

Premenstrual dysphoric disorder (PMDD)

- clinical experiences and researches in Taiwan

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Premenstrual dysphoric disorder (PMDD) has been highly neglected in Asian countries. In 1999, we set up a Women's Mental Health (WMH) Clinic.¹ This is the first WMH service in Taiwan. In the past several year, we have conducted a series of researches on PMDD (known as Chang-Gung Depression and PMS Program, CDDPP) and have published more than ten referred papers.

Symptoms of PMS and PMDD²

In a series of 110 subjects with premenstrual syndrome (PMS), the frequency of various symptoms is presented in Table 1.

In patients who diagnosed with PMDD, We found that DSM IV criteria for PMDD is suitable for Taiwanese. The first four items (core symptoms) of symptom could be found in 94 -100% of patients, others items could also be noted in 60-90% of patients.

Table 1 Symptom frequencies for subjects with premenstrual syndrome (n = 110)

Symptom	n	%
Psychological discomfort	81	74
Muscular tension	65	59
Aches and pains	63	57
Breast tenderness	62	56
Bloating or weight gain	57	52
Food craving	38	35
Poor concentration	31	28

Comorbidities of PMDD³

In a comorbid and past history studies, 80% of the PMDD women had a life time diagnosis of mood disorder or anxiety disorders.

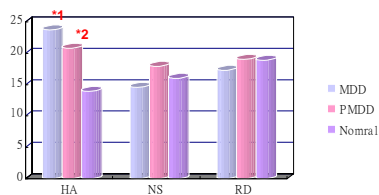
Table 2. Comorbidity and past history of mental disorders of women with PMDD (N=43)

	Concurrent	Past Hx	Total
Major depression	3(7.0%)	21(48.8%)	24(55.8%)
Specific phobia	10 (23.3%)	10(23.3%)	10(23.3%)
Dysthymia	2(4.7%)	5(11.6%)	7(16.3%)
Generalized anxiety disorder	5(11.6%)	1(2.3%)	6(14.0%)
Panic disorder	2(4.7%)	2(4.7%)	4(9.4%)
Social phobia	3(7.0%)	3(7.0%)	3(7.0%)
Agoraphobia without panic attack	1(2.3%)	1(2.3%)	2(4.7%)
Bulimia	2(4.7%)	2(4.7%)	2(4.7%)
OCD	2(4.7%)	2(4.7%)	2(4.7%)
Bipolar II disorder		1(2.3%)	1(2.3%)
Primary insomina		1(2.3%)	1(2.3%)
None	16(37.2%)	9(20.9%)	4(9.4%)

Personality Trait of PMDD⁴

To study the personality and Temperament of patients with PMDD, the Chinese version of the Tridimensional Personality Questionnaire (TPQ) was administered to 51 PMDD, 39 MDD, and 52 normal control women during the luteal phase (between the menstrual cycle days 23 and 28).

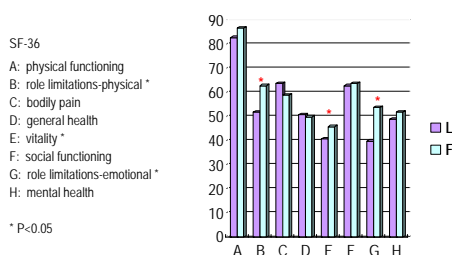
Harm avoidance (HA) scores (indicating serotonergic dysfunction) in Tridimensional Personality Questionnaire (TPQ) was higher in major depression and PMDD women than in controls. The similarities between PMDD and MDD during luteal phase suggest a similar psychopathology.



HA: *1 MDD vs Normal: p<0.001
*2 PMDD vs Normal: p<0.001
NS: n.s.
RD: n.s. One way ANOVA with post hoc test

Reduces quality of life in luteal phase of PMDD⁵

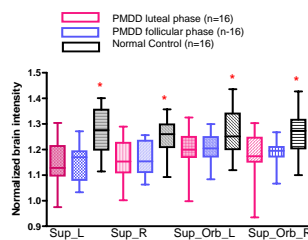
Reduces quality of life of Taiwanese women with PMDD were noted by using SF-36 evaluation. Especially in the items of "physical limitation", "vitality" and "emotional limitation".



* P<0.05

Hypofrontality of PMDD⁶

18F-FDG PET study was performed in late luteal phase and follicular phase of sixteen women with PMDD, and the late luteal phase of 16 normal subjects. SPM analysis showed that the frontal glucose metabolism is significant declined in PMDD patient group, the same as the findings in depressed patients.



Response to Antidepressant Treatment^{7,8}

We also conducted clinical trials for PMDD. The data showed that continuous dosing of venlafaxine and luteal phase dosing of paroxetine are effective for Taiwanese women with PMDD.

Preliminary Conclusions and Prospects

PMDD is a chronic disease which causes marked interference with functioning and reduces quality of life. Although PMDD seems to be related to serotonin dysfunction, its definite pathophysiology remains uncertain.

PMDD is widely under-recognised in Asia. Our group will continue to be devoted in the study and clinical service for women with PMDD, and to improve the mental health of women in Taiwan.

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