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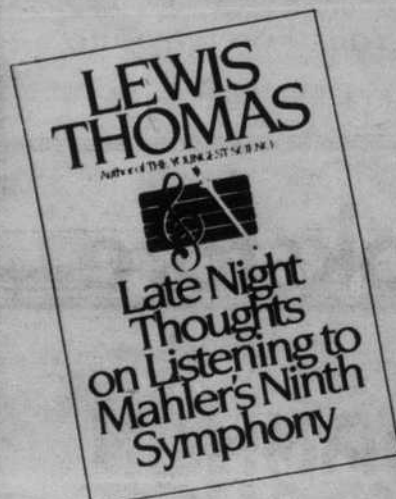
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PMS: No longer a just myth, but a valid medical concern

Researchers look into causes, treatments

By Julie Shippen
Of the Emerald

Decades ago when women complained of physical discomfort around the onset of their menstrual period they received little empathy and even less real medical attention.

In recent years, however, the attitudes of the medical profession and society in general regarding the reality of some women's monthly symptoms — pre-menstrual syndrome — have changed considerably.

"There's been a pretty strong revolution in the last five years towards taking pre-menstrual syndrome more seriously," says Carol John, a nurse practitioner at the University's Student Health Center.

One reason for this reversal of opinion is the feminist movement.

"I think women today take themselves a little more seriously," John says.

The validity of PMS as an ailment is evident in the establishment of research clinics nationwide designed specifically for the study of the affliction.

Another possible reason for the increased interest in PMS is the sweeping coverage of the subject in women's magazines and books. For example, an article in the December issue of *New Woman* points out the effects of continuing field research on PMS.

"It became clear that the tension evident during the

premenstrual time was only part of what had to be called a syndrome — there were just too many other symptoms that consistently occurred prior to menstruation," says Niels Lauersen, M.D.

Some of the typical PMS symptoms include nervous tension, irritability, headaches, fatigue, cravings for sweets, water retention and breast tenderness, John says.

Some typical PMS symptoms include nervous tension, irritability, headaches, fatigue, cravings for sweets and water retention.

As annoying as these may be, other symptoms such as forgetfulness, confusion and anxiety can be especially hard on the female student during examination times.

"It definitely affects academics," says Jan, a sophomore in journalism and sociology who suffers with PMS. "Every time I start a term, I check with the syllabus for mid-term and final time and hope to God they're not in the same weeks as my periods."

Though these ailments can be synonymous with the discom-

forts of the actual menstrual period, John says they are not one and the same.

"You have to differentiate PMS from dysmenorrhea or painful cramping during periods," John says, noting that the time frame varies between the two disorders.

John defines PMS as "the presence of various symptoms...in the period prior to menstruation and no symptoms occurring after the menstrual period," the pre-menstrual time being up to two weeks before the flow.

Just as symptoms vary from one woman to the next, those who suffer from PMS cannot be placed in any definable category.

"It doesn't typically occur in the younger college-age women," John says. "It usually hits women between 20 and 50 years old, with more affected from 30 to menopause."

According to John, the underlying cause of PMS is thought to be a neuro-endocrine process, and she admits that research methodology is still less than optimal.

"We're just beginning to research it," she says.

Treatment of PMS includes dietary improvement, increasing exercise, reducing stress and vitamin supplements, John says. In severe cases, progesterone is prescribed.

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