

From despair to diagnosis: Premenstrual dysphoric disorder and self harm in a young Nepali female

Ayurda Pradhan^{1*}, Nikeshmani Rajbhandari², Ashish Dutta³

1. Medical officer, Bluecross hospital, Kathmandu

2. Consultant Psychiatrist, Aarus lifestyle hospital, Lalitpur

3. Head of Department, Department of Psychiatry, Nepal police hospital, Kathmandu

Abstract

Up to 90% of women experience mild premenstrual symptoms and around 8% suffering from premenstrual dysphoric disorder (PMDD), which is often overlooked and linked to higher suicidal thoughts. This case involves a young woman who attempted self-harm by ingesting 10 tablets of mefenamic acid due to PMDD-related symptoms. A 21-year-old psychology student with no previous mental or chronic physical illnesses attempted self-harm by ingesting 10 tablets of mefenamic acid. She had been experiencing low self-esteem, anxiety, irritability, and emotional instability predictably each month before her menses since age 18. These symptoms led to feelings of worthlessness and suicidal thoughts, peaking just before her menstrual bleeding and subsiding afterward. On the day of her emergency room visit, intense guilt about past irritability triggered her self-harm. She was diagnosed with

PMDD, prescribed fluoxetine, and showed improvement in her symptoms at the one-month follow-up. PMDD, characterized by hormone-related symptoms like mood swings and fatigue, affects 3-8% of menstruating women and can severely impact daily life. Studies highlight elevated rates of suicidal thoughts among women with PMDD, independent of other psychiatric conditions. In Nepal, a review of deliberate self-harm cases found that most incidents occurred in individuals under 35 years old, with suicides peaking between ages 20 to 25, yet PMDD was not identified as a contributing factor in any study. Research supports SSRIs as highly effective and well-tolerated treatments for PMDD, especially when used intermittently during the premenstrual phase, offering a promising therapeutic option.

Keywords:

Premenstrual dysphoric disorder, deliberate self-harm, PMDD

*Corresponding Author

Ayurda Pradhan

Medical Officer

Blue Cross Hospital

email: ayurdapradhan@gmail.com

INTRODUCTION

Up to 90% of women experience some form of premenstrual symptoms, though these symptoms are typically mild for most.¹ However, up to 40% of women endure premenstrual syndrome (PMS), and around 8% may have premenstrual dysphoric disorder (PMDD).^{2,3} Despite its prevalence, PMDD is frequently overlooked and inadequately treated.⁴ Research indicates that women with PMDD have a higher incidence of suicidal thoughts compared to those without the disorder.⁵ Here, we present a case of a young woman who came to the emergency department after intentionally ingesting 10 tablets of mefenamic acid in an act of self-harm.

CASE

The patient is a 21-year-old unmarried female, studying bachelor's in psychology and working in a school as a librarian, with no diagnosed history of any mental illness or chronic physical illness prior to presenting to the emergency department. The patient was brought to the emergency room by her parents because she had consumed ten tablets of mefenamic acid. According to her parents, there had been no problems at home, and although she had very infrequent bouts of anger, there had been no recent arguments. They also stated they were unaware of anything that would cause her to be stressed enough to make her suicidal.

The patient said she had been feeling very low for about 6-7 days and had many thoughts about being worthless and wishing she could "end everything." She denied having any triggering reason either at home or elsewhere. She acknowledges that she has had similar feelings of low

self-esteem, overvalued ideas of guilt, anxiety attacks, irritability, emotional instability, and poor concentration on and off since the age of 18. These symptoms would occur predictably every month about 7-10 days before her menstruation. During this time, she would have severe bouts of irritability, low self-esteem, and emotional instability, causing her to become angry at people around her. These episodes of irritability would cause her immense guilt, leading her to wish she could end her life. The symptoms would reduce and completely subside within 3 days of her menstruation. On the day of her presentation to the emergency room, she had felt this overvalued guilt of past instances of anger and irritation, which caused her not to want to live anymore, hence she consumed 10 tablets of mefenamic acid. There were no suggestions of frequent relationship problems or difficulty in controlling anger, or impulsive behavior.

The patient was diagnosed and prescribed fluoxetine 10mg intermittently, 10 days prior to her menstruation, and called for follow-up after one month after her menstruation had stopped. On follow-up, though some irritability was present, the patient did not experience low self-esteem, emotional instability, or overvalued ideas of guilt.

DISCUSSION

Premenstrual dysphoric disorder (PMDD) is a condition linked to fluctuations in sex hormones during the late luteal phase. It manifests with symptoms such as mood swings, anxiety, sleep disturbances, and fatigue.⁶ Affecting 3-8% of menstruating women, PMDD typically starts one week before menstruation and can significantly disrupt a woman's work, education, social interactions, and relationships, leading to substantial functional impairment.⁷ Research has indicated that women with PMDD exhibit elevated rates of suicidal thoughts, regardless of any co-existing psychiatric conditions.⁵

A review of deliberate self-harm studies conducted in Nepal revealed that 75% of cases occurred in individuals under 35 years of age, with suicides among women peaking between ages 20 to 25 years.⁸ Psychiatric disorders accounted for the majority (two-thirds) of these incidents.⁹ Interestingly, none of the studies included in the review identified cases of PMDD. This raises the question of whether PMDD might have been overlooked as a potential factor in cases of self-harm in this context.

Findings from multiple randomized, placebo-controlled trials focusing on women with PMDD have consistently

shown that SSRIs (Selective Serotonin Reuptake Inhibitors) are highly effective with minimal side effects. Recent preliminary studies have suggested that intermittent treatment with SSRIs specifically during the premenstrual phase is similarly effective. This approach presents a promising treatment option for PMDD, which is characterized by its intermittent nature.¹⁰

CONCLUSION

This case highlights the need to be aware of the differential of PMDD in cases of self-harm in females. PMDD can cause severe function loss and jeopardize a person's life as highlighted in this case. A focussed approach on this particular issue while taking the history in cases of suicide attempt will help save a precious life and reduce the burden of suffering among females who are reluctant to engage in candid conversation about menstrual cycle related ailments in our society.

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