



Effective Health Care

Effectiveness of Treatments for PMS and PMDD Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Effectiveness of Treatments for Premenstrual Syndrome (PMS) and Premenstrual Dysmorphic Disorder (PMDD)*, will not go forward for refinement as a systematic review due to limited program resources.

Topic Description

Nominator(s): Health care professional association
Nomination Summary: The nominator is interested in understanding the effectiveness and comparativeness effectiveness of treatments for PMS and PMDD. The nominator states that an AHRQ product would provide the necessary information for clinicians to make appropriate treatment decisions for women with PMS or PMDD.

Staff-Generated PICO

Population(s): Women of reproductive age diagnosed with premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)

Intervention(s): Non-pharmacologic (aerobic exercise, dietary supplementation, complementary and alternative therapies; pharmacologic (Selective serotonin reuptake inhibitors (SSRIs), oral contraceptives, gonadotropin-releasing hormone agonists, other); surgical (bilateral salpingo-oophorectomy)

Comparator(s): Combination of treatments, placebo, no treatment

Outcome(s): Improvement of PMS or PMDD symptoms, improved quality of life, adverse effects

Key Questions from Nominator:

1. What is the effectiveness, including harms, of the following treatments compared with no treatment or other treatments for symptoms of PMS?
 - a. Non-pharmacologic
 - i. Aerobic exercise
 - ii. Dietary changes
 - iii. Complementary and alternative therapies (e.g., nutritional supplements, herbal remedies, and acupuncture)
 - b. Pharmacologic
 - i. Selective serotonin reuptake inhibitors (SSRIs)
 - ii. Oral contraceptives
 - iii. Gonadotropin-releasing hormone agonists
 - iv. Other pharmacologic treatments
 - c. Behavioral
 - i. Cognitive-behavioral therapy

- d. Surgical
 - i. Bilateral salpingo-oophorectomy
2. What is the effectiveness, including harms, of the treatments outlined in the first question compared with no treatment or other treatments for symptoms of PMDD?

Considerations

- This topic is of high public interest since approximately 20–30% of women report recurrent premenstrual symptoms in line with a diagnosis of mild to moderate PMS that can affect daily functioning. Additionally, as many as 8% of women may experience PMDD symptoms, a more severe and potentially debilitating form of PMS. There is uncertainty regarding the effectiveness and safety of treatment options for PMS and PMDD.
- There are currently no evidence-based guidelines or federal products that examine treatments for PMDD or PMS. Although a search of the literature identified relevant Cochrane systematic reviews and other systematic reviews, there is not a single comprehensive systematic review that examines all treatment options for PMS or PMDD.
- Our search confirmed that the size of the evidence base is feasible for a new comprehensive systematic review.
- Due to limited resources, the EHC Program is unable to develop a systematic review on this topic at this time.