her to better manage her stress and emotions. She also uses essential oils of lavender and ylang-ylang for massages or diffusion to promote relaxation and sleep. Since she adopted these practices, Sophie has noticed a significant improvement in her premenstrual symptoms, with a more stable mood and better tolerance of physical and emotional tensions.

In summary, premenstrual syndrome is a common menstrual disorder, which can have a significant impact on the quality of life of women. It manifests itself through a variety of physical, emotional, and behavioural symptoms, which occur cyclically during the luteal phase of the menstrual cycle. The exact causes of PMS are multifactorial, involving hormonal, neurochemical, genetic, and environmental factors. The management of PMS relies on a multimodal approach, combining hygienic-dietary measures, drug treatments (analgesics, diuretics, oral contraceptives, antidepressants), and complementary therapies (acupuncture, phytotherapy, relaxation). Close collaboration between a woman and her doctor is essential to find the most suitable therapeutic strategy according to her needs and preferences, in order to significantly improve her quality of life and overall well-being.

Key takeaways:

1. Premenstrual Syndrome (PMS) is a common menstrual disorder, affecting up to 75% of women of childbearing age.
2. The symptoms of PMS are varied and include physical manifestations (breast tenderness, bloating, headaches, fatigue) as well as psychological ones (emotional instability, anxiety, sadness, issues with concentration).
3. The exact causes of PMS are multifactorial, involving hormonal, neurochemical, genetic

and environmental factors.

4. The management of PMS rests on a multimodal approach:

- Hygienic-dietary measures (balanced diet, physical activity, stress management)
- Micronutrient supplementation (magnesium, vitamin B6, calcium)
- Drug treatments (analgesics, diuretics, oral contraceptives, antidepressants, hormone therapy)
- Complementary therapies (acupuncture, phytotherapy, relaxation).

5. Close collaboration between the woman and her doctor is essential to find the most suitable therapeutic strategy according to her needs and preferences, in order to improve her quality of life and overall wellbeing.