

Severe PMS and Bipolar Disorder – a tragic confusion.

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At the London PMS and Menopause Centre we have seen over the years many patients diagnosed as bipolar disorder by psychiatrists who have responded dramatically and completely to suppression of ovulation. This can be done with transdermal oestradiol or GnRH analogues but is not really improved by the birth control pill because these women are often progestogen intolerant. It is stressed the hormone responsive depression cannot be diagnosed by measuring hormone levels. These patients have severe PMS and not bipolar disease and this could have been established by the discovering following items in the history:

(1) Relating earlier depressive episodes to the menstrual cycle. (2) The relief of depressive symptoms during pregnancy. (3) The recurrence of depression post partum (4) Premenstrual depression recurring when menstruation recurs after delivery (5) The premenstrual depression becoming worse with age blending into the menopausal transition. (6) Often the coexistence of somatic symptoms such as menstrual migraine or cyclical mastalgia. (7) These patients usually have runs of 7-10 “good days” a month.

Examples are given of patients who have had between 5 to 20 years of mood stabilising drugs, multiple admissions to hospital, ECT and in one case severe renal damage due to 20 years of Lithium. These women have been cured with medical ablation of cyclical hormonal changes or by hysterectomy and bilateral oophorectomy with effective hormone replacement by estrogens and usually testosterone. It is not known how frequently severe PMS is misdiagnosed as bipolar disorder by psychiatrists but it does occur and we should be aware of the correct questions to ask in order to make the diagnosis of a hormone responsive depression and to prevent this tragic misdiagnosis.