Formal recognition of PMDD will lift stigma for women

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Women can seek help without being branded “whingers”. Credit: Flickr/Jessia Hime

A decision to recognise premenstrual dysphoric disorder as a genuine psychiatric condition will finally provide “validation for this awful and poorly understood” syndrome and alleviate the stigma attached to it, an Australian authority on the subject said.

The disorder is included among a range of controversial proposals by The American Psychiatric Association panel in charge of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), sometimes referred to as “the therapist’s Bible”.

The diagnosis has never been formalized – some psychiatrists consider it

too vague and argue that it will increase the use of drugs in adolescents for what is normal behavior.

But the near-final draft of DSM-5 has officially recognised the condition as a mood disorder for the first time.

To qualify for the diagnosis, a woman must show five of 11 potential symptoms in the week before menses. They include severe mood swings, irritability and increased interpersonal conflicts, depression, lethargy, and anxiety. The symptoms should cause “clinically significant distress or interferences with work, school, usual social activities or relationships with others”, the draft says.

Jayashri Kulkarni, director of the Monash Alfred Psychiatry Research Centre, said the diagnosis was a “good thing because it provides a validation of this awful and poorly understood condition. I have been asking my patients who have the condition and their universal response is that they are in favor.

“I see this as a positive for the area of women’s mental health – that is, let’s recognise that women have special mental health needs, and let’s have better diagnoses leading to better treatments. A ‘gender- blind’ approach is too prevalent in psychiatry and does not allow high quality, tailored treatment approaches for women. This DSM-5 diagnostic category helps to carve out special areas of need for women.”

The diagnosis would lead to new treatments and would reduce the stigma attached to the disorder, Professor Kulkarni said. Women who suffered from the symptoms could legitimately seek treatment without being branded “whingers”.

“Having a separate diagnosis like this might also decrease the use of antidepressants for this group, which in fact can make the condition

worse in some cases," she said. "It also helps that this diagnosis has an aetiology in its title, so a hormone treatment path is obvious.

"The stigma is if we think that all women (or a majority) have this condition and are dysfunctional for one week out of every four – but I think we have moved beyond the pejorative comments about PMD."

The latest edition of the DSM will go to the printers in December for release early next year. Many of the changes have been the subject of controversy in recent months. In a rare step, the panel overseeing the revision process dumped two proposed diagnoses – "attenuated psychosis syndrome", for people at risk of developing psychosis, and "mixed anxiety depressive disorder", for people with a mixed state of both illnesses – amid claims that the updated manual would continue the relentless push to pathologize normal behaviour.

So far more than 13,500 people have signed an online petition against the changes. The petition says that the proposal to lower "diagnostic thresholds is scientifically premature and holds numerous risks. Diagnostic sensitivity is particularly important given the established limitations and side-effects of popular antipsychotic medications. Increasing the number of people who qualify for a diagnosis may lead to excessive medicalisation and stigmatisation of transitive, even normative distress."

More information: www.dsm5.org/Pages/Default.aspx