

# Understanding of Premenstrual Dysphoric Disorder and Premenstrual Syndrome Among professionals in Japanese University Health Services: A Survey with Simulated Cases

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## Introduction

PMDD and severe PMS exerts a profound negative impact on QOL of menstruating females. If diagnosed and treated appropriately, symptoms associated with PMDD can be improved, potentially improving QOL. Therefore, [clinicians who treat women with depressive symptoms should recognize PMDD/PMS to achieve early and appropriate treatment](#). We surveyed psychiatrists and clinical psychologists working at health administration facilities within Japanese universities. The surveyed practitioners frequently treated female patients with depressive symptoms in their late teens and 20s, when PMDD/PMS symptoms commonly emerged.

## Methods

This study was approved by the ethics committee of Ibaraki University (No.230200). The first part of the survey comprised a fictitious clinical case of a 23-year-old female who presented with depressive symptoms that worsened, then got better, at least 6 times a year. Still, her clinical information was insufficient to make a diagnosis. We asked the survey respondents to generate up to four potential diagnoses and write additional questions they would like to ask to make a diagnosis. Then, we told the survey respondents that the patient's clinical symptoms were related to her menstrual cycle and asked them to generate up to two potential diagnoses. The second part of the survey assessed each respondent's basic knowledge about PMDD/PMS. [We thank the participants for their time.](#)

**Case information:** The patient was a 23-year-old female second-year graduate student in science at a Japanese university. Her height was 165 cm, her weight was 58 kg, and her medical history was unremarkable. Her family medical history was significant for hypertension (paternal). She reported feeling tired, depressed, and irritable with undear thoughts since graduating with her undergraduate degree and entering graduate school one year ago. She additionally reported a diminished desire to do anything and even skipped attending her classes at university occasionally. Within two weeks of symptom onset, her mood improved, and she felt able to return to school. Looking back, her symptoms appeared, then disappeared, at least six times a year.

**Additional information:** When asked about the relationship between her symptoms and the menstrual cycle, she replied that she was unsure. However, when we asked her to look at her diary and recall when she had been feeling unwell, she found that her condition tended to worsen after ovulation and to get better once her period started.

## Results

Psychiatrists			Clinical psychologists	
Four possible diagnoses without additional information				
Top 3	Bipolar disorder	13 (50%)	Adjustment disorder	101 (72%)
	Major depressive disorder	12 (46%)	Bipolar disorder	75 (53%)
	Adjustment disorder	12 (46%)	Major depressive disorder	69 (49%)
	Dysthymia	12 (46%)		
PMS		8 (31%)		46 (33%)
PMDD		6 (23%)		8 (6%)
Additional questions to ask about				
Top 3	Menstruation	12 (46%)	Sleep	51 (36%)
	Manic episode	9 (35%)	Menstruation	35 (25%)
	Stressor	5 (19%)	Interpersonal relationship	29 (21%)
Diagnoses with additional information				
PMS		19 (73%)		119 (85%)
PMDD		13 (50%)		27 (19%)
PMS and PMDD		6 (23%)		18 (13%)
Familiar with				
PMS		26 (100%)		120 (86%)
PMDD		22 (85%)		45 (32%)

## Discussion

Although most respondents were aware of PMDD/PMS, [comparatively few considered PMDD/PMS as a possible diagnosis](#), and [comparatively few asked additional questions related to the patient's menstruation](#) when given incomplete case information. In contrast, when provided with information that the patient's symptoms [fluctuated relative to her menstrual cycle](#), most respondents [considered diagnosing PMDD/PMS](#). These results demonstrate that "book knowledge" is insufficient; clinicians need to consider PMDD/PMS when treating women with depressive symptoms. Clinicians should directly ask patients questions to determine whether their symptoms relate to their menstruation cycles. If a patient is diagnosed with PMDD/PMS, she should receive early and effective treatment to mitigate potential adverse QOL effects.

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