

Research advances as questions continue

By SHIRLEY L. SMITH
Telegraph Staff

For years some women say they were misdiagnosed or were led to believe they were crazy because doctors couldn't explain what was causing their irrational and sometimes neurotic behavior.

Although many women have visited their gynecologist from time to time and reported strange feelings of depression, anxiety, forgetfulness, low-self esteem and paranoia at certain times of the month, many people in the medical profession refused to accept that a condition - known as pre-menstrual syndrome or PMS - could be the cause, according to Dr. Eleanor White, coordinator of psychological services at the deNicola Center in Nashua.

White helps women with PMS deal with the emotional feelings they experience at certain times of the month.

According to Dr. Susan Fiester, associate medical director of Brookside Hospital, PMS is defined in the medical profession as "mood, behavioral and physical symptoms that are cyclic related to the ludyal (pre-menstrual) phase of the cycle and that appear pretty consistently, and that are severe enough to cause conflict with certain aspects of your life."

Doctors say misconceptions have always existed about the women's menstrual cycle.

In the book "Once a month" written by Dr. Katharina Dalton, an English doctor who is considered the pioneer of pre-menstrual research and treatment, she says in primitive times menstruating women were thought to have supernatural powers.

According to Dalton, in some countries people even viewed menstruation as a curse. Dalton said menstruating women were forbidden to go into certain food factories or touch certain food products because it was thought that their touch would spoil the food.

Today, research into the menstrual cycle has advanced but doctors say many misconceptions still exist - misconceptions that have forced some women to suffer with the syndrome in silence.

"One of the biggest misconceptions is if you have PMS you will go out and shoot people or injure other people," said Dr. Gretchen Silverman, who

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specializes in emergency medicine.

One woman, who has suffered with PMS for eight years, says she was misdiagnosed as a manic-depressive by one doctor who, she said, nearly turned her into a vegetable by prescribing drugs, while at the same time making her feel her symptoms were imagined.

"I feel I am a strong woman and I knew there was something happening to me and it wasn't mental. It was physical," said the 40-year-old mother of two who preferred to remain anonymous for fear that revealing her identity would lead people to think that she was crazy.

Because there are several PMS cases related to cases of child abuse and other violent behavior, many women, like this woman, are afraid to tell people of their condition.

Doctors say there are 150 symptoms of PMS.

The most common emotional symptoms are anxiety, depression, hostility, irritability and the loss of control.

The most common physical symptoms are headaches, bloating, breast tenderness, and uncontrollable food cravings, said Nila Hiltz, a registered nurse who specializes in the care of women with PMS.

The symptoms usually occur a few days or a week prior to the start of the menstrual cycle, Fiester said.

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However, some women say they have symptoms for three weeks.

She said because PMS is characterized by emotional, cognitive and physical symptoms it makes diagnosis and treatment of PMS very difficult.

The syndrome is so complex, said Fiesta, that it takes many types of intervention to help women cope with it.

Doctors are still theorizing as to what causes PMS, she said. There are presently several theories about PMS, but nobody really knows what causes it, she added.

The theories range from hormonal imbalances during the menstrual cycle, changes in the neurotransmitters within the brain, vitamin B6 deficiency, and other nutritional deficiencies.

"And, there are some people who feel that it's just a psychological problem, Fiesta said.

Silverman and Hiltz, who work together to treat PMS patients, say new research suggests that candidiasis may also be a contributing factor to PMS.

Hiltz said candidiasis is the overgrowth of yeast cells in the gastrointestinal tract of the body that is caused by frequent and long term use

of antibiotics, a diet high in sugar and carbohydrates, and long term emotional stress or trauma.

Fiesta, White, Silverman and Hiltz all agree that PMS is not an imagined syndrome.

"I think that it's clear that there is a biological component. It's not in the mind," Dr. White said.

Although Fiesta said she believes PMS is not imagined as some women have been led to believe, she said it can cause bio-chemical disturbances that can produce severe psychological symptoms.

Fiesta said she has seen some women who become grossly depressed and go on crying spells just before their period. She has also talked with women who have low energy, sleep problems and who withdraw from people just before they begin menstruating.

She said the patients she treats also are being treated by their gynecologist. Her function is to help with diagnosing the patient and determining if the patient is truly suffering from PMS or some other kind of disorder such as manic-depression.

"Some women may think that they have pre-menstrual syndrome but they have depression," she said.

The symptoms of PMS are so closely related to other diseases and

disorders that if someone has this problem she really needs to get a professional diagnosis to get an accurate assessment of what the problem really is, Fiesta said.

If PMS has been determined to be the problem, she said, she tries to help the women deal with the emotional disturbances that occur while the gynecologists will treat the patient for any physical symptoms.

Both must work together to bring about a desired result, she said.

She said there are 15 different treatments available and there are different sub-groups of per-menstrual syndrome.

To diagnose a patient, she says, she has the patient keep a diary of two full menstrual cycles and she does a psychological analysis of the patient.

She said she also tries to provide some counseling to family members.

"Relationships get destroyed by PMS," Hiltz said.

Hiltz said during the menstrual cycle women with the syndrome often get very hostile and are unable to control their emotions. Little things can set them off on a tantrum resulting in arguments with their spouses, she said.

When the cycle is over women with

PMS often have feelings of guilt about their outbursts.

"It's a cycle of anger and guilt," Hiltz said.

Once the guilt subsides, the woman tries to be a perfectionist to compensate for her volatile behavior, she said.

Family members can help women through this difficult time by reducing the amount of stress in the woman's life. Stress and other pressures only activate PMS symptoms, Hiltz added.

There are a wide-variety of drugs used to treat PMS ranging from simple vitamin B6 to progesterone to anti-depressants and diuretics, Fiesta said.

However, she said, to date, there has been no proven treatment of PMS.

Most doctors recommend that women do regular exercise to reduce stress, reduce sugar and salt intake and stay away from chocolate, coffee and alcohol.

"There is no guarantee that any one particular treatment is going to be right for you," Fiesta said. But, she said, it is possible that treatment can alleviate symptoms to the extent where someone doesn't experience them anymore.

PMS victims' struggle leads to help

By SHIRLEY L. SMITH
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To her family and friends, Michele Dumas, a 27-year-old Manchester native, is a well-adjusted but very moody woman who on occasions can fly off the handle if she gets upset.

Not many people realize that Michele has been involved in a personal struggle to maintain control since she was a teen-ager.

A struggle that at times she felt she had lost.

Being a teen-ager was not easy for Michele. She had to deal with feelings of depression, paranoia and anxiety that she didn't understand and couldn't explain and even when she could - no one would listen.

"I use to get a lot of it's all in your head from family," she said.

Michele said she had a lot of stress

in her life as a teen and had to seek counseling to help her deal with this stress. It was through her counseling sessions that it was determined that premenstrual syndrome or PMS was at the root of her problems.

Although the counselor advised her to seek help, she did not. Michele, who got married in 1985, said it was only after her husband's prompting that she sought the help that she so desperately needed.

She said she had confided to her husband, Robert, prior to their marriage that she had PMS because she wanted him to understand that her irritability and moodiness was not directed to him, it was something she had no control of.

Robert said shortly after they were married he convinced Michele to see a psychologist after she had told him that she felt like hanging herself. The psychologist referred them to Nila

Hiltz, a registered nurse who specializes in diagnosing women with PMS and helping them get the treatment they need, he said.

Michele is only one of the millions of women all across the world that suffer from pre-menstrual syndrome.

According to Hiltz, PMS is a group of emotional and physical symptoms that appear about the same time every month before or during the menstrual cycle that are severe enough to disrupt your lifestyle.

Some women have reported that they have these symptoms about two weeks before they begin menstruating and into the first few days of menstruation, Hiltz said.

PMS is not a new illness, however, research in the field has only taken off in the last five to 10 years, according to Dr. Eleanor White, coordinator of psychological services for

the deNicola Center in Nashua.

White attributed this to the women's movement into women's health care issues.

Women's demand to know more about their bodies compelled doctors to pay more attention to women's health.

White also attributes the research to the fact that more women are going into the medical field and bringing in more prospective.

"Historically, health care has been dominated by men in women's care," White said.

Fortunately, Michele is getting the help she needs, but she still has to struggle every day because there is no cure for PMS.

Since treatment, Michele said she can cope with the premenstrual symptoms. Before visiting Hiltz, Michele said she had doubts about her

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sanity.

"I had thoughts about suicide a lot, but never thought about acting on it," she said.

Thoughts of suicide are not uncommon, said Dr. Gretchen Silverman, a general practitioner who treats women with PMS.

"Everybody has occasional thoughts of death. It's not uncommon during the black cloud of PMS to have these thoughts of suicide," she said.

The rise and fall of hormone levels makes women have feelings they just can't control, she added.

When the "cloud" lifts and hormone levels get back to normal women return to their old selves and these thoughts should disappear, Silverman said.

According to Dr. Susan Fiesta, a psychiatrist and associate medical director of Brookside Hospital, researchers are now finding that a great percentage of women who commit suicide are in their PMS phase.

However, she says if someone is feeling depressed all the time and is contemplating suicide or is crying constantly, that person is suffering from more than PMS.

Although Michele's husband is very supportive and understanding about his wife's problem he was not in the beginning.

Initially, Robert said, "I honestly felt she was using it as an excuse."

Patti, another PMS victim, eyes were filled with tears as she reflected on her own experience with PMS and her husband's lack of understanding.

"My husband knew I was depressed but he didn't know how depressed I was. He thought it was a phase, an attention getter," she said.



Photo by Pam Barry

Robert and Michele Dumas of Manchester have learned how to deal with her monthly attacks of PMS.

Patti, a 27-year-old Nashua native, said she developed PMS at age 19 when she stopped taking birth control pills.

At first, she said, her symptoms were mild but after a year she began having panic attacks. She began to feel afraid, nervous and out of control.

Patti also had underlying problems that exasperated her PMS.

She said she was taking tranquilizers and progesterone treatment which seemed to help, but her symp-

oms didn't stop until she got pregnant.

During her pregnancy she said she was symptom free, but after giving birth she developed post-partum syndrome. Post-partum syndrome is a very controversial condition characterized by severe depression and an inability to cope after giving birth to a child.

"When (my baby) was two and half months old I wanted to get up and disappear," Patti said.

White said it is not uncommon for

women who suffer from PMS to have post-partum syndrome.

Both Michele and Patti have had to make drastic changes in their lifestyles in order to live normal lives.

Patti said before treatment she had to stop driving because of her panic attacks. But thanks to a strict diet which includes six light meals a day and progesterone pills, Patti says, "I'm in good shape."

"In the past four months, I have driven more than I have in the past five years."