

# The Premenstrual Continuum: Improving Diagnosis and Treatment

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## CME Test Questions

- 1) Which of the following statements concerning the epidemiology of premenstrual symptoms is INCORRECT?
  - a) Approximately 80% of women have premenstrual symptoms.
  - b) Premenstrual dysphoric disorder (PMDD) is overdiagnosed.
  - c) 5-8% of American women have premenstrual dysphoric disorder (PMDD).
  - d) 40% of women meet criteria for premenstrual syndrome (PMS).
  
- 2) A 30 year-old woman with no past medical history presents to your clinic with complaints of cyclic breast swelling and mood swings. After a thorough history and physical exam, you suspect PMS. Which of the following would be an appropriate initial management strategy?
  - a) Start the patient on continuous fluoxetine.
  - b) Advise the patient on lifestyle modifications including exercise and dietary changes, and have the patient complete a prospective symptom diary for 2 consecutive cycles.
  - c) Formally diagnose the patient with PMS, and start the patient on alprazolam during the luteal phase.
  - d) Order a CBC, basic metabolic panel, and thyroid function tests and have the patient follow up in 2 weeks.
  
- 3) Which is true about the diagnosis of PMS and PMDD?
  - a) Both PMS and PMDD are diagnosed based on DSM-IV criteria.
  - b) The diagnosis of PMDD requires 3 total symptoms, one of which must be a 'core' symptom.
  - c) Both PMS and PMDD require prospective recording of symptoms to formally make a diagnosis.
  - d) Only a psychiatrist is trained to make a diagnosis of PMDD.

- 4) Prospective recording of a patient's symptoms are an integral part of the diagnosis of PMS or PMDD. Which of the following is true about this symptom inventory?
- The Daily Record of Severity of Problems (DRSP) is a validated assessment tool for recording patient symptoms.
  - The diagnosis of PMS or PMDD does not require the use of a specific assessment tool.
  - Completing a symptom inventory can be empowering for a patient with frustrating symptoms.
  - The prospective diary is important to confirm that the symptoms are only present during the luteal phase of the menstrual cycle.
  - All of the above.
- 5) Which of the following accurately describes the current understanding of the etiology of premenstrual syndromes?
- Patients with premenstrual syndromes have higher levels of estrogen than patients who do not meet PMS or PMDD criteria.
  - The etiology of premenstrual syndromes is multifactorial including a genetic predisposition, neurotransmitters, and the renin-angiotensin-aldosterone system.
  - Serotonin likely causes patient weight changes during the luteal phase.
  - Women with premenstrual syndromes have different responses to normal levels of gonadal hormones.
  - B and D
- 6) After diagnosing a 28 year old woman with PMDD, you place her on intermittent paroxetine therapy. She follows up with you in 3 months and states that she has not gotten any better. Due to your knowledge of SSRI use for PMDD treatment, you conclude the following:
- There is a possibility that the patient has not been taking the medication, as studies have shown that some patients do not want to take "that type of drug."
  - Paroxetine has not been shown to be effective for PMDD.
  - Paroxetine only works with continuous dosing.
  - At least 6 months of therapy are needed to determine the success of a SSRI in an individual patient.
- 7) With regards to treatment of PMS or PMDD, which of the following is true?
- Alprazolam is only effective in continuous dosing.
  - Furosemide, much like spironolactone, has been shown to be effective for the treatment of premenstrual symptoms.
  - GnRH agonists cause "temporary menopause."
  - All oral contraceptives are effective in treating premenstrual symptoms.

- 8) Which of the following is true about the novel progestin, drospirenone?
- a) It is derived from 17- $\alpha$  spiro lactone.
  - b) It has antimineralocorticoid effects similar to spironolactone.
  - c) In combination with ethinyl estradiol, it is an effective oral contraceptive.
  - d) All of the above
- 9) You diagnose a 24 year old woman with PMDD, and she has significantly modified her lifestyle without improvement. She has been taking an oral contraceptive containing ethinyl estradiol 35mcg and norethindrone 0.5 mg. Which of the following would be the best next step?
- a) Discontinue her current oral contraceptive; start therapy with drospirenone 3mg/ethinyl estradiol 30mcg in a 21/7 dosing schedule.
  - b) Continue her current oral contraceptive and refer her to a psychiatrist.
  - c) Continue her current oral contraceptive and start her on duloxetine.
  - d) Discontinue her current oral contraceptive; start therapy with drospirenone 3mg/ethinyl estradiol 20mcg in a 24/4 dosing schedule.
- 10) Which of the following is true concerning PMDD treatment with drospirenone 3mg/ethinyl estradiol 20mcg?
- a) Either a 21/7 or a 24/4 dosing strategy is effective for PMDD.
  - b) The medication has been shown to significantly decrease mood symptoms, behavioral symptoms, and physical symptoms after 1 cycle.
  - c) Side effects cause discontinuation of therapy in over 30% of patients.
  - d) The response rates are similar to response rates with SSRIs.
  - e) B and D.

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