

New research links perinatal depression with premenstrual mood disorders

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Changes in mood are a common experience for many women throughout their reproductive years. Menstruation, pregnancy and menopause are all punctuated by hormonal fluctuations—and these fluctuations can affect

a person's mood.

But for the millions of women who have a [premenstrual disorder](#), such as severe premenstrual syndrome (PMS) or [premenstrual dysphoric disorder](#) (PMDD), these mood changes can be far more severe than normal. Symptoms are typically confined to the days before menstruation—yet the chronic and cyclical nature of premenstrual disorders, particularly PMDD, can profoundly affect a person's life.

Premenstrual disorders manifest through a range of symptoms—including mood swings, irritability and fatigue. PMS is generally regarded as a milder variant of PMDD.

Premenstrual disorders [affect millions of women](#) of reproductive age around the world. It's estimated that anywhere from 1-6% of women have PMDD, and between 20% and 30% of women experience moderate-to-severe PMS. Mild PMS is a common experience and would not necessarily be considered a disease.

Despite their prevalence, there's a dire lack of awareness and understanding, both among the public and health care providers, about premenstrual disorders and the effect they can have on quality of life and health.

But recent research, conducted by myself and colleagues, has just shed more light on these conditions and the possible mechanisms underlying them. Our study found that women who have a premenstrual disorder may also be at greater risk of [depression during or after pregnancy](#).

Previous research by us has illustrated a link between premenstrual disorders and a higher risk of subsequent [suicidal behavior](#), early menopause and severe [menopause symptoms](#), and even premature death. Having a premenstrual disorder may also partly explain why [mental](#)

[health](#) problems may be [more common in young women](#).

Perinatal depression

Amid this backdrop of chronic struggle, pregnancy offers a temporary respite from the cyclical torment of premenstrual disorders, as it pauses menstruation—and its accompanying symptoms.

But compelling evidence shows premenstrual disorders are probably caused by an [abnormal response to normal hormone fluctuations](#)—meaning this break may not be without its challenges.

The hormonal fluctuations that happen during and after pregnancy can also precipitate a unique form of turmoil: [perinatal depression](#). This condition affects 10–20% of birthing women. It shares a significant [symptom overlap with depression](#)—characterized by extreme sadness, low energy and irritability.

Historically, the threads connecting premenstrual disorders and perinatal depression have been recognized anecdotally. However, there has been a lack of good evidence proving this link.

But our latest study, which looked at data from over 1 million mothers in Sweden, is the first of its kind to demonstrate a strong relationship between [premenstrual disorders and perinatal depression](#).

We revealed that women with a history of premenstrual disorders are five times more susceptible to developing perinatal depression if they become pregnant. This connection persists even after adjusting for various factors—including history of previous psychiatric disorders. This indicates that the two conditions may share an underlying cause—possibly rooted in an abnormal response to hormonal changes.

Moreover, our study is the first to draw connections not just to postnatal depression (depression after childbirth) but also antenatal depression (depression during pregnancy). We found that women with premenstrual disorders were around four-and-a-half times more likely to experience antenatal depression. This insight may suggest it's time to reevaluate antenatal depression, and investigate whether it's also closely linked to hormonal fluctuations.

We also showed that women who experience perinatal depression are at a higher risk of encountering premenstrual disorders later on.

Advocate for mental health

The causes of perinatal depression are complex. But our research highlights how premenstrual disorders and postnatal depression appear to be interconnected for some. This suggests that understanding and treating one condition could help with managing the other.

Our latest study serves as a call for heightened awareness and a more nuanced understanding of the hormonal underpinnings of mood disorders across different stages of a woman's life. It also suggests that women with a history of premenstrual disorders should be closely screened for [perinatal depression](#), and provided with the help and resources they may need for their mental health before and during pregnancy, and just after giving birth.

Moreover, it encourages women themselves to advocate for their mental health, armed with the understanding that their experiences before and during pregnancy are not isolated—but part of a broader hormonal narrative that needs addressing.

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