

Isn't PMDD Just, Like, PMS?

Or maybe you don't know what either of those are. And that's fine. But you probably don't have a vagina.

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Nowadays, we know more about premenstrual symptoms than we ever have before, but we're still ducking away from the conversation about it due to the level of stigma surrounding "women's issues." We *know* these harmful symptoms exist, so why aren't we doing anything about them?

Premenstrual dysphoric disorder, or [PMDD](#), is a severe form of premenstrual syndrome (PMS) that includes physical and behavioral symptoms...extreme mood shifts that can disrupt work and damage relationships...extreme sadness, hopelessness, irritability, or anger. Many women don't have access to the medicines or supports that are recommended for treatment of PMDD. However, [over 90% of women](#) report experiencing a range of symptoms caused by premenstrual disorders. You would think that with that number, that there would be more of a united effort to provide resources to women who suffer, every month, from symptoms that result in a significant disruption to daily life.

Normally, disorders that [affect your physical, emotional, and mental well-being](#) (especially all at once) tend to garner a lot of medical attention. Unfortunately, physicians tend to just prescribe women birth control and hope that takes care of the problem. Oftentimes, the reality is that women who start birth control experience uncomfortable symptoms for months at a time as a side effect of the medication. Prescriptions also tend to be inconsistent; in my personal experience, doctors have prescribed me different forms of birth control month-to-month. I never knew what type I was going to pick up at the pharmacy; this can be confusing and difficult for the body to handle.

Speaking of confusing and hard to handle, feeling suicidal for a few days out of every month is far from a pleasant experience. That is one of the more severe symptoms of PMDD, and those few days every month certainly add up, and suddenly it becomes a few weeks out of the year. This can feel overwhelming and isolating, at the very least. Lacking knowledge about disorders such as PMDD makes it difficult to sympathize with those who suffer from it. However, a more relatable experience may be that of anxiety or depression. Severe symptoms of PMDD and PMS are sometimes the [result of underlying conditions](#), like untreated depression or anxiety; two other emotional disabilities that have only recently gotten the public attention they deserve. Adding PMDD to the mix of emotional disabilities that requires more consideration and support is the first step in helping the women who do struggle with it.

The mere existence of PMDD continues to be a controversial debate among medical professionals. But, why is that? Well, some experts assert that classifying PMDD as its own disorder is doing a disservice to patients, as it [can easily be confused with Major Depressive Disorder](#) (MDD). I understand the reluctance to treat patients for PMDD if physicians are under the impression that MDD is the only underlying cause of their symptoms. However, this controversy doesn't really account for the fact that PMDD symptoms occur on a cyclical basis; the symptoms have to be recurring and chronic to be considered PMDD. This is what separates the condition from MDD, and what validates the fact that the two should be treated separately. Since some symptoms overlap, it is acceptable to treat the two conditions similarly, but appropriate assessment of each patient should be required to provide adequate care on a case-by-case basis.

Other experts cite PMDD as [“a real biological condition”](#) that medical attention should be required for. With such stark opposing perspectives of the disorder, there needs to be more comprehensive research to help patients and doctors alike understand the implications of letting PMDD go unrecognized or untreated. Without proper avenues for support, women who suffer from PMDD will continue to struggle with frequent disruption of their daily lives.

PMDD has been included in the [Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition \(DSM-IV\)](#), and is recognized as a disability in the UK under the [Equality Act 2010](#). The UK commits to providing employers with [comprehensive guidance](#) to understanding the effects of PMDD on women, and how it affects their work. Despite the inclusion of PMDD in DSM-IV, there is little research that shows an active effort to increase awareness of the disorder in the United States. This lack of support sends a crystal clear message to women: your suffering isn't rational, it's not credible, and it's certainly not urgent.

The problem at hand is one of awareness. Disorders surrounding menstruation tend to be taboo topics, but there's no reason why they should be. Roughly half of the world's population is likely to experience symptoms in relation to hormonal shifts and menstruation. So why do we continue to invalidate them?

The first step is to acknowledge that these disorders exist, and that they can be harmful. It's time that more support is given to women who experience these severe symptoms so frequently. It shouldn't have to be a choice between birth control or antidepressants if a person is not comfortable with taking such altering medications. It should be a matter of receiving support in the workplace, or at school, if premenstrual symptoms become overwhelming or unmanageable. However, this will never happen if there is not an active effort to start the conversation, increase awareness, and facilitate support.