Box 1

Definitions of premenstrual syndrome

The criteria specified by the American Psychiatric Association focus mainly on psychological symptoms. These are defined within DSM-V under the category of premenstrual dysphoric disorder (PMDD).[2] This definition requires that five out of 11 stipulated symptoms (one of which must be from a list of four specific mood symptoms) are present during the luteal phase of the menstrual cycle. The diagnosis excludes exacerbation of another psychiatric disorder (e.g. depression or panic disorder) and requires symptoms to be severe enough to disrupt daily functioning.

The American College of Obstetricians and Gynecologists has focused more equally on psychological and physical symptoms in its definition of premenstrual syndrome (PMS). This specifies that only one out of six specified mood symptoms, and one of four specified physical symptoms, are present. Further, it does not exclude exacerbation of another psychiatric disorder. However, it requires that there must be associated subjective reports of dysfunction.

The World Health Organization focuses predominantly on psychological symptoms. These are defined, under the term premenstrual tension syndrome (PMTS) within the ICD-10. It requires that only one out of nine stipulated mood, or one out of a list of other physical symptoms are present. Further, it does not exclude symptoms caused by the exacerbation of another psychiatric disorder or require subjective reports of dysfunction.

The International Society for Premenstrual Disorders (ISPMD) has defined a core premenstrual disorder (PMD)[3] that does not specify the nature or number of psychological or somatic symptoms required. Instead it focuses on the timing of symptoms (i.e. presenting during the luteal phase, resolving by the end of menstruation, with a symptom-free interval in the follicular phase) with the primary requisite being that premenstrual symptoms cause significant impairment.