PERSONAL VIEW

Premenstrual syndrome: a plea for greater understanding

Nicola Brindle

Attitudes by medical professionals, in particular male general practitioners (GPs) and gynaecologists, are finally changing towards women and ‘women’s problems’. The old stoics of the last century are gradually being phased out by an up-and-coming breed of well-informed doctors armed with an awareness of the complexity of women’s conditions, disease and associated trauma and emotional issues.

When a woman visits her doctor or is referred to a gynaecologist it’s guaranteed that she will be feeling very sensitive, embarrassed and probably worrying that she will be sent away as some kind of ‘emotional case’, especially if she is suffering from premenstrual syndrome (PMS). This condition can range from being mildly irritating to severely debilitating, particularly if the patient is already suffering from some form of physical or emotional condition. Sadly, there are still some doctors who refuse to be believe in PMS and that certain other hormone-related conditions actually exist and – although I hesitate to say it – my own research has shown that this is often the attitude of the ‘male’ doctor, though I would also like to say that there are some very understanding male doctors out there who are forward thinking enough to accept the broad complexities of the female condition.

I myself suffer from a neurological condition that is exacerbated by severe PMS symptoms, completely incapacitating me for 2 weeks, sometimes a little longer, of every month. I came up against the stoic type of doctor in my younger years, although I’m now fortunate enough to have excellent medical support all round, in particular from staff at the Women’s and Children’s Hospital and neurological team at Hull Royal Infirmary, Hull, UK. However, it was only a couple of years ago, for the second time in my life, that I came up against a doctor who held the belief that a woman is merely a hysteric when she complains of PMS. I genuinely thought these narrow-minded attitudes had died out but here I was faced with an arrogant doctor who practically shoved me out of his surgery. The scenario was that I had accidentally run out of my hormone treatment and needed to see the emergency doctor at my surgery for an urgent prescription. I asked him for my usual prescription and told him that I felt awful emotionally and physically as I had missed a dose or two. I was crying and in a bad way. I felt frightened because I was having quite bad effects from missing my treatment. This doctor turned to me and said: “There’s nothing wrong with you, you don’t need hormone treatments or to see a neurologist” [at that time I was awaiting my first neurological appointment]. He informed me in a monotone voice that I was “just a chronic depressive” and suggested I ring The Samaritans. He did actually write my prescription – he had no choice as the prescription had been authorised by my gynaecologist – but his words left me dumbfounded. I couldn’t believe that any doctor would react this way towards a woman these days.

For all of my young life I have suffered health problems. As a teenager I would often feel weak and have difficulty walking and carrying out certain activities. The family doctor offered no help and took a very superficial view towards my condition, once telling my mother to give me a packet of chocolate buttons if I could walk down the street with no one by my side. I had a constant heaviness in my head at certain times of the month and found it harder than ever to move my body around at these times. I suffered for almost 3 weeks of every month with severe breast pain and associated moodiness. This was a lot for a teenager to deal with, I hated myself and was often in tears. I collapsed constantly at school. My muscles would become very stiff or very weak throughout each day and become worse during my premenstrual phase. My life fell apart. The strange thing was that for 1 week of every month, I found it easier to move and the heaviness in my head lifted, the breast pain cleared and I felt much better. It was always around the time my period started and would last for a few hours or even the whole week.

I tried very hard to live through these awful years somehow. I went to see another doctor but he only looked at my notes and, seeing that the first doctor had practically labelled me as neurotic and school phobic, I was just given antidepressant medication, which then increased to other psychiatric medications. Soon I was seeing a whole assembly line of psychiatrists and therapists, none of which did me an ounce of good.

I gave up on life, work, doctors ... I gave up on myself. I knew I couldn’t go on like this. I stopped all the medication myself that had ‘zombified’ me and tried to make an effort to do things but still I could only function on a reasonable level during the first week of my cycle. I attempted to go to college to get some qualifications but I had to work at home with assignments being set for me as I couldn’t make it to college for much of the time. Friends helped me by driving me to college so that I didn’t have to endure a tiresome walk, and basically I had to plan my whole life around my menstrual cycle.

Eventually, with much support from friends and, by now, with the support of a female doctor and consultant, I was able to function on a limited but reasonable level with hormone treatments. I made it through university.

Gradually, with the assistance of this support network, everything began to move slowly forward for me. After losing most of my young years, I was finally getting the help I had needed so much earlier. At 42 years old, I have finally been diagnosed with a progressive neurological condition known as Stiff Man syndrome (see Editor’s Note), which is exacerbated by severe PMS symptoms. I have all my answers now but what of my damaged life?

Women can suffer immensely with ‘monthly problems’, be it the physical symptoms of PMS such as painful breasts or heavy periods, associated moodiness and a whole spectrum of other symptoms. With better understanding about what is happening to a woman with such symptoms, there should be more empathy and less of the ridiculous PMS or ‘it’s her time of the month’ jokes.

Editor’s Note

Stiff Man syndrome (or Moersch-Woltman syndrome) is a rare condition affecting 1 in 1–2 million people. The condition is characterised by stiffness of muscles with painful and persistent spasms involving multiple muscles, primarily in the lower limbs and trunk. In about 30–40% of patients it is associated with diabetes, usually insulin-dependent diabetes. Both insulin-dependent diabetes and Stiff Man syndrome feature immune responses to an enzyme, glutamic acid decarboxylase.