**Name:** 2. Physical v mood

**<Files\\E01\_Anne> - § 15 references coded [44.13% Coverage]**

**Reference 1 - 3.26% Coverage**

**Anne:** [00:02:50] Didn't know and wasn't suffering or anything. OK. So I would say that it's a very real condition, that I would describe it as a menstrual mental health condition. And I would say I would if I was describing it to somebody, in essence, I would say that it's when a woman... can I go back? I'm going to go back a stage... I I would start off by saying that about 90 percent of women in the reproductive age spectrum will experience some change... Bodily changes in the days leading up to their period, in a small proportion of those, those symptoms can be quite severe. And I would describe premenstrual syndrome (and the prevalence is thought to as the different studies say, different things. But it is thought to be between sort of fifteen/ twenty five percent of women). Those symptoms are so, so severe as to impact in some way on that woman's quality of life. And that needs to be sort of demonstrated within the diag... before you make the diagnosis. So the other. Key thing is to demonstrate when it is for somebody to be diagnosed as having p.\_m.\_s, the symptoms will occur leading up to the period sometimes go into the days when the bleeding has started. But then with what we call core p.\_m.\_s, there will be a symptom free interval after the period. So the woman can feel very unwell.. erm, a range of symptoms leading up to her period, but then goes back to 'normal' after the period. I would also, if I was describing it, say about the fi.., around five percent of women who have very severe symptoms and these women may well be diagnosed as having another type of premenstrual disorder named premenstrual dysphoric disorder. And their psychological symptoms can be so severe that in about a third they can actually have suicidal ideation.

**Reference 2 - 3.56% Coverage**

**Interviewer:** [00:09:37] That's great. Thank you. And so you've touched on this previously, but how common is p.\_m.\_s roughly?

[00:09:50] [pause] Erm, I would put the prevalence of... Pre... if we're talking about premenstrual disorders. So, you know, it just very simply the cyclical mood, er the cyclical symptom change with impact on quality of life. I would put that around the 20 percent mark. And then the very severe end of the spectrum, about 5 percent. I do have a... a slight confusion or difficulty around the diagnosis of premenstrual dysphoric disorder because that is based on... (now. I'm just going to use a little bit [my notes]. So it is... that is based on the American Psychiatric Association's, the definition of where you need five out of eleven symptoms, one which must be from a list of the first four. And so that... that I think myself and the other trustees at NAPS come from a very clinical background where we do look at specific definitions. And I think that that definition, that diagnosis of premenstrual dysphoric disorder excludes some women that don't conform to those criteria, but still have very severe symptoms that impact on negative life and may make them feel suicidal. So I do have a slight issue. You know the... just the uncertainty around that. And I think that's why [names of colleagues] produced the comparison of a different definition definitions, which is on the website. I can't... Remember the original question now? Sorry.

**Interviewer:** [00:11:54] It was about prevalence...Well, with all prevalence, to be honest, it's a little bit with a pinch of salt, isn't it? It's a..

**Anne:** [00:12:02] It is, absolutely. Yeah. So to answer your question very simply. Twenty percent for p.\_m.\_s premenstrual disorders. Five percent for what we're saying is PMDD. But I think that five percent should also include the very severe end who don't conform to the criteria of the DSM 5.

**Reference 3 - 2.86% Coverage**

**Interviewer:** [00:12:34] So, er... again, this is your understanding, I just want to hear from you. What's your best understanding of why pre-menstrual symptoms occur?

**Anne:** [00:12:48] {pause] I think it's best to split that down into the... er the physiological and then the social and the psychological. So in a particular woman, there will be a complex interaction of those factors that then lead to how she experiences pre-menstrual symptoms. So we'll take those each in turn. Physiological: So lots of work has been done around whether it erm, you know, particular hormones or chemicals contribute. And my understanding at this present time is that there is likely to be a genetic component, which, you know, research is going on about that... that is not due to a particular deficiency of a hormone. But put simply, there are variations on this. But put simply, what happens is that there are cyclical changes in the normal menstrual cycle... when ovulation occurs. The hormone changes change again. And there are... there are sort of feedback pathways up to the brain...? And when those hormone changes happen in susceptible women and this possibly is where the genetic thing comes in [laugh] that affects neurotransmitters in the brain. So things like your serotonin, your GABA. And that it is those... Chemical changes, which can affect a woman's mental and physical health. I think it's more complex than that. I think the physical changes, those are linked in with er adrenal function. So it's there. That's where it becomes quite complex.

**Reference 4 - 2.96% Coverage**

they're looking at a drug that you inject in the Luteal part of the cycle. And that, I think affects GABA metabolism. So looking at. So that's an overview of the physiological. Erm social: This is where, you know, our social situation effects or psychological health, such as, you know how stable we are in terms of our home, our work, our family. Erm, What's going on at work? So any stress is going to lower the threshold for symptoms to be experienced and then psychological: So... if ... if somebody has... a woman has... er... perhaps a predisposition because of her personality... or some underlying psychological condition, then perhaps she's more likely to experience premenstrual symptoms. And, you know, that brings me on to the group of women who get the premenstrual exacerbation where they have an underlying psychological or physical problem, but then it does get definitely worse. And that, you know, that's... er... I'll bring it up now. But you're probably going to talk about it. That's why it's just so important in these women to track their symptoms. It can give you sooo much information about what is actually happening. And, erm, you know, I have had women who really come and they really feel that they've got PMDD or p.\_m.\_s. And if they track the symptoms over two... two months, there's just no correlation to the bleeding at all! And you just think that but that is actually quite... very useful because to actually see it... visually that that's not happening can actually be helpful for them. And also can guide your treatment about what would be the best management for them.

**Reference 5 - 4.78% Coverage**

And there are basically... errrr, two main groups of treatment. First of all, if... you know, based on what I've said about why it happens if you suppress the cycle, then... and the woman isn't sensitive to the hormone you're giving to do that. There's a good chance you're going to help her. So I've seen a lot of success erm, giving... This isn't licensed for this use. It is like... this treatment is licensed for HRT... in hormone replacement therapy, but not for p.\_m.\_s. So transdermal estrogen to a level where you actually suppress the cycle. But you can't. If a woman's got a womb, you can't just give oestrogen on its own. You have to give progesterone. And that can be where there can be a problem with PMS because a lot of women are sensitive to the So that's where they get the benefit of seeing a doctor or specialist nurse who's got expertise in this area is so important. So you know, you can find a regime that helps the woman and doesn't exacerbate symptoms. So that's the hormone... Sometimes the contraceptive pill can help because it suppresses the cycle. But as I've said, sometimes the woman is sensitive to those hormones. You're giving. the other route is the anti-depressants called the selective serotonin receptor inhibitors, SSRIs. [Laugh] And they, as the name suggests, affect the serotonin metabolism in the brain. So counteract the changes that I was talking about. And interestingly, they've been shown to be just as effective given in the second half of the menstrual cycle as given continuously. So they obviously work in a slightly different way to how they do in depression. And that can be a useful treatment option. I think it's very important to review women. in both treatments... You've got to really give them sort of three months. And I'd just like to qualify everything I've saaid.... Er, Going back to the original question, how would you manage these... a woman presenting if you have a woman who is threatening to commit suicide every month because of her premenstrual disorder, then you don't start with vitamins. You know, you... you go... you go straight in and treat much more actively. No, not 'active' that's not quite the right word, much more go for something that you... you know... that perhaps what we could call the more.Erm, The treatments that you... think are going to definitely likely to work. So, for example, you might... this is just an example, but you... you might start an SSRI at an earlier stage than somebody who's getting not too much of an impact of her symptoms, you might then look at lifestyle for three months.

**Reference 6 - 2.01% Coverage**

**Interviewer:** [00:29:00] [long pause] Ok, so in your understanding, what are the most common pre-menstrual symptoms? For example, could you give a kind of top 10?

**Anne:** [00:29:07] Erm, if you don't mind, I will, just... so the study that I did... Is sort of put together... What we thought were the top eleven, I think... So, you know. And I think that that would.[Page finding]... You know, I believe that that would still stand. So. So irritability. Probably group this one together... but of loss... of loss of efficiency and difficulty concentrating. Let's put that one together. Tiredness.[pause] Mood swings.[pause] Tension. So feeling stressed. [pause] I'd put as a definite one, depression, low mood. And then we went on to describe some physical symptoms. So we had a range across physical and psychological... Erm, feeling, bloated.[pause] Headaches.[pause] Food craving [pause] Acne, so Skin changes [intake sigh] I mean, we did include period pain as well, but erm, I'm not sure that... no probably wouldn't include that... That's a slightly different area, isn't it? Really?

**Reference 7 - 2.61% Coverage**

**Interviewer:** [00:31:43] what is the difference between p.\_m.\_s. versus PMDD.

**Anne:** [00:31:49] The difference?

**Interviewer:** [00:31:50] Yeah.

**Anne:** [00:31:59] [long pause] So... {pause] so, I think I have gone into that, that PMDD is a premenstrual disorder that... And to be diagnosed as having that. It's a definition that was put together by the... the American Psychiatric Association as in the 'DSM', the 'Diagnostic and Statistical Manual of Mental Disorders' number five, and those five out of eleven symptoms need to be demonstrated. One out of the first four, which are all psychological symptoms and... [pause] The true definition of PMDD. Actually, it doesn't include exacerbation of another psychiatric disorder. So again, I think that excludes quite a number of women, whereas p.\_m.\_s premenstrual syndrome. Erm, That I mean, if we're looking at the actual definition, I know people refer to p.\_m.\_s in a lot of situations, but the pre-menstrual syndrome, that's the American Congress of Obstetrics and Gynecology. And that definition is one out of six mood symptoms and one out of four physical symptoms... does include exacerbation of another psychiatric disorder. Or... both do require significant impact on quality of life. So I think what I've described is the. Specific criteria for the definitions of PMDD and p.\_m.\_s. But I think we do use those terms much more loosely across the board.

**Reference 8 - 1.67% Coverage**

**Interviewer:** [00:34:10] That's great. thank you. so do you consider period pain to be a premenstrual symptom?

**Anne:** [00:34:17] [pause- sigh] Yes, I do, because it is one of the common physical symptoms... [pause] And I suppose why some people may question that is that they regard most pre-menstrual symptoms as being psychological in nature. But I would say that it premenstrual disorders. You do have to take on board the physical symptoms as well. And you know, if a woman is suffering with premenstrual disorders, to have premenstrual pain can be... erm, can have significant impact [slight laugh] on her quality of life. And it's important to know about. Because, again, there are some very good treatments out there to address that. And, you know, the symptoms, some of the treatments, that I've talked about to approach a woman's management with p.\_m.\_s will also help premenstrual pain as well.

**Reference 9 - 1.61% Coverage**

**Interviewer:** [00:35:31] Brilliant, thank you. this is...this is one that I like getting the answers to. In your opinion, what does the term bloating specifically refer to?

**Anne:** [00:35:47] Tummy. Your stomach. So... erm, A feeling of sort of tightness. Around the abdomen. I think, you know, if it is a pre-menstrual thing, it's sometimes related to fluid retention. I mean, there are lots of different reasons why women feel bloated premenstrually. So it can... can be associated with breast tenderness as well. But no, I would bloatedness. I would say is... more... if somebody said that, I'd be thinking that they're getting fullness around their tummy or stomach,.

**Interviewer:** [00:36:38] So Do you mean trapped gas, maybe?

**Anne:** [00:36:39] Well, that's another cause of it. Yes. Yes. Just as in irritable bowel, it's very common. Or after a big meal [laugh].

**Reference 10 - 0.94% Coverage**

So many chronic health issues get worse at certain times in the menstrual cycle. Do you count the expression of these as premenstrual symptoms?

**Anne:** [00:37:14] Definitely, yes. Yes, very much so. And again, I think the Montreal Consensus. Describe that very well. The pre-menstrual exacerbation of symptoms and I've seen it both with respect to psychological and physical symptoms, I've seen it with things like asthma. Epilepsy... as physical symptoms... of physical conditions as well as psychological.

**Reference 11 - 3.17% Coverage**

**Interviewer:** [00:51:42] Yeah, and actually both of them are almost exactly based on the DSM 5...

**Anne:** [00:51:48] Right. Yes. Yeah. No, they are very weighted towards psychological symptoms, aren't they? So no, I agree. [pause] I think. That I must admit, in art, we based our menstrual calendar or diary, on the Moo's menstrual questionnaire as well, which is one that goes back a long way, and I can I think one of the...

**Interviewer:** [00:52:19] Was it the really long one? Because There's a full one and there's also the shorter one...

**Anne:** [00:52:26] It was based on the short one, because the eleven symptoms that I was talking about earlier on is what we extracted from that. And I think that's one of the things that we were looking at, how we could have done things better in our study that we emphasized the psychological symptoms too much. So, no, I think the ideal questionnaire would. Conform more to the Montreal consensus and have a range of physical and psychological symptoms. I don't think they've actually produced a questionnaire. Have they?

**Interviewer:** [00:53:04] No... and I know that there are other issues. It's about what's been clinically proven and what hasn't. And I think that's basically why these are the tools that are currently recommended. It's because they have met those clinical quality criteria. But it's just interesting that at the moment there's a little bit of a mismatch.

**Anne:** [00:53:24] Yes. Yes. But whether you could know whether a useful thing would be 'any other symptoms' or something where people can actually record what symptoms they have. But, you know, the question does need to be validated, doesn't it? So that in itself is a big thing to take on.

**Reference 12 - 3.77% Coverage**

**Interviewer:** [00:56:40] So normally, particularly the most recent clinical guidelines haven't included information on the psycho-social. So like you're saying, the kind of nonbiological or external life experiences that can contribute to these disorders. How do you feel about that?

**Anne:** [00:57:07] [long pause] I suppose they might have... er... Felt that they've covered that when they talk about counseling and CBT as part of the treatment because, you know, within that you will be addressing those issues... I suppose where... you know I hadn't really picked that up. These are from the RCOG guidelines, are they?

**Interviewer:** [00:57:31] Yeah. I mean I think it's just that there's pressure to not write so many pages, you know...

**Anne:** [00:57:38] Yeah.

**Interviewer:** [00:57:38] If You want people to read them. But I think it's interesting that across a few of them recently it hasn't really been mentioned. But you're you're right. CBT is mentioned as a treatment.

**Anne:** [00:57:49] Yes... Which would cover those things. But you know, where I think it's a shame that that that's been missed out. Is for the GP really because. You know, just actually teaching them that it is important to look at the whole... I mean GPs do, that's what they do, they practice holistic medicine. But, you know, really important that actually the social situation, some... if somebody has a poor mental well-being, then the threshold for getting the PMS symptoms will be lower. Yeah. You know, that's a good point. If you don't mind, I'll take that on board when we're doing our guidelines?

**Interviewer:** [00:58:37] Yeah, Well, I'm more than happy to help with that. That's my kind of... that's my overall aim is that my thesis will eventually really help improve that kind of... I know it can never be 100 percent accurate, but to sort of get to somewhere that's as good as possible on..

**Anne:** [00:58:52] Right. I mean, do you mind if I take that to the trustee meetings?

# E22

**Interviewer:** [00:58:56] No, no. Absolutely. Fine. Thank you.

**Reference 13 - 2.29% Coverage**

I think what I'm getting at is that the moment the DSM definition is of a mental health disorder and yet it's including menstrual changes, you know, that are always.. you know, going to happen.

**Anne:** [00:59:48] Yes. I suppose they... They've... they've acknowledged that there are physical changes, but I very much regard the DSM diagnosis as more psychological psychiatric symptoms. Yes, I suppose they have just acknowledged it to... To exclude those completely I think would be wrong. But they've weighted it very much towards mental health, haven't they?

**Interviewer:** [01:00:22] Yeah.

**Anne:** [01:00:25] And I don't know whether you have to have a physical symptom in that?. No, you don't, do you?

**Interviewer:** [01:00:31] it doesn't differentiate them...You don't have to. And in fact, most of them are in one line in one of the eleven criteria. It's kind of...

**Anne:** [01:00:38] Yes,.

**Interviewer:** [01:00:39] Six or seven. are usually listed in one box,.

**Anne:** [01:00:43] Which isn't helpful particularly. Is it?

**Interviewer:** [01:00:45] No

**Anne:** [01:00:46] Like because.. it doesn't differentiate ...

**Interviewer:** [01:00:48] Yeah like between breast pain and gas, for example [laugh]

**Anne:** [01:00:53] Yeah.

**Reference 14 - 2.63% Coverage**

**Interviewer:** [01:01:07] Well I think you will have definitely of the one. Have you ever used or read about the use of diuretics like Spirolactone?,

**Anne:** [01:01:25] Yes [name of colleague] That was one of his first studies around PMS. He did lots of you know, he did lots of. And his team did lots of erm.. systematic reviews of the different treatments. But he did do a study in the 80s about Spironolactone... Well, [pause] Gosh you're testing my physiology now, but I think for... there's some evidence that for... [pause] Fluid retention. It has a positive effect, but I must admit it wouldn't be one of the first line choices. There are other drugs now that have an anti diuretic effect. You know, there is drosperinone in some of the combined oral contraceptives that have a similar... work in a similar way. And so I think most clinicians would favor giving that, you know, combined oral contraceptive with drospirinone and that out of this... Now, the story around combined hormonal contraception is. A complex one because the original studies didn't show benefit. But more recent ones have shown that giving long cycle therapy and using combined oral contraceptives with drospirinone in can have a positive effect on pre-menstrual symptoms, particularly with respect to fluid retention, which is what the spironolactone did and erm, anti- androgenic effect so like for acne. So good for that side of things. Yeah.

**Reference 15 - 6.02% Coverage**

**Interviewer:** [01:08:51] Ok. And this is sort of the last tricky question. What do you think about surgical interventions in the treatment of p.\_m.\_s or PMDD?

**Anne:** [01:09:05] Erm, It's... you know if somebody... if a woman has... [pause] The... has a severe premenstrual disorder. And. It is... It is I suppose, a last resort if you've tried all the other measures. Erm, then I think it should be considered. I think a woman should definitely have a trial of GNRH analogues prior to it, because if those don't work... I mean, they are strong cycle suppressants. So those don't work. I think you've really got to question the diagnosis.

**Interviewer:** [01:09:51] Yes,.

**Anne:** [01:09:51] Though. But, you know, it's a very big decision, particularly if a woman hasn't had a family. And I think the other thing I would say, I think this is something that's come out from the local peer support group is that that's not the end of the story, that often these women are sensitive to hormones and if is a woman's premenopausal, which both will be by definition. Then they need careful management afterwards to get the hormone... the hormone replacement. Right. One to help manage a new range of symptoms that are likely to happen because you've basically put her into the menopause and going back.. it's important to replace testosterone as well in the younger women or clinically indicated. But also, I think something that's very much come out for me from the local peer support group is that a lot of these women have what they consider er, they have lost a number of years of their lives because ... well... half their lives, because they've been getting symptoms each month for how many years the diagnosis has been delayed. And these are very formative years. These are years from adolescence when they go through puberty through into their twenties. You hear some just such sad stories about the struggles that they've had. So, again, I don't think it's just like. I don't think it should be right. We're going to do this for you. Give you some HRT. Go away. I think, again, those women need the support to almost, you know, go through this grieving of.. of... of what they've lost and coming to terms with this... this new phase, which hopefully very, very positive because you see very dramatic improvement in a lot of women. But I think it's the whole picture really not just thinking, well, that's it. That's a definitive treatment. Get on with it. Now, you can't possibly be struggling. I think, you know, those women do need a lot of support still.

**Interviewer:** [01:12:25] It's the irreversibility of it... So you might want it to happen and understand everything. But it's still something big.

**Interviewer:** [01:12:34] Yes, absolutely. So it's guiding a woman through that. I mean, to be fair... certainly for the Colleagues, I have... this is not something that they undergo lightly in any way, shape or form. You know, they... these women do get very detailed counseling and... beforehand and... and support. But I think it's possibly that bit afterwards? That [pause] you know, and that's where the GP should be... should come in as well to do them justice, not just assume that they're going to be fine because they have been through so much.

**<Files\\E02\_Babara\_email> - § 7 references coded [28.74% Coverage]**

**Reference 1 - 0.96% Coverage**

1. How did you come to be interested in premenstrual syndrome (PMS)?

**Reference 2 - 1.80% Coverage**

1. How would you describe ‘PMS’ to someone who has never heard of it?

The cyclic occurrence of mood symptoms just before menses.

**Reference 3 - 10.12% Coverage**

1. In your understanding, roughly how many premenstrual symptoms are there?

More than 200 symptoms have been associated with PMS in the literature. When symptoms are carefully monitored for their relationship to the menstrual cycle and cause significant impairment, there are perhaps 6-12 symptoms that qualify. Mood symptoms are usually the main complaint (irritability, anxiety, tension, feeling out of control); behavioral symptoms (fatigue, poor concentration, poor sleep) and physical symptoms (breast tenderness, abdominal bloating) are frequent. It should be emphasized that many disorders, both physical and psychiatric, are exacerbated premenstrually and may account for many symptoms that are attributed to PMS>

**Reference 4 - 6.18% Coverage**

1. What is your understanding about the difference(s) between PMS and PMDD?
2. PMDD is a severe dysphoric form of PMS that is defined in the Diagnostic Manual of Mental Disorders. The diagnosis requires 5 of 11 SPECIFIED symptoms. At least 1 must be a mood symptoms and only 1 physical symptom can be included as a qualifying symptom. The symptoms must be documented in relation to the menstrual cycle for at least 2 consecutive cycles.

**Reference 5 - 1.93% Coverage**

Would you consider period pain as a premenstrual symptom?

NO. This is dysmenorrhea. The treatment is specific to the disorder. Why?

**Reference 6 - 5.37% Coverage**

1. PMDD is categorized as a mental health disorder, and yet its specific diagnostic criteria include several normal physical menstrual changes/ symptoms - what do you think about that?

Again, diagnostic criteria are invariably symptom-based. Many if not all mental diagnoses have physical symptoms. Anxiety is one example of a mental issue that manifests in many physical symptoms.

**Reference 7 - 2.38% Coverage**

1. **[Optional]** What do you think about surgical interventions in the treatment of PMS/ PMDD?

It is difficult to justify any non-reversible treatment for these disorders.

**<Files\\E03\_Fran> - § 7 references coded [35.87% Coverage]**

**Reference 1 - 0.72% Coverage**

1. **Interviewer:** So, um, how did you come to be interested in premenstrual syndrome (PMS)?

**FRAN:**

**Reference 2 - 3.49% Coverage**

1. **Interviewer:** Sorry, that was a little distorted but I think I got most of it… How would you describe ‘PMS’ to someone who has never heard of it?

**FRAN:** And you’re asking about PMS, not PMDD?

**Interviewer:** Yeah, um, we get on to PMDD in a minute…

**FRAN:** Um, I would describe it as a constellation of emotional and physical symptoms… and behavioural symptoms, that um occur in er most women, but lead to impaired functioning in only around 20% of those.

**Reference 3 - 7.99% Coverage**

1. Um, and again, in your understanding, roughly how many premenstrual symptoms are there?

**FRAN:** Um, I think there’s a large number… Um, I think there’s… There are several emotional symptoms which are largely captured by the DSM 5 criteria. There’s maybe ten… several physical symptoms and behavioural symptoms which are less emphasized in the DSM-5 diagnostic criteria. In the last 30 years of literature describing PMS, there have been 50-60 symptoms described, but most are not included in daily ratings used in studies.

1. **Interviewer:** That’s brilliant, thank you. [I think I hoped the recording would capture more than I could hear- but it did not- sorry!]… Erm, could you maybe list the sort-of top 5 to 10 of the most common symptoms?

**FRAN:** Err, irritability. Anxiety or tension. Mood sensitivity. Mood being low intermittently… Um, some people call it mood lability, but it’s not like manic lability… Mood can be pervasively low during the premenstrual days but that is less common, and er, maybe food cravings or increased appetite.

**Reference 4 - 3.24% Coverage**

1. **Interviewer:** OK, great. Um, do you consider period pain as a premenstrual symptom?

**FRAN:** Do you mean during the flow or prior to the flow?

**Interviewer:** Um, I suppose either? So, would you if it was before but not with the flow?

**FRAN:** I think cramps can be a premenstrual symptom but I wouldn’t call it menstrual pain unless flow had begun so, cramps, or abdominal or pelvic pain can be premenstrual symptoms, sure.

**Reference 5 - 7.67% Coverage**

1. **Interviewer:** OK thanks. Sorry, you do keep breaking up a bit. But I’m getting probably about 80% of this. So, erm , relating to what you just said, the latest [ISPMD consensus-based] guidelines on PMS state that ‘any’ symptoms count, so long as they occur in the luteal phase, resolve shortly after menstruation begins, and are severe enough to affect daily life. How do you feel about that definition?

**Original FRAN:** I think we… there was a lot of discussion about that and as I was saying, I tend to… if you ask me what I think are the most frequent… Those are emotional symptoms but because a large number of gynaecologists on the committee feel that women present more to them with the physical symptoms [inaudible] it could be a bothersome symptom that [inaudible]. But those of us who do PMS research in the mental health field feel that [inaudible] and we may just try and support them to [inaudible]…

**Edited FRAN:** I agree with the definition as put forth by the ISPMD consensus meeting.

**Reference 6 - 5.42% Coverage**

**Interviewer:** Sorry. Um. In PMS guidelines, so those specifically on PMS and not PMDD, the tools that they recommend for diagnosis do tend to be based on the PMDD… Well, basically the DSM 5 diagnostic criteria for PMDD…

**FRAN:** And you’re asking what I think of that?

**Interviewer:** Yeah. It’s just that…You know, it’s just a bit confusing.

**FRAN:** Well there aren’t other criteria for PMS and most people feel that PMS is a less severe form than PMDD- maybe not quite five symptoms, maybe just lasting a couple of days, maybe less severe symptoms. We do not have a validated daily rating scale that differentiates PMS from PMDD. My view is that most of the symptoms of PMS are included in the PMDD criteria].

**Reference 7 - 7.34% Coverage**

1. **Interviewer**: Right. OK. In the DSM criteria for PMDD there are several normal physical menstrual changes- most of them included altogether in one box. In my mind this causes a tension between kind of ‘normal’ menstrual cycle changes and more severe signs of a medical disorder - what do you think about that?

**FRAN:** Um, that is definitely one of the criticisms from gynaecological colleagues and academics – that physical symptoms should be expanded and given more weight.

**Interviewer:** Oh no, I think I’ve lost you now…

**FRAN:** No, I’m here… you can’t hear me?

**Interviewer:** Erm, yeah but definitely mid-sentence your voice disappeared. Erm, so you said it was a major criticism from the gynaecology side of things – but I didn’t hear how that was resolved or what your thoughts were?

**FRAN:** That is why the ISPMD didn’t specify any symptoms. The gynaecologists felt that the physical symptoms could be as prominent as emotional symptoms for some women.

**<Files\\E04\_Andrew> - § 17 references coded [54.40% Coverage]**

**Reference 1 - 0.36% Coverage**

**Interviewer:** [00:00:03] OK. So we'll get into it now. How did you come to be interested in Premenstrual syndrome?

**Andrew:** [00:00:39]

**Reference 2 - 2.85% Coverage**

**Interviewer:** [00:07:30] Ok. So in your understanding, how common is p.\_m.\_s?

**Andrew:** [00:07:36] Well , there has been a lot of epidemiological studies on this, and I would say that a majority of all women have got... perhaps 80 percent have got a condition that so that they can feel in some way from somatic complaints or maybe mood symptoms that the menses are approaching. And that is a majority. And for most of them, these symptoms are entirely trivial and they would not dream to ask for help for them, etc. Then if you look at a condition that is so severe that it's regarded by the women themselves to be a considerable problem, I would say around 5 to 7 percent or so of women of fertile age. If you use the DSM criteria and ask women to rate their symptoms daily for two prospective cycles and then use a definition in that that they should have a cyclicity in at least 5 symptoms, then you would be down to 2 percent or so I think. But but that I think is fair to say that 5 to 7 percent have got symptoms that are sufficiently severe to be a major problem for them.

**Reference 3 - 4.72% Coverage**

**Interviewer:** [00:11:22] Brilliant. Thank you. In your opinion, is there a best way to manage p.\_m.\_s?

**Andrew:** [00:11:31] That depends on the severity and then on the symptoms. The... our friends in these different consensus groups that I've been a part of, our gynecological friends are always very keen on claiming that all symptoms should be regarded as one syndrome. The breast tenderness, bloating is the same condition as irritability and dysphoria. I don't totally agree with that. I think it could be different symptoms. I don't think premenstrual headache is essentially the same condition as premenstrual irritability or premenstrual bloating. So firstly, it depends on what symptoms the woman experiences in the treatment. And... but if the dominant symptoms are mood symptoms, irritability, which is the most common one, then I think that mild conditions are defined as p.\_m.\_s according to ICD. Most of them do not require any treatment and one should never give treatment when treatment is not needed. But for the severe cases, I am quite convinced that SSRIs are the best and safest treatment available well in fact the only treatment available. Apart from treatments that abolish the cyclicity. But if you do that, you'll get a lot of side effects, osteoporosis and stuff like that. So I really think that SSRIs. And I also think that SSRIs are regarded as first-line treatment around the world for PMS dominated by mood symptoms. If you have a p.\_m.\_s dominated by somatic symptoms, it's another story. And if you have a mild p.\_m.\_s, you probably need no specific treatment at all. It's often argued that stuff like exercise and so on can be helpful. And I don't I don't disagree with that. It's not it's not clearly shown, but it's not unlikely for mild conditions.

**Reference 4 - 4.62% Coverage**

**Interviewer:** [00:13:30] Thanks. By the way, you're touching on some things that I will ask about later on. We can just do that more quickly later on. Are you aware of any social stereotypes of somebody who has P.MS? And if so could you describe it?

[00:13:46] Social stereotypes?. Errr, I am not very familiar with that, but I assume that when p.\_m.\_s is described in... in media and so on, it's usually the irritability factor that is displayed. These women are regarded as not very pleasant [laugh] during the premenstrual phase, and I think that is the most common popular concept of this condition. And to some extent this is also true. We have done a study that we we have not published where we asked women from the normal population, a large group of women. First, they should answer if they believed that they had premenstrual symptoms of a such such an extent that they are a major problem for them. And then within that group, we asked, which symptoms do you feel is the most problematic? And then irritability was absolutely number one in that... in that questionnaire. So so irritability is. I would say the dominating symptom more than depressed mood and more than other things. And and I assume that that is also... er, what how these women are often unfortunately described in. In fiction and in movies and in media and so on and of course it's not the entire truth about the condition, because some women, although it is the most common symptom, some women do not display irritability, but sadness, for example. And some other tension is also common... an inability to relax and stuff like that. So so it could vary, but if you should list the symptoms in the ranked order in how common they are, then irritability is number one.

**Reference 5 - 2.78% Coverage**

**Interviewer:** [00:15:42] Right. Thanks. And so again, in your understanding, roughly how many pre-menstrual symptoms are there?

**Andrew:** [00:15:51] Oh, a lot, I would say. Well, there are also different names of the same symptoms, so it's difficult but say between 10 and 20 or so have been named as possible symptoms. But as I said before, I think I'd I personally do not think that all are parts of the same syndrome. I think that premenstrual epilepsy, for example, is not the same as the other stuff, premenstrual headache. Also, I think breast tenderness and bloating is another condition then irritability and, so on. But if you should list all the symptoms that have been claimed to be... could or can appear in the luteal phase, I would say at least more than around 20, perhaps something like that. You know, in in in the PMDD definition in DSM there are eleven symptoms, but the number eleven is a mixture of different somatic symptoms. So already there you have thirteen, fourteen symptoms and you could definitely add more to that list.

**Reference 6 - 2.20% Coverage**

**Interviewer:** [00:16:54] So you've touched on this already, that in your understanding, what are the most common pre-menstrual symptoms? Could you list sort of top five top ten, or whatever?

**Andrew:** [00:17:04] Yeah, well, that that depends how it what priorities you have if you have how common they are so that they are experienced. And maybe some of the somatic symptoms are just as common as the mood symptoms, breast tenderness, bloating, for example. And if you rate the symptoms that are regarded by the patients themselves as the most problematic, then as I said before, definitely irritability is the most common one, followed by some other mood symptoms. So many women do have somatic symptoms, but don't regard them as very problematic. Also, many symptoms [women?] have irritability then do regard that as problematic.

**Reference 7 - 7.18% Coverage**

**Interviewer:** [00:17:47] What is your understanding about the difference or, differences between p.\_m.\_s and PMDD?

**Andrew:** [00:17:54] Yeah, that's easy to understand. I try to explain... at first and that is the severity criterion that you don't have in the normal p.\_m.\_s definition. According to DSM. There should be a clear cut burden. It should have a social impact or a marked distress, et cetera. So that that is an important distinction. And I think that is important because I think you have an overdiagnosis if you don't have that that criteria. Secondly, the and of course, by by by definition, you erm for the DSM PMDD diagnosis. You must have one of the four cardinal mood symptoms. And that is quite reasonable because DSM is a, of course, at list of psychiatric conditions. So someone with only breast tenderness or only bloating wouldn't fit into that context. So. So you should have. And the other major definition, of course, is that you should have. You should have at least one of the major symptoms should be one of the mood symptoms. Then they have kind of a compromise. They still have the somatic symptoms in the list of symptoms. But it has a... they are all lumped together in number eleven. So they give the somatic symptoms much less emphasis than the mood symptoms. And I know that this has annoyed some gynecologists regarding the somatic symptoms. as very important. So they are not very pleased with that. There is kind of a debate in this PMDs researchers. Where, the gynecologist camp mostly believe... they don't very much like the DSM definition because they think the somatic symptoms are given too little emphasis. And you have the psychiatrists that... some of them would exclude these somatic symptoms altogether. So this is kind of a compromise. [laugh] I don't know if you are aware, but there is also the ACOG criteria. The American College of Obstetrics and Gynecology. And that is in some extent similar to the DSM. But they require only one symptom that should be severe enough, and that could be either a somatic or a mood symptom. To this. I could add that I... it's a... I'm a bit skeptical, though. I have no good alternative, but a bit skeptical generally for the tendency in DSM to to demand a certain number of symptoms for this condition. There should be five symptoms. That is, of course, entirely arbitrary. It could be four or three, six or two or so. So in that sense, I think... I think they have a point in ACOG that the one symptom, if sufficiently severe should qualify should meet the criteria. I think that but I then think that you should have different names for... for the somatic complaints versus the mood complaints and some have both, of course.

**Reference 8 - 1.48% Coverage**

**Interviewer:** [00:21:00] Right. So do you consider period pain or uterine cramps as a premenstrual symptom?

**Andrew:** [00:21:09] I don't. I don't. And I think there are few that would do that. Even those that have a very broad definition of p.\_m.\_s, they would usually not include dysmenorrhea, that... this would be a pre-menstrual thing and it should even if it doesn't stop immediately at the first day of menses, it should be... it should be gone within one or two or three days after menses have started. So. Those are different things. Most would claim.

**Reference 9 - 2.69% Coverage**

**Interviewer:** [00:21:38] Ok. And in your opinion, what does the symptom bloating specifically refer to?

**Andrew:** [00:21:47] Well, I would say that it's a sense of bloating, a sense of swelling. And I on the one hand, I am... I have never studied this. I've always been focused on mood symptoms. But on the one hand, I have heard from patients that have they have difficulties to remove the ring from the finger, for example, these days. So they have claimed that there is a actual factual bloating, on the other hand. I know, for example, there is a gynecologist researcher now retired, I guess in in England named [colleague's name]. And I think he has done attempts to measure this bloating and failed to detect any actual bloating. And this I this guy that I... that once introduced us to the field of p.\_m.\_s a gynaecologist in Gothenburg, I think he in his thesis, had similar data in that he couldn't actually measure any bloating. But I'm really not an expert on that topic. We have never studied that in detail.

**Reference 10 - 1.70% Coverage**

**Interviewer:** [00:23:37] Great. Erm, do you know, of any positive premenstrual changes.

**Andrew:** [00:23:46] Pardon,. the cognitive?

**Interviewer:** [00:23:46] Positive. as in not negative..

**Andrew:** [00:23:52] Positive! Oh yes, we have that a lot that that that is for some women an increased activity level during these days. So they got more things done or performed than they usually err do. So so absolutely. What is sometimes called tension and described as being on edge and difficulty in relaxing some. On the contrary, describe this, that they are super active and they get a lot of things done during these days. So, absolutely.

**Reference 11 - 4.16% Coverage**

**Interviewer:** [00:30:10] Ok. Thank you very much. So as I think we mentioned already, the latest or at least the ISPMD Consensus or Montreal Consensus guidelines on p.\_m.\_s, they now state that any symptoms count so long as they occur Pre-menstrually and abate afterwards and are of a certain severity. What do you think about that kind of definition?

**Andrew:** [00:30:36] And that was the strong opinion from our Friends in gynecology. So if I had written those papers myself, that would not have been my my understanding of the situation. I'm more in the camp that want to divide these different syndromes. But what we said, I think was a typical consensus group compromise that each and every symptom may qualify for p.\_m.\_s, but that there are important sub categories of the condition. And so it's kind of a compromise that that it's still acknowledged that there are different subtypes that are quite distant from each other. And then it's merely a semantic question. If you want to have a common heading for all these subtypes or if you want to regard them as entirely different conditions. And I think we would never have reached consensus in any of these groups if we had not agreed to have some kind of umbrella term for all premenstrual conditions, because this is how they have traditionally been dealt with within gynaecology. And to some extent, gynecologists have owned this condition because it's usually... these are the doctors usually treating these patients who they have have. It's part of their repertoire of disorders. And that is how they regard it.

**Reference 12 - 4.34% Coverage**

**Interviewer:** [00:32:01] So interestingly, the same guidelines that say any symptom counts tend to promote the use of tools that list symptoms directly based on the DSM criteria. That is this kind of tension between what the definition is saying and then the tools that they're promoting actually being PMDD based. Do you have any thoughts on that?

**Andrew:** [00:32:28] Yeah, I think that's... a good question. And I think again, it was a... a matter of compromise to some extent. And also the lack of good, good instruments, the best instruments are probably Today, DSM-based. It's also a question of what are the instruments that have been used in the clinical trials for the drugs today... accepted. And, you know, if you have one drug accepted by the FDA for a certain condition, then one knows that the instrument used in that study is regarded as OK by the FDA and then it has got some kind of official status. So it could be that also to take into consideration here. But I really don't think that anyone would object to an instrument if someone developed an instrument for covering all symptoms. And I think, in fact, the D.R.S. P or what it's called, I don't recall. We haven't ever used that scale. But I think that, in fact, it's not DSM based. I think that appeared before the DSM. So I don't... I'm not an expert in that. We have never used any of these scales because we prefer another way of rating the instrument, er rating symptoms. But I think that, again, if you ask a gynaecologist, they would prefer to have a scale comprising all symptoms. If you ask a psychiatrist, they would prefer a scale focussed on the DSM criteria.

**Reference 13 - 1.10% Coverage**

**Interviewer:** [00:34:05] So and as a result of the consensus...

**Andrew:** [00:34:07] {interruption] ....that is, by the way, I could... why ACOG introduced their own definition of p.\_m.\_s. That is, they they didn't like the DSM criteria because it's so so you could have a a an instrument. But if you have an instrument based on the ACOG criteria, it should be quite similar to the other one, but somewhat different.

**Reference 14 - 4.47% Coverage**

**Interviewer:** [00:41:02] Yeah. Great.Here's another slight tension in the DSM 5 criteria for PMDD? One of the... one of the eleven criteria contains a whole lot of physical menstrual changes that for many people are just normal menstrual changes, things like bloating. So this can be seen as being in tension with it as being a mental health. You know, as the PMDD definition being more of the mental health symptoms? Why do they include these physical changes in that criteria?

**Andrew:** [00:41:46] Absolutely! And I think again, that is what I mentioned before, that I regard this as a kind of compromise. On the one hand, they did a strong emphasis on the mood symptoms. You need to have at least one of the four and the somatic symptoms are only given one of eleven items. So that is a way of downplaying somatic symptoms. But still they do include them not to annoy the gynaecologists too much, I assume. And I if I if I were king, I would I would have not regarded them as part of this at all. What I would say that there are two different conditions. One is... or maybe several conditions. I think. premenstrual headache is one, I think perhaps bloating and breast tenderness is one. I think mood symptoms is one, and I don't think there is today strong evidence to claim that they've belong together that a women that has got breast tenderness is more inclined to also have irritability or headache in the premenstrual phase. I don't think there's any strong evidence for that. And I think so. So so... er I I I believe that it's a... I think we should regard Item number eleven, in the DSM as a compromise. And it's perhaps not that er... there's no robust scientific basis for that.

**Reference 15 - 2.69% Coverage**

**Interviewer:** [00:43:12] Thank you. So the next two questions are optional because it may or may not have experience of these approaches, though, just say I can't answer that...

**Andrew:** [00:43:22] Absolutely! I apply that principle for all questions. I could say so. A general principle. OK.

**Interviewer:** [00:43:31] So the first one is what do you think about the use of Diuretics? Spirinolactone being the main one.

**Andrew:** [00:43:39] Yes. I have not. I have no experience of that myself. We haven't done research on it, but I can. I'm happy to comment on it anyway, because I think that spirinolactone. And also perhaps the oral contraceptive named Yaz/ Yazmin one of those erm, have some effect better than placebo. But they are probably mostly effective for the bloating. I would guess. and I don't think they can compete with the with the SSRIs. for the mood symptoms or rather I'm quite convinced of that. But I don't think they are totally devoid of effect. I think they might be effective for bloating.

**Reference 16 - 3.32% Coverage**

**Interviewer:** [00:44:21] Great. What do you think about surgical interventions in the treatment of p.\_m.\_s or PMDD?

**Andrew:** [00:44:32] I think that is a very harsh treatment for a condition that could be managed in a less dramatic way, so I would not encourage that. Also, if you remove the ovaries, that would be the option here, then you would have to give add back hormone treatment and that add-back hormone treatment might induce pre-menstrual symptoms. So I don't think surgery is an option here, really. I could also add that in fact, the effects of the SSRIs on the mood symptoms is very big. It's a good effect. It's a big effect. It's a large effect. We have we have, you know, normally one one regard point zero as a no effect size. Point five is the median effect size. Point eight as a good effect, size in in. If you look on the focus on irritability and look at the SSRI. We have an effect size. of about 1 or 1.4 or something very high effect size with a response rate of 95 percent. Well, all self-rated irritability, for example. So so I think if if the mood symptoms are the dominating ones, I think intermittent SSRI administration is in most cases very effective. So I really don't see any room for such a harsh treatment as a surgery.

**Reference 17 - 3.74% Coverage**

**Interviewer:** [00:47:51] And how do you feel about this interview? Do you have any questions or comments that you'd like to add?

**Andrew:** [00:48:00] It was a pleasure. And I think the questions were all very relevant. Absolutely. I think one should not... should not underestimate first the controversy around this diagnosis that you mentioned briefly, that there really is such a controversy. And in some ways, it's quite understandable, a condition that pictures women are as angry and unpleasant. Of course, it should be controversial. On the other hand, if you have seen men and women with severe symptom, which I I could tell you also that that when he first approached me, this gynecologist that many decades ago, and said that should we do work together on p.\_m.\_s, I said p.\_m.\_s is that really something to do research on?. We were working with schizophrenia and severe depression. Bipolar. Is that really a real condition. I asked. But then in our clinical trials, I mean, I interviewed a lot of patients that I got a tremendous respect of the really serious consequences this may have. So but I think, you know, I think you you you at least briefly mentioned that aspect and you. Also, the questions to... have me expose the the the differences in opinion, I think. Yeah. I think it was a good interview. You used the right questions. I don't know if the answers were right, but the questions were right.

**<Files\\E05\_Debbie> - § 10 references coded [14.81% Coverage]**

**Reference 1 - 0.97% Coverage**

**Interviewer:** [00:06:48] Great. And do or have you ever identified as somebody who gets p.\_m.\_s?

**Debbie:** [00:06:58] [long pause] No. [pause] I identify as someone who... I've always identified, as somebody who has.[pause] Um, Menstrual depression. So more like my. Well, I would say it's like a worsening of a chronic depression, right?. So I would say it's like menstrual exacerbation [laugh]. But premenstrually I seem to be fine. So it's very different to what a lot of the patients describe.

**Reference 2 - 0.87% Coverage**

there's also implications of the serotonin system, which are somewhat related, but that's not my area of expertise [laugh]. So I think it's biological. We also know that stress worsens PMDD. I don't think that it causes it, but it certainly plays a role in making symptoms worse and harder, you know. Worse. You could take it from sort of moderate to severe, if you will. Erm, [pause] Yeah, sorry that was long. That's that's my understanding.

**Reference 3 - 2.01% Coverage**

**Interviewer:** [00:20:42] It's a great answer.And so related to that, in your understanding, what are perhaps the most common premenstrual symptoms like a top five or top 10?

**Debbie:** [00:20:56] Yeah. Oh, overwhelm, emotional overwhelm feeling your emotions are out of control, irritability. And I would... I would actually clump with irritability, something that is not in the... a lot of the symptom checklists, which. But I think goes with irritability.., which is sensitivity to sensations, not wanting to, you know, sensitivity to sound, sensitivity to touch since it to, you know, just this sort of like irritable, like feel... like almost like embodied irritability where it's like, oh, I can't [hand gestures to show restless irritability]... nothing like.. Certainly depression, anxiety. Mood swings. How many did you ask for? Sorry.

**Interviewer:** [00:21:46] It was like five to ten. You've done... You've done seven, OK?

**Debbie:** [00:21:52] Yeah. Fatigue. Certainly physical symptoms for many people. You know, broadly.

**Reference 4 - 1.95% Coverage**

**Interviewer:** [00:25:40] Ok, thank you. And do you consider period pain or. Well, I mean, really, is uterine Cramps as a premenstrual symptom?

**Debbie:** [00:25:51] If they're pre-menstrual![laugh]

**Interviewer:** [00:25:54] So, it's just the timing.

**Debbie:** [00:25:57] Yeah. And you know, from the perspective of the DSM 5 and I think also the ICD 11 now, too. The idea is that we sort of ignore what happens for the first four days of menses and anything that happens like... as a... when it comes to diagnosis. So if you have really severe premenstrual cramps that continue into menses, as long as they're sort of minimal to absent by day 5, then that's gonna be a PMDD symptom. But if somebody has like no symptoms until their period starts, then technically I think we would call that dysmenorrhea. But I don't know that we have any evidence that the biology is different. It may not be a real distinction. But from a like current diagnostic standards [laugh] like that, that's what we would say.

**Reference 5 - 1.79% Coverage**

**Interviewer:** [00:27:00] That's why I'm asking these questions is that.[laugh] Yeah, they they push at some of the definitions.

**Debbie:** [00:27:04] Yeah!

**Interviewer:** [00:27:04] So in your opinion, what does the symptom bloating specifically refer to?

**Debbie:** [00:27:15] I always think of it as water retention, feeling sort of puffy all over. I think for a lot of people that it's sort of localized in the gut, you know, abdomen, maybe lower abdomen? Um [pause] Yes, I would say like could be like, "oh, my face is like puffy. I'm retaining water" or. edema or, you know, that sort of abdomen bloating.

**Interviewer:** [00:27:52] By abdomen, do you mean kind of gas?

**Debbie:** [00:27:56] Yeah, yeah. Or sort of gas and but also just like the size of your stomach. It's like you're both upper and lower abdomen sort of feels larger. Like it feels like there's like swelling of some kind. That may or may not be gas.

**Reference 6 - 2.93% Coverage**

So I'm talking about male people rather than men and do the same, symptoms therefore have different biological mechanisms depending on the patient's sex.

**Debbie:** [00:35:02] [inhale] I don't think we know that.[exhale] I would say potentially [pause] different... Um. So there's like the near term. Brain correlates, right? Like right before something happens, does irritability look the same in males and females? My money would be on like probably more yes than no. But in terms of the like, if we back up to like the things that provoke that same symptom, certainly I think they could be different in men and women to some extent. And people with this hormone sensitivity of p.\_m.\_s or PMDD would be one example of that... being um... being different. on the other hand. There's one paper showing that... um, That when you put healthy men into a hypo gonadal state, you give them GNRH agonists, a certain percentage of them develop... with this rapid hormone change, develop depression, irritability. So I think hormone sensitivity is certainly something that men are capable of. It's just that they don't [laugh] experience the cycle. But if you create a cycle in them [laughter], then they will just as readily show the symptoms.

**Interviewer:** [00:36:31] I'd love to see to see the ethics approval of that study! [laughter]

**Debbie:** [00:36:36] Yeah, I think it was done in people with prostate cancer or something like this where they needed to give this drug anyway, but I'll have to find it.

**Reference 7 - 1.38% Coverage**

**Interviewer:** [00:46:57] So they just state 'any' and then they don't list any symptoms as a guide. So..

**Debbie:** [00:47:01] I'm fine with that.

**Interviewer:** [00:47:03] Yeah, you're fine with that. cool!

**Debbie:** [00:47:05] Well, I mean, I think. I think with the caveat that that all of the evidence base for treatment is based on the PMDD criteria. So to the extent that your patient is experiencing something that is not emotional, not like.. a total like, I don't know, skin itching or something. Right? Like, I'm not sure that we would say, "oh yeah, just use the PMDD treatment guidelines!" [makes noise to imply crazy doctor] You know, it's probably got to have some emotion. Something in there.

**Reference 8 - 0.73% Coverage**

So the first one is what do you think about the use of diuretics? So this Spironolactone is the one that's been tested the most in the treatment of PMS.

**Debbie:** [00:58:42] I think the evidence base is that it can be helpful for bloating.[pause] An acne. So if. Somebody has those symptoms. And... those are the primary impairing symptoms. I think it makes sense to try?

**Reference 9 - 0.53% Coverage**

**Debbie:** [01:03:20] You know, we wrote a position statement on that. You know, it's like for them, they just think of hot flashes. Right. They're like, "oh, it's just a few hot flashes". It's like, no, this like can make people suicidal. Like, this is a big deal, you know?

**Reference 10 - 1.67% Coverage**

And do you have any questions or comments you'd like to add at this point?

**Debbie:** [01:05:53] Oh, great. I think it's great. I'm so impressed. You know, I'm so entertained and and um you know. It's been thought provoking to sort of pull at all the little edges. You know, I mean, I do this on my own anyway, but actually in a lot of different ways than what you did. And I think this is because I spent all my time thinking about different biologies and like ways in which within PMDD there are differences [laughter]. And so I think this has been good. Yeah, I think it's great. Well done. I'm very I'm really excited about. what you're doing wonderful. I can't wait to read it!

**Interviewer:** [01:06:42] I'm interested.... I still have no idea how it's going to end up because it's very dependent on what people tell me. And sure, it's quite variable.

**<Files\\E06\_Celia> - § 9 references coded [37.30% Coverage]**

**Reference 1 - 0.61% Coverage**

**Interviewer:** [00:07:03] OK. Um, so how did you first come to become interested in Premenstrual Syndrome?

**Celia:** [00:07:11] [Redacted- personally identifiable data]

**Reference 2 - 2.09% Coverage**

**Interviewer:** [00:07:37] Great. How would you describe p.\_m.\_s to somebody who's never heard of it before?

**Celia:** [00:07:44] I would say it's a series of um symptoms that can be psychological, that can behaviour be behavioural. They can be physical symptoms that occur for up to two weeks prior to the onset of menstrual bleeding with relief or almost complete relief by the end of the menstrual bleeding or by about day four and should not reappear again until sometime at around ovulation or just after, which in general is about two weeks before the menstrual period.

**Reference 3 - 6.45% Coverage**

**Interviewer:** [00:11:32] Thank you. Another tricky one. In your opinion, what's the best way to manage p.\_m.\_s?

**Celia:** [00:11:42] Well, what I like to do is to start with that two months of daily prospective ratings and during that time ask the individual to do a number of things. Do some, quote, holistic approaches such as um increasing calcium, vitamin D, increasing exercise, um trying to work on sort of self styled cognitive behavioural approaches, stress reduction, possibly meditation um... if they have pain, breast pain and whatever they can consider um the NSAID Premenstrually. And er anything that... that might be over the counter if they wanted to try. There is some small meta analysis with low dose with vitamin B 6. As long as they stay under 50 to 100 milligrams a day with magnesium. But I don't recommend that they start anything pharmacologic for the first two months. Then when they come back with their prospective rating, then we'll have a discussion about whether they're going to try a hormonal contraceptive such as the one that has FDA approval in the states um the drospirenone. 20mic pe or whether they're going to go with a luteal SSRI.[pause] Um I also, if the symptoms are only a week, for example, discuss the possibility of symptom onset SSRI, or SNRI, although there aren't many studies on that. If they want to stay with something that they might call, quote, more so... sort of homeopathic, there's the chaste berry tree. Studies predominantly in the British literature. I haven't really had anyone who's had a good response with it. But, you know, I think that... that's out there and um they can certainly go for more intensive emotional regulation therapy. You know, other sorts of things along those lines, acupuncture, etc..

**Reference 4 - 2.92% Coverage**

**Interviewer:** [00:15:50] Thank you. And so in your understanding, what are the most common Premenstrual symptoms? Could you perhaps list a top five or top 10?

**Celia:** [00:16:01] Irritability, anger, mood swings, anx.. Er, depression, anxiety. We see a fair amount of fatigue. Um, Some food cravings, um, overall feelings of achiness and that sort of thing, although I tend to look at it differently. Pelvic pain is one of the more common symptoms when you look at the epidemiologic studies. When you look at research studies, I think those with significant pelvic pain premenstrually tend to be put in a different bucket. So but that pelvic pain is as one of the symptoms in general that women may express... er headache.Um, Difficulty sleeping, some women have. I think those are probably the top ones.

**Reference 5 - 3.41% Coverage**

**Interviewer:** [00:17:00] That's great. That's more than 10, so Thank you! What is your understanding about the difference or differences between p.\_m.\_s and PMDD?

**Celia:** [00:17:16] {pause- audible intake of breath] Well, PMDD originally came about as a... as a psychiatric er addendum. So in that sense, an individual had to have a moderate to severe psychological or psychiatric symptom such as anxiety, depression, irritability, tension, that sort of thing. Whereas based on the umbrella of p.\_m.\_s, you could theoretically have two severe physical symptoms like fatigue and breast pain, for example, and not have any mood symptoms. And if as long as they're bothersome or intrusive, that could be considered p.\_m.\_s. So my impression is that the PMDD is a subset which... which includes at least one moderate to severe emotional symptom [pause] and has to include five symptoms as opposed to maybe three symptoms or two symptoms...

**Reference 6 - 3.20% Coverage**

**Interviewer:** [00:18:07] Thank you. So you just touched on this, but this is a separate question I have for everyone. Would you consider Period pain or as you're saying. Uterine pain as a Premenstrual symptom?

**Celia:** [00:18:23] [pause] I have to say that... that I wouldn't necessarily I would like to evaluate and look at it in a different context. But when women are asked about their Premenstrual symptoms, that's one of the more common ones. So I think there's some disconnect there. But particularly from some of the studies that [colleague's name] did potentially with the [Pharmaceutical company name] group, I think they did find a lot of abdominal pain complaints. But I tend to look at those patients with two different problems, or at least I try to see if there are two different problems, potentially. a gynaecologic aetiology. And then the p.\_m.\_s /PMDD aetiology.

**Reference 7 - 9.05% Coverage**

**Interviewer:** [00:26:21] Great. Thank you. So at the moment, the kind of consensus agreement was that PMDD sits kind of alongside PMS. They're both kind of parallel categories to each other. And so that obviously means, well it implies definitely that PMDD certainly isn't a mental health issue that gets worse premenstrually; that it's a stand alone Premenstrual disorder, but also that it's kind of. Slightly separate from PMS, like there might be a divide between mental health symptoms and physical health symptoms. Do you have any feeling on the way that that ended up being defined?

**Celia:** [00:27:17] [Long pause] No. I mean, the other issue is that... I haven't looked at it recently, but at one time a company came to me and asked if I wanted to do a study on a diuretic for the physical symptoms of p.\_m.\_s. And we literally could not find many patients at all who had severe physical symptoms without, say, endometriosis or some other being.. you know a pain problem, without having moderate to severe emotional symptom, at least one. I think it's pretty uncommon. And having said that, if they just have severe breast pain premenstrually. I wouldn't give someone a p.\_m.\_s diagnosis, although by definition they... they would fall in that category. But... Anyway, I forgot what your question was [laughter]

**Interviewer:** [00:28:04] It was sort of how it's ended up, I think having to come to a consensus that PMDD is sort of slightly separate. Now from p.\_m.\_s. And it leaves p.\_m.\_s without a clear like you're saying, there's no clear. Definition for PMS, whereas it is quite clear for PMdd. But it's a it's a DSM diagnosis. It's a mental health diagnosis.

**Celia:** [00:28:28] Well, I was hoping that the definition that the consensus conference came to, under and the paper that was published, I think in the Journal of Women's Mental Health, the paper with [colleague's name], I think and his group as the first authors, I'm sure you're aware of those papers...

**Interviewer:** [00:28:44] yeah

**Celia:** [00:28:46] That... that the concept of Premenstrual er disorders, that that could end up becoming the definition of p.\_m.\_s. I saw that ACOG withdrew their p.\_m.\_s practice bulletin and I don't know that another one ever replaced it. So I agree that I don't know that there is a medical p.\_m.\_s definition now, and I think that is a problem. [Pause] On the other hand, you know, maybe it should be left in the lay area and just call it Premenstrual disorders and...

**Reference 8 - 6.40% Coverage**

**Interviewer:** [00:30:49] And so thinking move the PMDD diagnostic criteria so it's categorized as a mental health disorder, and within the eleven criteria, one box has got several physical changes and in fact they're quite normal menstrual changes. So there's a bit of tension there. That this is a supposedly a mental health disorder. And yet some of the diagnostic criteria include things that are common , you know breast pain, abdominal pain, headache, symptoms that are common physiological processes. So the question is, what is... how do you think about that or do you have any thoughts?

**Celia:** [00:31:38] I think it's sort of an artificial dichotomy. If you ask... if you do look at studies or you ask patients who have depression, most of them have pain. In fact, it's very common to have pain when... physical pain. And so to say that it doesn't belong in a mental health diagnosis I think isn't true. And also the fact that the SSRI's can help those physical symptoms. Studies where they were, they always have categories for physical symptoms. So it's hard to say whether they have different aetiology. Presumably they might. But if you're looking at a syndrome and you have symptoms, that come into that based on frequency of women having them than I can see why they put it in there. I think it's not a bad idea for the PMDD that it's only one category. So in other words, you can't get five symptoms by having four physical symptoms. and One mood symptom. Um... I I think the. Um There just haven't been many more treatment trials since the time when the pharmaceutical companies were funding these studies. So we really don't know. Take a PMDD diagnosis and compare, say, an hormonal contraceptive with an SSRI. No one wants to pay for that.

**Reference 9 - 3.16% Coverage**

**Interviewer:** [00:33:04] No. So the next two questions are optional because you might not have experience on these or you might not want to answer them. So it's up to you. The first one is what do you think about the use of Diuretics? So Spironolactone is one that's been trialled for the treatment of p.\_m.\_s.

**Celia:** [00:33:32] Well, I think [audible exhalation] it's useful for people who have a lot of bloating, um fluid retention symptoms or androgen excess symptoms um because it has activity as... it's an anti androgen as well. So I think it's very useful for those patients. The question about whether it will also help mood symptoms. There was one small study suggesting it did. But it's not my go to for mood symptoms. But I think if they have a lot of predominant congestion, bloating, water retention type symptoms, it's a quite a safe medication to use.

**<Files\\E07\_Sarah> - § 14 references coded [38.84% Coverage]**

**Reference 1 - 0.58% Coverage**

**Interviewer:** [00:02:36] OK. Brilliant. So, let's get it started. I don't want to take up too much of your time. Um how did you first come to be interested in working on Premenstrual Syndrome?

**Sarah:** [00:02:53]

**Reference 2 - 1.07% Coverage**

**Interviewer:** [00:05:33] That's brilliant, thank you. How would you describe p.\_m.\_s or PMT to someone who's never heard of it before?

**Sarah:** [00:05:47] I would say that it is cyclical changes in mood and with accompanying physical symptoms that affect some women over the menstrual cycle and usually occurs in the ten days prior to menses, and then it's alleviated by the onset of menses.

**Reference 3 - 3.80% Coverage**

**Interviewer:** [00:08:03] Thank you. What is your understanding of why Premenstrual symptoms occur?

**Sarah:** [00:08:12] Well, it's definitely linked to the cyclical changes of menstrual cycles. If we don't have a cycle. You won't get it. So all the women that we saw who identified as having significant symptoms. And some of them, you know, we were able to see who did or didn't because we had their daily rating chart of course. Um but when we asked some other questions like did it happen? What happened when you were pregnant? Symptoms didn't occur! They usually felt terrific over pregnancy. It didn't happen when they were breastfeeding because of menstrual, you know, the cycle is suppressed. It doesn't happen after menopause. It doesn't happen before menarche, it's linked to the menstrual cycle. So it's... it is related to the effect that the hormones of the menstrual cycle have on neurotransmitters. And some women are very sensitive to this. And that probably effects their genotype, and there are twin studies demonstrating you know that there is some You know, that's a crude way of demonstrating genetic links, but it does demonstrate that. And then there are, you know, there are other factors that also could make it worse. You know, stress makes it a lot worse so if you get anxious about it it's gonna get worse or some other stress in your life. Is gonna make it worse.

**Reference 4 - 6.31% Coverage**

**Interviewer:** [00:09:34] That's brilliant, thank you. And so in your opinion, what is the best way or the best ways of managing PMS?

**Sarah:** [00:09:45] Well, you know, again, you've first got to demonstrate that it is actually occurring because of the women who came to us, sometimes we found it was actually some other, more significant problem, present. So you know, you always have to have a complete health check and you know make sure that in fact there isn't some inter-current problem like alcoholism or something else that really needs to be dealt with. So that's the first thing is exclude other disorders. I mean, you really need to know what's going on in this woman's life. For example, if she said she's only had these symptoms for the last 18 months. Well What happened 18 months ago? You know, was it you know that her cycles changed after she gave birth to a baby, and finished breastfeeding? Sometimes that happens. But it might have been that there was some significant stress in her life and if it is stress-initiated then you would be looking at what you could do to reduce that.. Perhaps with referral for cognitive behaviour therapy and so on... to see if you could reduce those aspects because you might not have to do anything after that. You need to confirm that there is actually Premenstrual syndrome occurring before we start any treatment. And that means you've really got to send them away with the daily writing chart for a couple of months. But nowadays with the Internet, people often come with their daily ratings. You get the chart already filled out. So it's not quite like when we first set up a clinic. In fact, they come with those charts and you know you can work from there. So if you demonstrate that there is change linked to the cycle linked to menses etc. and there aren't current stressors that you can first deal it. Then you would be looking at each person as an individual and you would talk to them about the range of treatments that are available. Um, Some women would prefer to take a tablet and don't really want to do any work themselves to reduce their overall um background stress level. Other women prefer to do that. So if you really have to find what any individual... and Generally, a combination of treatments is often the best way to go about it.

**Reference 5 - 1.86% Coverage**

Um in your understanding, roughly how many Premenstrual symptoms are there?

**Sarah:** [00:14:31] [Raises eyes upwards and inhales] I dunno. I think in our study that we asked people to list symptoms there were, I think they came up with about one hundred and fifty. Now um how many... what the most common ones... if you... I'd have to go back to the article, to see if it reduced, them down to... I mean, the most common ones that we looked at um jwe were able to limit it to about, I think about... seven symptoms and about three control symptoms that we just put in there just to see what happened to them [laugh] as well. Um But um I think you'd need to go and look that up.

**Reference 6 - 1.23% Coverage**

**Interviewer:** [00:15:07] OK. So, I mean, linking to that, the next question is, could you maybe some of the most common symptoms like top five, top 10?

**Sarah:** [00:15:18] Yeah. Well, I mean, the most frequent reported symptoms seem to be those; irritability, depressed mood, feeling of like they were losing control of their behaviours, er breast tenderness, breast soreness um and bloating, general bloating. I Think they're the most common ones.

**Reference 7 - 2.77% Coverage**

**Interviewer:** [00:15:43] Aha. Thank you. Um, What is your understanding about the differences between p.\_m.\_s and p.m. DD? The Premenstrual Dysphoric Disorder?

**Sarah:** [00:16:00] Well, um that's more tightly defined. So now we're getting to the more serious type of disorder. That's the 5 percent... I was talking about before. And er, these er, to qualify with this they must have the mood component symptoms. Sometimes... you know the majority... The most prevalent symptoms are actually the physical symptoms. That's something you get from our epidemiological studies in different countries, it's the physical symptoms, that are most prevalent. Um, but for the psychiatrists [laughter] of course, that's what they're most concerned about... It's not women coming with [laughter] mastalgia. They're going to go to their gynaecologist or a GP but... but you know, they're gonna be referred the woman with the really problematic depression who may be suicidal at that time. Um, you know, that becomes a real issue.

**Reference 8 - 0.58% Coverage**

**Interviewer:** [00:16:57] Mmmm. Do you consider period pain or uterine pain as a Premenstrual symptom?

**Sarah:** [00:17:04] [inhale] No. Um, dysmenorrhea. I would see as a different condition, different aetiology.

**Reference 9 - 3.02% Coverage**

**Interviewer:** [00:17:10] OK, um and then again, in your opinion, what does the symptom bloating specifically refer to?

**Sarah:** [00:17:24] Um, women are vague about this, but they do have a feeling of abdominal fullness, would be perhaps one way of describing it. Um, They're not really talking about bloating of the legs or arms. Really, it's more around the abdomen. And they've often said they feel uncomfortable. You know, they don't wear tight jeans on those days or whatever?

**Interviewer:** [00:17:51] So would you think it's more kind of water retention or gas? Or both? Or...?

**Sarah:** [00:17:59] It seems to be a fluid... a fluid based symptom. I think that there have been various studies on it. and I think it's to do with... its a perception about the... Um, It's not necessarily that they gain weight, but they feel like... that they have because of the bloating.

**Interviewer:** [00:18:22] Yep

**Sarah:** [00:18:24] So it's something that's happening with fluid moving in and out of the cells and how uncomfortable... some sensory mechanisms triggered, which makes them feel uncomfortable.

**Reference 10 - 2.97% Coverage**

**Interviewer:** [00:25:26] So the latest sort of the Montreal consensus based guidelines now state that any symptoms count so long as they happen in a cyclical manner and resolve shortly after menstruation. How do you feel about that kind of a definition?

**Sarah:** [00:25:44] Well, It just does go back to what we found in that paper I told you about. It's very idiosyncratic, what women put forward and the order in which they put it forward, you see, so you can find the same sort of symptoms being mentioned. You know, in that long list that i'll send you. You know, and I would do this with people in the clinic I'd say "now. Tell me about all the things you notice. Ahh are there any more?" you know? Sort of... instead of getting bored with their first three [laugh] and limiting them to that. But just trying to you know, so if you really do try to drag it out, you actually do find that people talk about a range, a large range of things. So then you've really got to look at well what are the most prevalent of the symptoms... and people talk about a lot of individual symptoms.

**Reference 11 - 1.51% Coverage**

**Interviewer:** [00:28:23] So after the Montreal Consensus, we have this kind of Premenstrual disorders umbrella term and then kind of beneath that you have p.\_m.\_s and PMDD and separate disorders. How do you feel about that, this kind of slight separation of those terms or those experiences?

**Sarah:** [00:28:50] Well, I think that's fair enough and just given that the PMDD is just a small subset. And you know, they are gonna be those that have the more severe mood symptoms that you may need medication to help. So I think it's a reasonable thing.

**Reference 12 - 4.33% Coverage**

**Interviewer:** [00:29:19] So, again, these more recent guidelines that have happened after the consensus meetings they don't always include information about these kind of lifestyle changes or like you were saying, asking about stresses or social factors in people's lives and they're much more concentrated on pharmaceutical decision making and it's kind of either hormonal or SSRI treatment. Do you think there's a place for those kind of more lifestyle... erm, for that information to be in clinical guidelines?

**Sarah:** [00:29:58] Yeah, I think it's... Well, I think it's an important thing to know about. You know, if people have got a really dreadful diet. Or If there's been some major stress, some major change, it may still be ongoing that they're trying to deal with. Then I think you do need to do... take note of that in a holistic way of treating the whole person. So I don't see why that would be left out of good clinical care... would be to make those inquiries. I mean, interestingly, when we saw people at our Sessions Clinic um the majority of them had already been through all the things that were available in terms of um... um... Evening Primrose oil, you know, various herbs, you know, diuretics. You know, I mean, they listed for us everything they had already tried I mean they had already been through all of that. By the time they got to us, but what they may not have been considering is that's the role of these other stressors and the other problem I saw often was this sort of alcohol abuse. That is certainly imp... it's important that we've found.[pause]

**Reference 13 - 2.20% Coverage**

So, how do you feel about having those physical changes as part of the the definition of the mental health disorder?

**Sarah:** [00:32:49] I don't know if I've ever seen anyone who had... the mental changes without any physical changes. So, you know, I think they should be there. I think they could occur more frequently in the population then do the severe mental health symptoms. Um [pause] Look, you know, these these... the way in which consensus is reached for something like DSM is just, it's fraught. You know, it's really based on a lot on the literature, but also on who the panel is and how they drive it. You know, there was a lot of problems with that particular panel and other panels in the DSM 5. You probably know about that... This is not a religion and it's not an exact science.[pause]

**Reference 14 - 6.60% Coverage**

**Interviewer:** [00:35:08] Yeah, thank you. So the next couple of questions. They are just your opinion, and if you haven't used these options, then feel free to just say so. So the first one is what do you think about the use of diuretics, there's one called Spirinolactone...?

**Sarah:** [00:35:26] [interrupting] That's a relatively old treatment. Um, I can't remember. I mean, I may have used it back in about the early 1980s, I suppose. But before we had any other treatments really available, I mean, look, [laughter] the problem is that there's a very high placebo effect. So what do you think of any treatment? Well, you've got to get above a placebo effect for it to be effective. That's a problem. There's a very high placebo effect in this condition. I mean, way way way Back when we first had the clinic and before we had informed consent. I made up a... I talked to the pharmacy. And had them produce a sugar pill with a fancy name. And I can tell you a lot of people got better on it. I just wanted to see what effect a placebo had. So would it have been maintained if conducted it for a while, I don't know. I mean, equally? We ran a trial of Alprazolam for PMS, you know many years ago and we had to give the informed consent. So there was a whole string of side effects. Well, so many people got side effects from it in a single blind month... erm, beforehand. That I went to our hospital pharmacy and accused them of stuffing up the blindness of the trial.[laughter] Because we just couldn't have this number of effects occurring on what was the placebo month. And they were all placebo-induced from the informed consent form, so you Know, you know, it's very difficult. That's what has made treatment evaluation. Difficult in the end is the very high placebo effect. And what does that show? It shows that really you can modulate a lot yourself. And that's why, you know, the psychological treatments need to be considered as well as the pharmacological. Right? And but you've got to go with the woman herself... We offered our women... that they could take part in um cognitive behaviour program, which did have terrific effects. So, I mean, I think it was you know, certainly more effective than the various control groups that we had and helped a lot of people. But you have to be willing to commit yourself and put the time in. The majority don't want to do that, they just want a tablet, Thank you!

**<Files\\E08\_Thomas\_edited> - § 12 references coded [25.77% Coverage]**

**Reference 1 - 0.23% Coverage**

So first of all, how did you come to be interested in Premenstrual syndrome?

**Thomas:** [00:02:49]

**Reference 2 - 4.47% Coverage**

**Interviewer:** [00:12:53] OK. So in your understanding, how common is p.\_m.\_s?

**Thomas:** [00:12:58] Well, it's very common, it's er.... I can only refer to... I was part of a television program. And in the city of of where I live, it's about 150K inhabitants. And and during the two days after this program, the department had about 50 calls from patients who wanted to come and see us. So it was a very common common way. But I mean, the severity varies a lot. And as a... as I would say that more... or more or less well over 50 percent perhaps, or up to 70 to 80 percent it has been recorded feel some changes in relation to the menstrual cycle. So it's... it's more uncommon not to feel changes than feel changes, although I mean, these are not to be considered to be pathological, I mean, to be considered as um 'disorders'. But these... these figures about three to five percent of the female population, in fertile ages... that have have this a more severe condition. That's that's also something which which would need treatment and help in any way. And in in... I would say that it's it's more more than the ones that actually fulfil the criteria of PMDD that need help. I would say about ten to fifteen percent or perhaps even more but, but at least in, in, in that range I would say. And the rest of course, I mean I think that they can manage themself by by knowing what it's... what is happening. And also by. By changing their lifestyles, sometimes... many patients which I have met, they say that they keep a diary in advance so that they know the days when they are going to feel bad. And that helps them to, to at least feel.... I mean, you're able to cope with the situation. But er, Of course, I mean, 80 percent of the female population in fertile ages, are not being... have not a disorder. That's something which I have to say... Some lay press, it seems, has everyone more or less as having this disorder.... and That's not true.

**Reference 3 - 3.61% Coverage**

**Interviewer:** [00:16:06] And what is your understanding of why Premenstrual symptoms occur?

**Thomas:** [00:16:12] Well, at least the mental symptoms are quite well defined as as being caused and Now I'm talking about the let's say the pure version, which is different from the one that is a aggravation or an exacerbation of other types of disorder. And in this situation, my my understanding of... that's that is a result of our research is that there is a compound that comes from the corpus luteum of the ovary, which is... it's active in the brain. It's a very important one with, er. It's more potent than benzodiazepines and more potent than barbiturates. And it can be used as anaesthetic. So that is actually disorders, where people who are falling into coma due to this and we are investigating a condition called hepatic encephalopathy which is a coma, coma-like disorder or a coma... it induces a coma. In fact. And now we know that in in certain individuals are actually reacting negatively on this compound, which is some having its effects similar to benzodiazepines. And also similar to alcohol, so they are they are working on the same receptor, which is the GABA-A receptor. And uh we know that in certain situations and especially in certain individuals, they react paradoxically**.** And this can also be seen in in anaesthesia, where you give small doses. If you give a small dose, benzodiazepine, to... to. For instance, children, which is a common situation, some of them actually go berserk. Totally become wild and... And that is the same type of reaction

**Reference 4 - 1.03% Coverage**

But I would say that less... less severe conditions. They could... They could manage with... with this one. Then there are are for the less severe cases there are also a different kinds of psychotherapies. Cognitive behaviour, sorry, cognitive therapy, and that is.. is very effective in situations where the... the condition is not so. severe... that's . But in the really severe cases, it's it's not enough. That's my experience at least. [pause]

**Reference 5 - 2.31% Coverage**

**Interviewer:** [00:32:51] Yeah. So again, in your understanding, roughly how many Premenstrual symptoms are?

**Thomas:** [00:33:01] Well, Katherina Dalton, If you have read her? she describes one 150 symptoms. and I have a lot of experience with the different types. I had a... a clinic with only patients with acute intermittent porphyria. [coughing] Sorry. Sorry for my coughing. I haven't.. I have a bit of a cold....

**Interviewer:** [00:34:37] I'm the same, so feel free to cough!

**Thomas:** [00:34:39] Yes. Thank you. Anyhow, [cough] that is one condition. I have had lots of patients with epilepsy. Catamenial Epilepsy. I have had patients with urine incontinence. That turns out to be menstrual cycle related. And of course, I mean these Psychiatric symptoms of different kinds and many of these symptoms that have exacerbation or aggravation of ... of their psychotic disorders. I've had quite a lot of children which are having psychotic episodes which are related to the menstrual cycle. So... [pause]

**Reference 6 - 1.33% Coverage**

**Interviewer:** [00:35:28] So could you maybe give me the top five or top 10 of the most common Premenstrual symptoms?

**Thomas:** [00:35:36] Yes. Top five or top ten. Well, it's the main ... Sorry. [cough] For me... For me, it's mainly the psychological or psychiatric symptoms which are the top ones which are the most common with irritability and then depression as the main ones. Um. Loss of control is a very common and anxiety.[pause] That's that's the most ones. And then after that comes the physical symptoms of breast tenderness and swell... swelling; bloatedness. [pause]

**Reference 7 - 0.96% Coverage**

**Interviewer:** [00:37:44] Right. Do you consider Period pain or uterine pain as a Premenstrual symptom?

**Thomas:** [00:37:53] Not really, not really. [cough] It's... it's very... well, it's... It's not uncommon that they are combined. So they both have p.\_m.\_s and let's say it's dysmenorrhea. But there are many with dysmenorrhea that don't have PMDD. So it's it's not the same condition. That's according to my mind.

**Reference 8 - 2.30% Coverage**

**Interviewer:** [00:38:56] So as you've already said, lots of chronic conditions can worsen at certain times in the menstrual cycle. So you consider those to be Premenstrual symptoms?

**Thomas:** [00:39:06] No, not really. We... we consider them to be Premenstrual aggravation of that condition. And it could also be treated by the original treatment of the condition, and not by treating the menstrual cycle, but on the other hand. Usually when they come to me, at least these patients, they usually have tried everything. Migraine, for instance, is a very very common disorder. Well They have tried everything and. It's not good enough... they still have this menstrual- related migraine. It's not premenstrual in that way. It's more menstrual [during the bleed]. So it has a similar pattern. as the... the uh Epilepsy. So it's it's more. There is a term actually catamenial epilepsy perhaps you've heard that one?

**Interviewer:** [00:40:07] Yeah.

**Thomas:** [00:40:08] And catamenial migraine... [pause]

**Reference 9 - 3.42% Coverage**

**Thomas:** [00:54:27] Well, as my experience is that the difference between PMS and the.**..** and perhaps I may repeat myself. Now it's mainly due to the severity. And if if it is the same condition and the same symptoms are the main ones, which which is my experience with a lot of exceptions, of course. But like, let's say, the core core symptoms are... are more or less the same. So... so my experience is that... that is... that is. I agree with the consensus in that way that that the core symptoms are or more or less the same. But some people have it very seriously and others don't. They have it less severe oh And then in... in addition to this, there are a number of all symptoms which are related to other disorders or other... other factors or other organ systems like increased urine production, for instance, which is the reason for the... for the increased incontinence. And and so on. They... it's something which... which of course, is... is related to the basic problem and not so much related to the menstrual cycle. Per se. Not only caused by the menstrual cycle and and by that I mean we do the category session of pure PMDD or or core p.m.DD or what we now or would like to call it. Or core p.\_m.\_s and core and an Premenstrual aggravation, of whatever condition or Premenstrual exacerbation or whatever the original system or or condition and. I think those are the cate... cate.. categories. Not whether actually PMDD and p.\_m.\_s is different. That's that's my my view of it.

**Reference 10 - 3.08% Coverage**

**Interviewer:** [00:57:06] So again, relating to that, the DSM criteria for PMDD puts nearly all of the physical symptoms into one box.

**Thomas:** [00:57:15] Yes.

**Interviewer:** [00:57:16] And that can be a little bit confusing for some people, mainly because it's a mental health disorder by definition...

**Thomas:** [00:57:27] Yes.

**Interviewer:** [00:57:28] And then some of these changes, as you're saying, are quite normal. For a lot of people...

**Thomas:** [00:57:32] Yes,.

**Interviewer:** [00:57:32] ...breast Tenderness or constipation, diarrhoea, that kind of thing. So what do you think about that? Their inclusion as PMDD diagnosis?

**Thomas:** [00:57:41] [Immediate response] I think it's wrong.

**Interviewer:** [00:57:43] Ok.

**Thomas:** [00:57:46] [Pause] Because there are conditions which are only having breast tenderness, only having bloatedness, only having urine problems or incontinence and only having diarrhoea, constipation and nausea and whatever. And those are are not to be categorized as p.\_m.\_s. I think they should be categorized as a Premenstrual aggravation or something else. Whatever. That's my view.

**Interviewer:** [00:58:24] Yeah. Great.

**Thomas:** [00:58:26] But I'm not saying by that they don't need treatment or help.

**Interviewer:** [00:58:32] No. Just a different categorization.

**Thomas:** [00:58:35] Yes.

**Reference 11 - 1.93% Coverage**

And the first one is what do you think about the use of diuretics as a treatment for p.\_m.\_s?

**Thomas:** [00:58:57] No, not for p.\_m.\_s or PMDD. That's that's my view. I have experience of oh diuretics in relation to weight increase because there is also a weight increase in relation to the... the Premenstrual Period. Some individuals get an increase during production and some individuals get a smaller urine production. It's it's fascinating that it can be the opposite. More or less I don't know why, but I'm sure it has something to do with the control of... the of the urine production. Anyhow, in those situations, I used diuretics with some success -clinical experience. No science. I've observed that [laugh] but I have not done any science on that it is only clinical experience, what it's worth?, I'm not sure it's worth anything.

**Reference 12 - 1.12% Coverage**

could say yes, well. I'm surprised that you have got grants to be able to do this research?! [laughter]

**Interviewer:** [01:03:20] Well, it's maybe back in? We're in a new era. It's fashionable again. Periods are...

**Thomas:** [01:03:25] Yeah, OK. That's nice. Anyhow, anyhow, that's that's something which is so. So I think that first. First thing first and then the second thing. And what... Whatever. I mean the most common things I think would be good to be able to treat it properly.

**<Files\\E09\_Susan> - § 10 references coded [30.35% Coverage]**

**Reference 1 - 2.13% Coverage**

**Interviewer:** [00:06:19] That's fine. Um, sometimes some of my questions might kind of make you repeat some of these points but the idea is that I compare people's answers to the same questions.Did you identify as somebody who got p.\_m.\_s?

**Susan:** [00:06:38] Did I? Yes. I... I have... I mean, I don't menstruate anymore, thankfully. From about a year ago. And that's a great relief in terms of not having those monthly changes. And so I have always had changes premenstrually and sometimes quite dramatically, um... [pause] mainly psychological changes in terms of feeling quite irritable and angry. And sometimes feeling down, so feeling bad about myself. Um... But, yeah, I mean, I've never been suicidal around PMS. But I do... Yes, I have had them, and I think they had.. definitely having an impact on relationships. I didn't... I wasn't aware of it when I was younger and I actually was one of my friends that I lived with... I lived in a shared house at Uni. And it was one of my women friends who actually said it to me then. That she thought I had PMS. So I had no awareness of it at the time. But it's yes, I think I would identify as having had quite... you know... moderate to severe Premenstrual change and something that felt wasn't a good thing. But I mostly learned how to cope with it in terms of psychological strategies. I've never taken anything medical... biomedical for it; pharmaceuticals for it.

**Reference 2 - 11.84% Coverage**

**Interviewer:** [00:15:08] So what is your understanding of why Premenstrual symptoms occur?

**Susan:** [00:15:16] I would take... what some might call a biopsychosocial approach, or I call a material, discursive intrapsychic approach. And I would say that there is [pause] something happening in the body. We know that there are hormonal changes across the menstrual cycle. We know there are potentially... there are changes in autonomic arousal. That's one of the things I did in my own PhD. I looked at um changes in autonomic arousal across the cycle and there may also be changes in neurotransmitters. [pause] Um, We don't know exactly. That [pause]. Those hormonal changes can lead to, or can be associated with, changes in how a woman experiences her body. So feelings of... um, Breast tenderness, or swelling, of tightness of um in terms of emotional reactivity, feeling more reactive, feeling more vulnerable. A sense of change in terms of how you feel within yourself, which is often described as mood. Now, that might seem like a really reductionist... you know, answer to you. But I would also say that how we then experience those changes is influenced by the cultural context in which we live. As I've already said... so in the West we have an expectation of stable mood, particularly for women and being in control of our bodies and our moods all of the time, particularly for women. And so if I am a woman who is experiencing you know, a slight change in how I am this week, as opposed to how I was last week, that can lead to me feeling out of control of myself, which is how women report p.\_m.\_s. You know, that... in a sense what PMS is, because I shouldn't be like that, because I've got this sense of a stable me. That's always nice and perfect and kind and good and always in control of myself... and feeling happy. So that can then lead to me feeling bad about myself. It can lead to me um, looking for a biomedical explanation because that's what's given to me in our culture as why I'm feeling like this... it's to do with my hormones, which are bad, you know, that are causing a problem for me. Um, And that can then lead to me to feel completely distressed. And to have PMS. Whereas you could take a different explanation, you could say, um for example, if you take a more Buddhist explanation or more Eastern explanation of change, you could say change is accepted. Change is part of life. We're not going to feel the same. Every day, every month, every year, every moment. And in fact, if you take a mindfulness practice and you're actually looking at change, you can actually see there are change... changes happening to you over seconds [emphasis]! Never mind. Over minutes, over hours, over days. And so the notion that change is part of life. And so actually having a change over the menstrual cycle, which you can predict that you might feel slightly differently, could be seen as a really positive thing, because, you can know, when you've going to feel a bit ratty with your partner or not feel great in your body, say you're not going to want to go and do a, I dunno, a movie show, or stand on the beach in a bikini or if you're that kind of person, go to the gym. You know, it's a time when you need to be doing a little bit of self care and not going and giving a conference paper! [interviewer laughs] Change is normal and accepted is not a pathology. It's just something that happens. It's part of being a woman in the same way, I'm not having one at the moment. But if you menopausal, you get a flush, it's like, what's the big deal? I've got so many really nice fans [interviewer laugh] everywhere in my house and on my desk and whatever hand bag like it's not a big deal. So I think it's it's... why it happens. Yes, there is definitely something happening in the body. And as someone who is no longer menstruating, I don't get that regular pattern of change. And that's really interesting as a menstrual cycle researcher. But it doesn't mean I'm never ratty or irritable because I am still, but I can't predict when it's going to happen. It's happening at the moment because I'm completely devastated by [names a nearby natural disaster]! I feel quite traumatised by that. Erm, so I feel really emotionally labile at the moment in a way which is quite similar to when I was Premenstrual. But I'm not premenstrual. So other things can give you... other things can... [pause] um,[pause] Elicit those changes, those emotional challenges and even physical changes, like if I went out and ate masses, I'd probably feel bloated in a way that you can when you feel premenstrual. So it's not... those feelings and not unique to PMS. And I think that's why one of the um areas of research that really excited me, before I did, my PhD and I actually wanted to do in my PhD, but I couldn't for various reasons. Was, um, [Randy Ceski- check] work on attribution theory of PMS and the idea that women attribute moods to the menstrual cycle when they're in the Premenstrual phase of the cycle, but they attribute them to other things. When they're intermenstrual, when they're... And I think that that's a really important piece of research that I think is still really valid today. And she did it in nineteen eighty three to earlier than that... It must be earlier, because I started my PhD in '83.. So I think it's '81 she published that... because those moods we get around PMS, those changes we get around PMS can happen at other times and not be associated with hormonal changes across the menstrual cycle. That's why there's that um... [sigh] Arg, I can't remember the name of the paper, there's a ... 'cos I've got a terrible memory for names.. I'll probably remember it afterwards, you probably know it? It's a paper that came out in 2012...

**Interviewer:** [00:21:06] Oh! Romans... Romans et al?

**Susan:** [00:21:10] Yeah. When they looked at the you know, changes across the cycle and there is not a predictable pattern. So in answer to the question, what is PMS? I give you the answer that I gave. But what I would also say is that those mood changes can happen at other times. They cannot be explained by a simple hormonal pattern. And that's why the simple hormonal explanation for PMS is not sufficient in my view. So I think for some women, there are clear hormonal changes. The other thing that I think is important, is It's not the same every month. And that women will... you know, as someone who's done lots of PMS studies where we've recruited women who do the three month daily diaries before they come into the study, and I've done that a number of times in both [two different country contexts]. You'll get women who come in and say, I have you know really bad PMS. And they fill in the retrospective survey and it shows real bad PMS. And then they do over three months. And then they... many of them quite high proportions don't show those patterns. So and there's lots of explanations for that. One of them is the attribution explanation that women are attributing this to Premenstrual to PMS, premenstrual phase, When actually... there's many other you know other stages of the cycle, they might get those moods but attribute them to elsewhere. But the other thing is it's not consistent. And even if I... if I look at myself as somebody who had it, it was worse some months than others. And that was usually to do with what was happening in my life, to be honest. And women... I often say... my classic question, I would say to everyone I interviewed, with this "how's your p.\_m.\_s when you're on holidays". And most women would say, "oh, actually, it's not that bad". So there's always an interaction going on between what's happening in the body, what's happening in your life, what's happening in terms of putting meaning to it and what sense you make of it, what you think about it, yourself. And we can't separate those different factors out.

**Reference 3 - 1.88% Coverage**

**Interviewer:** [00:28:34] Thank you. Right we're on to the second section. So in your understanding, roughly how many Premenstrual symptoms are there?

**Susan:** [00:28:50] Well, the list of symptoms that are on symptom profiles.There are multiple symptoms. I mean, there are... it's not like there's a standard where we can say 'there are only thirty six' there may be hundreds? Um, but there are core Symptoms which are commonly reported; psychological symptoms which tend to be anxiety, depression, irritability and then there's symptoms which are potentially more psychosomatic like sleeplessness or dizziness. There's classic physical symptoms would be breast tenderness, feelings of swelling, bloatedness. But one of the arguments as to why PMS is not an not a 'syndrome' in the way of how syndromes are defined. Is it doesn't have a core set of symptoms that all women report... there are many, there are multiple symptoms. And if you talk to different women who report Premenstrual distress, there are, you know, multiple... whole ranges of different symptoms that women report. So, you know, as I've argued many times in writing, PMS doesn't meet the core definition of the syndrome because it doesn't have a core set of symptoms that everybody has.

**Reference 4 - 2.51% Coverage**

**Interviewer:** [00:30:26] Yeah, that's fine. Um, what's your understanding about the difference or differences between p.\_m.\_s and p.m.MDD?

**Susan:** [00:30:31] Severity. But I can say more if you want? But if we're speeding then, 'severity'. I can give you... if you want one word answers, you can have them.

**Interviewer:** [00:30:46] Well, if you're happy just saying 'severity' then that's fine.

**Susan:** [00:30:57] Well, on the one hand, i'd say severity, but I would say briefly the difference between PMS and PMDD is that PMDD is in the DSM and PMS isn't. Um, PMDD is used as a justification for positioning women within the psychiatric discourse much more formally. Um, it's used as a justification for giving women psychotropic medications. So SSRIs and officially women, particularly in the U.S. where the DSM operates primarily. But it also is used in [home country]. I don't know how much it's used in the UK. PMDD is a formal psychiatric diagnosis, so that's the difference between p.\_m.\_s and PMDD. But in terms of what it... how menstrual cycle researchers tend to use it is they'll say women with severe symptoms have PMDD, as if it's a thing and women with moderate symptoms have PMS as if it's a thing. But they're both social constructs, they are both diagnostic labels that are created by clinicians and yeah know we know the diagnostic history, you don't need me to go through it. From going back to Frank and Karen Horney in 1931 to try to Dalton to a LLPD to PMS and PMDD. We've got a whole history of psychiatric nosology here, which actually is giving a label to women's distress. So how it's framed is that PMDD is the extreme end of the continuum.

**Reference 5 - 2.37% Coverage**

**Interviewer:** [00:32:29] That's brilliant. Thank you. Would you consider period pain or more specifically, uterine cramps as a Premenstrual symptom?

**Susan:** [00:32:41] [inhale] Well, Period pain, no. It's dysmenorrhea Because that's happening during menstruation. But many women do experience changes that go from the Premenstrual phase through to the menstrual phase. But technically, any... p.\_m.\_s stops when menstruation starts. But I think in terms of understanding women's experiences of their bodies I wouldn't make that distinction. So some of the work I'm doing at the moment and working with p\_h\_d\_ student [name] where we're using body mapping to look at PMS and women's experiences with their bodies, how they see their bodies... pain is something women talk about a lot. And so I would from that point of view, I wouldn't say, [puts on stern voice] "no, no, you can't include that because that happens when you menstruating. So we're going to draw a really big red line here and say, you're not allowed to include that as part of your experience". But of course, it's part of women's experiences. If they're feeling emotional changes and feeling bloating, then they start bleeding and they have pain, then it's... they... they're not drawing a great red line through that experience. That's all part of it for women. And I think anticipation of dysmenorrhea, for many women, could be a cause of anxiety, particularly if they have severe dysmenorrhea or they have endometriosis. And we're getting more and more aware of the number of women who do have endometriosis.

**Reference 6 - 1.66% Coverage**

**Interviewer:** [00:34:06] Yeah. In your opinion, what does the symptom 'bloating' specifically referred to?

**Susan:** [00:34:12] Feelings of tightness and fatness in the abdomen, which for many women is incredibly distressing because it makes them feel fat and it makes them feel ugly and it makes them feel as if they don't conform to the expectation of a tight firm, slim, ideal female body, a woman's body. And I think it's been really overlooked as a psychological experience. And that's something we're looking at in the current work, because when it came up for me... I was... for a lot of our work we were interviewing women around p.\_m.\_s and so many women said, they feel ugly and hate their bodies. They hate themselves, but they hate their bodies, when they are... premenstrually. I think because they hate their bodies, they hate themselves. Because as women, we're so tied up with our bodies. So I think bloatedness, even though it's often seen as a physical symptom, I think it has incredible psychological implications that have been overlooked by a lot of psychologists working in p.\_m.\_s.

**Reference 7 - 2.78% Coverage**

**Interviewer:** [00:56:49] Thank you. So, again, these more recent guidelines, particularly the U.K. ones. They don't include so much about what you were saying before, external factors- so, external stressors or even things like smoking or dietary issues. They touch on a few nutritional supplements that have been sort of to clinical trial, but they don't really talk about diet and lifestyle changes or external stressors as having an impact on people's experiences. Do you have any thoughts on that?

**Susan:** [00:57:29] Well, it's not surprising because they're being developed from a very biomedical perspective. So the focus is very narrowly, um... very narrow and reductionist and focussed on the body. And so it's conceptualising p.\_m.\_s as a bodily disorder, that originates within the body. And therefore, that you treat the body. And I think that's a very narrow biomedical view. So if those guidelines, I haven't seen those particular ones that you're talking about... the consensus statements do actually acknowledge that's cognitive behaviour therapy can help. They don't say a lot about it, but they do acknowledge it. And they do acknowledge that, um you know, giving women some sort of support or counselling as you know, an early form of intervention is a positive thing. But if you've got [new] guidelines, I'd be interested to see them. I haven't actually seen them... They're coming at it, kind of obst & gynae fields are taking that perspective. Then I think it's very unfortunate and very narrow...

**Interviewer:** [00:58:32] They do mention CBT, but it is very much like a kind of an offhand mention that some women can find it very helpful to have CBT or there is limited evidence that shows that it's helpful or something like that. And then it really goes into either Hormonal or the SSRI approaches.

**Susan:** [00:58:57] Yeah.

**Reference 8 - 2.35% Coverage**

**Interviewer:** [01:01:29] OK. And what do you think about surgical interventions in the treatment of PMS or PMDD?

**Susan:** [01:01:40] [Long pause] I've certainly heard people talk and probably some of the people that you're going to interview about hysterectomy, as you know, the ultimate cure for PMS. I know there's some research... Well, you'd have to take out the ovaries as well if you... if you're going to take a really biomedical position on it. And I seem to remember although, I haven't seen it for a while that there is some research showing that women still might position themselves as having PMS even when they have had their ovaries removed. And certainly women... um certainly position themselves as having p.\_m.\_s when they're on hormonal interventions, such as oral contraceptives. When you'd think they wouldn't be getting those changes as monthly cycles? So I think that what... it's really the extreme end of positioning Premenstrual distress as if it's an entirely embodied um experience, I would hope that most clinicians wouldn't do a hysterectomy on a woman lightly for any disorder. I suppose, that would be my comment on that. I think just going back to your diuretic question, though. Um, I think if women are experiencing so much distress around bloating and p.\_m.\_s that it's also important to look at the meaning of that bloating for women. As I've already talked about previously, not just the bloating itself, but if a simple diuretic could help and it's not having any other adverse effects on women, then it's probably not problematic.

**Reference 9 - 0.23% Coverage**

**Susan:** [01:07:20] I always say that if there was a magic pill that could get rid of it. I'd be all for it. But there isn't and SSRIs are not the answer.

**Reference 10 - 2.60% Coverage**

**Susan:** [01:14:18] No.. I don't... I don't think so. I think the only thing I'd say is... I suppose my view of PMS has changed over my own life. Partly to do with my experience of my body and Premenstrual change. And also my own academic journey in terms of different ways of thinking. And I think academically, I moved from a you know, very positivist, you know, experimental view point to a social constructionist let's dismiss it, let's deny it. You know a much more political position to where I am now which I've talked to you about, so I won't repeat that. Where, I do acknowledge the embodied aspects of it and the hormonal aspects of it. I mean, I don't if it's hormonal. I'm not a biomedical person. And I think in terms of my own experience, not menstruating anymore, it's actually really interesting. And I haven't you know, I've been so busy in the last year when I haven't been menstruating. That I haven't had time to... to really sit and think about it and think about what that means in terms of how I would be... how I am as a menstrual cycle researcher. [change in tone] But I'm really amazed by the difference in not having those cyclical changes. You know, it's it's... and it really... I wouldn't have ever denied hormones anyway. I think earlier on in my career I would have done, like I really did. I went through a phase in my 20s and 30s when I really was you know 'anything hormonal is terrible' kind of thing, of people who took hormonal positions. It's really interesting from a personal perspective, even that like academically I am... I always acknowledged them any way. But it's really interesting personally to stop menstruating and actually see that those cyclical changes are not happening. So yeah...

**<Files\\E10\_Marta> - § 12 references coded [40.60% Coverage]**

**Reference 1 - 1.05% Coverage**

**Interviewer:** [00:01:18] OK how would you describe PMS or PMDD to somebody who's never heard of it before?

**Marta:** [00:01:28] Oh, I think I would say that PMDD is. um... Severe mood... mood disorder that that strikes you once a month and it strikes you in the week or two weeks before... you have your... the onset of your menses.

**Reference 2 - 4.02% Coverage**

**Interviewer:** [00:07:40] That's great. Thank you. And again, in your opinion, what is the best way to manage PMS?

**Marta:** [00:07:52] Er, I think that the best ways to manage it by using antidepressant drugs er.. and using the cyclical treatment or symptom onset treatment. I think that's... that's been proven by a number of studies to be highly effective and it's a safe treatment. I think that... which is not yet published, but we hope to publish it this spring. I think that the treatment we are now proposing using progesterone receptor antagonists would be really, really, really promising. But they are... that would be off-label use because the progesterone receptor antagonists are used to treat uterine fibroids and they're only used to treat... um for pre-operative treatments. I think they're only... you're only allowed to use them for three months. So my study is a proof of concept, but I know that there are new progesterone receptor antagonists coming into the market and and that the development program aims to...to have treatment.. long term treatments for... for fibroids. So I think that could be a treatment in the future. [cough- pause] But our findings have to be validated of course, and It has to be safe. But as of now, definitely the antidepressants.

**Reference 3 - 6.53% Coverage**

Again in your understanding. Roughly how many Premenstrual symptoms are there?

**Marta:** [00:10:34] Are you asking them about the eleven symptoms that that make up the list in DSM 5? Or are you asking me to choose between these eleven or can I add extra symptoms if I want?

**Interviewer:** [00:10:46] You can add extra symptoms.. This is up to you. Some people have... This has really varied according to the person. So maybe a little bit beyond the PMDD... Well, maybe not beyond. But for instance, in the PMDD criteria, there's number eleven, which has all the physical ones all in together. Some people would separate those out...

**Marta:** [00:11:16] So, I mean, I think that that one thing that hasn't really been stressed in the diagnosis is that... I mean, in my understanding and when I see patients, I really see that the two... the two dominant symptoms are depression and... and irritability. And... and that strikes me as quite a... that's quite an odd combination of symptoms that doesn't really happen in... in any other parts of psychiatry. I mean, irritability is a symptom of anxiety, but irritability does not belong in the depression diagnosis, for instance. So though those two... I think they're not emphasized sufficiently, but they... I think more or less all my patients have kind of a mixture in-between these two. I once tried to see if we could separate, separate, different subtypes of PMDD... looking at how many have the depressive-genic PMDD and how many have the irritability- PMDD. But it turned out that almost everyone had had combinations of these two. As far as symptoms that are outside of the diagnostic criteria. I don't really have any opinion now because I haven't really systematically asked women about their symptoms over the past 15 years. I've just used the scales that are available, so that has never been any of my research concerns. And it's... I don't... if I think back to the women I'm meeting what kind of symptoms they describe on on open questions, they usually fall within what is described in the... in the current criteria.

**Reference 4 - 2.64% Coverage**

**Interviewer:** [00:13:14] So this question sort of kind of repeats this a bit. Could you list a top five or top ten, of the most common Premenstrual symptoms?

**Marta:** [00:13:29] Not with any scientific certainty. I mean, depression, irritability, definitely mood swings... Also very common.. anxiety. Very common. But for the rest of the symptoms I'm on. I'm not really sure. I would say that. Appetite is very common. Or I mean, appetite disturbances is a very common symptom. I would also say that fatigue or lethar... lethargy? I don't know how to pronounce it. I think that's a common symptom. But that's a common symptom in all women. So, I'm not sure whether it's... it's really PMDD specific or not. I think that the physical symptoms are also quite common, but that's usually not what's... what's er the greatest problem for the women.

**Reference 5 - 3.50% Coverage**

**Interviewer:** [00:14:40] So in your understanding, what are the difference between PMS and PMDD?

**Marta:** [00:14:50] In my understanding, I mean, I see p.\_m.\_s as a milder condition. And I think of it. I mean, from my clinical practice, I think of it this way, that women who take... who bother to come and see me, I... I simply just assume they have PMDD because otherwise I mean, you have to wait long time to see a gynaecologist for your problems. And I would expect then that women who specifically seek medical... medical care for... for [indicates air quotes] what they call p.\_m.\_s, they really have PMDD and I... I'm also guessing that the great majority of women with p.\_m.\_s I never see in the clinic because they find ways to cope with it or they can probably handle it by use of contraceptives or... or over-the-counter drugs or physical exercise or other sort of lifestyle interventions. That's that's just the way I see it from. From a clinical perspective. I mean then of course we have the different criteria for 'scientific' purposes. But if you ask me how I see it, I think it's a matter of severity.

**Reference 6 - 1.19% Coverage**

**Interviewer:** [00:16:53] Uhuh. Erm,some people list bloating as a Premenstrual symptom. I was wondering if you... in your opinion, what does that specifically refer to?

**Marta:** [00:17:09] Um, The feeling of being swollen like you're... you're gaining.... er.. The women say they have a sort of extra fluid in their body. They feel almost like they're having a very mild oedema.

**Reference 7 - 2.23% Coverage**

**Interviewer:** [00:17:39] Thank you. So many chronic health conditions get worse at certain times in the menstrual cycle. Do you count the expression of those symptoms as Premenstrual symptoms?

**Marta:** [00:17:56] No, no, not from a clinical perspective, er I think... I think it also has to do with the fact that I rarely see patients who have physical conditions that deteriorate prior to menses. So from a clinical perspective, um the women who come for PMDD, they usually come because of the mental symptoms, at least, at least to me. And I mean.[long pause] Yeah, that's I.. I... I can't even recall referrals for Premenstrual worsening of... of underlying conditions outside of the psychiatric diagnosis.

**Reference 8 - 2.30% Coverage**

**Interviewer:** [00:21:04] So, I mean, most of the people I've spoken to have talked more about physical symptoms as well. So bloating and blood pressure changes or whatever. So obviously, all of those changes that can happen, and be triggered by the menstrual cycle can also happen at other times or um can happen to men, or menopausal women.

**Marta:** [00:21:25] Yeah.

**Interviewer:** [00:21:25] So, It's just asking really about... does that mean there's a range of Biological mechanisms that can lead to these... experiences?

**Marta:** [00:21:37] Yes and I... yes, that's that's the way I'm seeing it. And... and I would say that the key trigger for all of these; both physical and mental symptoms would be the hormonal changes.

**Reference 9 - 4.16% Coverage**

**Interviewer:** [00:23:47] Ok. The latest guidelines, that are mainly based on the ISPMD consensus process, erm, state that any symptoms count so long as they fit the timing... and resolve shortly after menstruation begins? How do you feel about that definition?

**Marta:** [00:24:12] I think it's... I think it's OK. I mean, we have to acknowledge that that women are different [from each other] and that we don't know everything. And I mean, if I would ever meet someone who came to me with a symptom that I hadn't previously heard about, I would, of course, still count it as a symptom. Although I would say in real life practice, given the way I'm using open questions when I see my patients, I don't see that many patients who come in with symptoms out... outside the typical ones. [Pause] One symptom that I think is not sufficiently captured in any of the questionnaires that are typically used in PMDD is suicidal ideation, which I think is far more common than... than people think about. And I think I would absolutely vote for an item like that to be incorporated in the diagnosis because I think... looking in my own data now, I think it's... it's almost around 50 percent, 45, 50 percent [cough] of the women we include in this progesterone receptor trial, who acknowledge they have suicidal thoughts, er at base line.

**Reference 10 - 2.50% Coverage**

Do you have any thoughts on that? Because some people feel that these are just normal menstrual changes. So why would they be part of this diagnosis for mental health disorder?

**Marta:** [00:32:21] Err... I can kind of sympathize with that. Er... Again, coming coming back from a clinical perspective, again, most women... most women who come to me, I mean, they come for the mental symptoms, [inhale] but I still think that there's a place for... for the physical symptoms, because over the years I have met women who have had tremendous physical symptoms, really, really severe symptoms. And then together with the mental symptoms. So I think I.. so I think there's a place for the physical symptoms, although for most patients, they are not the major issue and not the... The major complaints.

**Reference 11 - 4.24% Coverage**

**Interviewer:** [00:33:10] So the next two questions... You may not have experience of these treatment options. So just let me know if you don't want to answer. The first one is what do you think about the use of diuretics as treatment for PMS?

**Marta:** [00:33:29] Oh, I have experience from that... of that! [laugh] So I'm I'm... quite old. [laugh] And when I started as a gynaecologist in the... in 1991, I think spirinolactone was probably the only treatment available for... for PMDD. At that time. So that was what we prescribed and it was really crappy.

**Interviewer:** [00:33:57] [laugh] So particularly on the mood symptoms or just it didn't work?

**Marta:** [00:34:02] Um, I think particularly around the mood symptoms, I think that er for some of the physical symptoms, potentially also the swelling, they were maybe good, but er not for the mood symptoms. And also I use nowadays, I use spirinolactone to treat hirsutism. In women with Polycystic Ovary syndrome. And then I use four times higher doses than I did for for PMDD in the 1990s. And it's also a very crappy drug [laugh] for for hirsutism. And I've never had any patient coming back saying that... they 'Oh you know, as a side effect, I've noticed that my my PMDD also disappeared'. So. So they tend to have side effects from Spirinolactone but I've never heard about mood improvement.

**Reference 12 - 6.24% Coverage**

**Interviewer:** [00:37:20] Yeah. Um, That's about it. So the last bit is just How do you feel about this interview? And do you have any questions or comments you'd like to add?

**Marta:** [00:37:34] No, I think I've said pretty much everything I wanted to say. And one of the things I really wanted to point out was... was about suicidal ideation, which I think hasn't really been... been that well known. And it also seems... to me is... is one of the reasons I say that this is actually a relatively severe mood disorder and not just a mood disorder. I think it's severe for many women. And I think it should be emphasized for the sake of the women so that people can understand that this is far more.... More severe than most people think about. I also think what we have... I also dislike the way that people are using p.\_m.\_s to categorize a number of symptoms. That seems to be more like menstrual symptoms. You were talking about dysmenorrhea... I think that's also important that we shouldn't mix... mix these these symptoms up for many reasons. So those were really the two major points I wanted to make today. And one... And you asked about it! But I mean, I like the interview. I like. I like what you're doing. And I think that there's not really sufficient research ongoing at the moment. And I can certainly say from the... from the interest we've had in the study we did that there are many women out there. And they really want to be... They really want us to do more research about this and provide them with more treatment options. Because even though I say that anti-depressants are really, really good. Doesn't mean that the women think that it's really, really good, and that they want to continue taking them. It's absolutely clear from.. from the trial that we've done there's an interest in participating that women want alternatives. So I think what you're saying about lifestyle interventions and other alternative treatments, that that area should also be developed.

**<Files\\E12\_John> - § 10 references coded [26.88% Coverage]**

**Reference 1 - 0.44% Coverage**

**Interviewer:** [00:00:03] Right. So how did you come to be interested in Premenstrual Syndrome?

**John:** [00:00:10] [Redacted- personally identifiable data]

**Reference 2 - 1.70% Coverage**

**Interviewer:** [00:01:40] Hmmm. So how do you describe PMS to somebody who's never heard it before?

**John:** [00:01:47] I would say that it's a mixture of predominantly psychological but also physical symptoms that many women get premenstrually. But for some women, they're particularly extreme and those are the type of people that we are typically referring to when we say PMS, as you probably know, about 80 percent of women have some symptoms. It would be inappropriate to pathologize every woman in that group of 80 percent. But there are clearly some where that's disabling and in need of some help.

**Reference 3 - 0.88% Coverage**

And so again, in your understanding, how common is p.\_m.\_s?

**John:** [00:03:56] Well, it depends on the definition that's used. But Premenstrual syndrome as defined, er... which is basically any [emphasis] symptom, physical or psychological, premenstrually that can be attributed to that... about 80% of women.

**Reference 4 - 1.69% Coverage**

**Interviewer:** [00:08:20] Thanks. So, again, in your own understanding roughly how many Premenstrual symptoms are there?

**John:** [00:08:29] Roughly how many? Well, depends which diagnostic criteria you're gonna use? Er... in DSM 5. Er... [pause] I think that's about 12 or 13. I can't... um around that... the majority of which, let's say there's thirteen, twelve of which are psychological, one is basically a lumping together of a bunch of physical symptoms. In reality. [pause] Certainly the people who come to this clinic and I see are here because of the psychological far more than the physical.

**Reference 5 - 3.22% Coverage**

**Interviewer:** [00:09:15] Could you perhaps list a sort of top five or top 10 of the most common Premenstrual symptoms?

**John:** [00:09:22] Yeah, I mean, in essence they read a bit like a list of the symptoms of depression. You know, the diagnostic criteria for depression. They're not that dissimilar. But er.. the reason that most people present would be low moods, tearfulness, irritability, anxiety, suicidal thoughts, getting into arguments with their... er... Peers or people at work? That's quite often the thing that actually leads them to coming here. But if you go through the... the other list and you ask people about it, they will say yes. So people don't usually come in and say, I'm sleeping more or less, but if you ask them if that's the case... or eating more or less. And they will usually tell you they are eating more premenstrually of things, they probably are not so good for them. Er.. Their concentration gets worse. But again, people don't tend to turn up with concentration issues as the primary thing. Um, I mean, I could go through the rest of the list, but I think the top... I've probably listed the top five.

**Reference 6 - 1.91% Coverage**

**Interviewer:** [00:11:38] And this is because this is of interest to me. In your opinion, what does the symptom bloating specifically refer to? I mean as a premenstrual symptom..

**John:** [00:11:46] Yeah. It... it to me refers to a feeling that people have physically... er... experiencing a sort of expansion of their abdomen. And um people would say they will physically notice that. And so I think it's both a feeling and an experience of... yeah.

**Interviewer:** [00:12:21] Do you consider period pain as a Premenstrual symptom?

**John:** [00:12:32] Erm,.. No. That would be dysmenor... That would be yeah, dysmenorrhea. For which there are a different group of treatments.

**Reference 7 - 7.10% Coverage**

**Interviewer:** [00:17:19] So obviously, men can experience nearly all of the same symptoms, just not in any kind of cyclical pattern because they don't have a menstrual cycle. So does this mean that exactly the same symptoms can have very different biological mechanisms depending on a patient's sex?

**John:** [00:17:45] Um... [pause] I'm just trying to think of how to answer... just say that question again.

**Interviewer:** [00:17:47] It is a tricky question. It's, you know, obviously, apart from really period pain and maybe breast tenderness. Nearly all of the symptoms and changes that people get premenstrually men or in fact, menopausal women, children can also experience. So it's thinking through.Does this mean that there's a specific biological mechanism for these Premenstrual ones that is different somehow very different to the mechanisms underlying these symptoms experienced either by other people or by people after they finish menstruating?

**John:** [00:18:21] Well, I suppose men can experience these symptoms in a couple of situations. So men, if they have prostate surgery, get their hormones switched off and they would experience some of these symptoms. As you probably know, they did try to invent contraception for men, which was effectively a progestogen (Depo) shot. And that led to... Well, the reason that those trials were stopped was because quite a few men became suicidal. So it would seem that those mechanisms are in place in men, but they don't have that being triggered in the same way perhaps that women do. And as far as depressive symptoms go, which make up many of the PMS symptoms, those can get triggered by other things if they're not hormonal and are probably pretty similar... I mean if you're feeling low in mood, Hopeless, and wanting to kill yourself is a symptom. You can have premenstrually, but it's certainly symptom of... or symptoms that you can have for other reasons. So...

**Interviewer:** [00:19:25] I mean, there isn't a definite answer to these questions it is just sort of trying to hear how you would describe it...

**John:** [00:19:34] Yeah, well as you probably know, there's another group of physicians out there who treat men who have the andropause, and many men who have the andropause will describe... Similar symptoms in terms of low mood, low energy, but perhaps at a lower level..

**Interviewer:** [00:19:50] Yeah, and they ascribe that to testosterone, don't they, generally...

**John:** [00:19:52] And they go get testosterone supplements, yeah

**Reference 8 - 2.72% Coverage**

**Interviewer:** [00:20:01] So p.\_m.\_s or PMDD as well, are considered by some to be a controversial diagnoses. What's your understanding of why that might be?

**John:** [00:20:16] I think there's a general misunderstanding of lots of mental health conditions, and I don't think this is peculiar in that regard... so I treat adults with ADHD as an example. And there's still a debate going on as to whether ADHD really exists. Some people will say the thing about general depression- that doesn't exist and people should just pull their socks up [exhale]. So I don't think it's peculiar to to PMS.

**Interviewer:** [00:20:47] So really, you're talking about whether this is a real illness or whether it's a kind of... Er...

**John:** [00:20:55] Well anything that involves the mind. Leads some people to believe that you should be able to control it yourself. As in, it's a.... Organ that is under our control. And if you just think a certain way. Things get better.

**Reference 9 - 5.70% Coverage**

**Interviewer:** [00:29:55] Yeah. OK, so... I'm now talking about the PMDD criteria in the DSM. As you're saying, one of these criteria is basically all the physical symptoms lumped in together. And some of those are kind of quite normal menstrual experiences or Premenstrual experiences. And so I think some people are concerned that some very normal and common menstrual experiences have become part of the criteria for a mental health disorder. Do you have any thoughts on that?

**John:** [00:30:33] Well, some people would say it's not a mental health disorder. Full stop. Wouldn't they?

**Interviewer:** [00:30:36] Yeah.

**John:** [00:30:38] Maybe you need to have some physical things in there to... um, reflect that? But I think that if you said... if you picked any of those things like. um, [pause] Sleeping more, or sleeping less. Er... You could say, well, isn't it inappropriate that sleeping more, that could mean, you know, half an hour more you're going to call... or half an hour or less and that, you know, you're going to suddenly pathologize that? Well, again, you're kind of becoming a bit concrete in how that's meant. So if people are complaining of breast tenderness and they're really complaining of breast tenderness and bloating and those are problematic, those would be things that certainly I would consider to be relevant. But if somebody is just saying those things just happen to have them and they're Not a problem or happening to a degree, that's not that significant. I Probably wouldn't count it. So I think it's all about whether it's a symptom... or a problem. Or something of a degree that somebody is complaining about rather than... Something more trivial?

**Interviewer:** [00:31:51] Yeah, I think also it's the kind of slightly arbitrary 'five symptoms' that if you've got all the physical ones in one, I can see why, because it's the criteria for a mental health disorder. But most people will be able to tick that, you know, without any pathology because.

**John:** [00:32:12] Yeah.

**Reference 10 - 1.53% Coverage**

And so the next two questions, you may not have had experience of using these as treatments. So feel free to just say, I don't know. or 'I don't have that experience'. What do you think about the use of diuretics? So particularly spinolactone in the treatment of PMS?

**John:** [00:32:41] I don't use it.

**Interviewer:** [00:32:43] And you never have, or?

**John:** [00:32:45] I never have.

**Interviewer:** [00:32:45] And is that because you don't think it's going to be effective or?

**John:** [00:32:52] It's not an evidence based treatment.

**<Files\\E13\_Laura> - § 12 references coded [37.47% Coverage]**

**Reference 1 - 1.12% Coverage**

**Interviewer:** [00:00:00] OK that's fine. Right. So then how did you come to be interested in Premenstrual Syndrome?

**Laura:** [00:00:11] [Redacted- personally identifiable data]

**Reference 2 - 2.75% Coverage**

**Interviewer:** [00:01:17] So how do you describe p.\_m.\_s to somebody if they've not heard of it before?

**Laura:** [00:01:25] Er. I describe it as a sense of overwhelming tension with... [pause] frequently accompanied by irritability and dysphoria, sort of a mixture of irritability, depression and anxiety occurring typically in the few days prior to the onset of menses and then continuing often into the menstrual period for a day or two.

**Reference 3 - 2.51% Coverage**

**Interviewer:** [00:01:56] And do you or did you identify as somebody who got PMS, yourself?

**Laura:** [00:02:01] I think when I was younger, I... I definitely... I certainly had bloating. And then I realized I was eating a lot of potato chips and salt when it was Premenstrual. But I think I also... I think I would... I would get annoyed very easily. So I think I had a little bit of the irritability.

**Reference 4 - 3.05% Coverage**

**Interviewer:** [00:04:25] And again, in your opinion, what's the best way to manage PMS?

**Laura:** [00:04:33] [pause] Well, p.\_m.\_s is different than PMDD, so really depends on the constellation of symptoms that somebody has. So for p.\_m.\_s, the best way to manage it really is. [pause] Depends on the symptoms people experience. So, you know, if they experience bloating and headache and pain, that's a different treatment that if they have PMDD and experience emotional disregulation.

**Reference 5 - 2.67% Coverage**

**Interviewer:** [00:06:11] And could you maybe list that sort of top five or top eight of those symptoms?

**Laura:** [00:06:18] So. [long pause] Probably the top one is. er Bloating and breast tenderness? And I would say irritability is the most commonly endorsed... um emotional symptom... and depression. Um, Changes in appetite. People crave carbohydrates. Um [long pause] Fatigue. Those are probably the most common ones.

**Reference 6 - 1.04% Coverage**

**Interviewer:** [00:07:58] Do you consider Periods pain as a Premenstrual symptom? So uterine pain, I'm talking about...

**Laura:** [00:08:03] No. [definitively spoken]

**Reference 7 - 2.73% Coverage**

**Interviewer:** [00:08:09] And again, in your understanding, what does the symptom bloating specifically refer to?

**Laura:** [00:08:16] I think just a sense of like swelling, like your clothes... You know, some women will tell me that their clothes don't fit the same. They change a dress size. They just hold on to water. You know what I think if you're eating a lot of carbohydrates or salt, that can certainly.. you can feel bloated.

**Reference 8 - 4.47% Coverage**

**Interviewer:** [00:11:45] Thank you. So PMS is considered by some to be a controversial diagnosis. What is your understanding of why that might be?

**Laura:** [00:11:56] I know that there is a concern that it stigmatizes women. And I would just say that. Most people who I have heard... Make that claim are not clinicians who treat patients who are suffering.

**Interviewer:** [00:12:19] And what about within medicine? Do you think it's controversial?

**Laura:** [00:12:31] I think having treatments for it and having it in DSM 5 has actually normalized it. I think there was a history in medicine, to, to denigrate people who complained of p.\_m.\_s and say they were just character disordered or crazy or whatever.

**Reference 9 - 3.67% Coverage**

**Interviewer:** [00:13:54] So for you, PMS is... it isn't debilitating or just... Because you said before that PMDD was a sort of subset of p.\_m.\_s. And that is obviously more severe and mood related. So I'm kind of interested in what is left for p.\_m.\_s.?

**Laura:** [00:14:17] I'm just saying, I rarely see anybody who is functionally impaired by just physical symptoms, and I know that this was years ago, there was an attempt to try and... study treatments for women who had primarily physical p.\_m.\_s and they were... It couldn't complete the study because it couldn't find people.

**Reference 10 - 4.33% Coverage**

**Interviewer:** [00:16:05] Again, as a result of this consensus process, there's a kind of umbrella term, which is Premenstrual disorders. And then underneath that it's PMDD and p.\_m.\_s kind of in parallel. Do you have any feelings about that way of describing them?

**Laura:** [00:16:24] People have talked about Premenstrual disorders for... well before... This group.

**Interviewer:** [00:16:31] Uhuh

**Laura:** [00:16:34] But my view is... so I think what the attempt was, was to segregate out PMDD. And then the rest of the Premenstrual disorders. I see... I still see PMDD as a subset of p.\_m.\_s. because Anybody that meets criteria for PMDD is going to meet criteria for p.\_m.\_s. Right?

**Reference 11 - 5.18% Coverage**

**Interviewer:** [00:19:15] Um, and this one's a bit more about the DSM 5 criteria for PMDD. So obviously it's categorized as a mental health disorder by being in the DSM and within the 11 or so criteria. There's one box that has a lot of the sort of physical menstrual changes. Um, so some people feel that that's a little bit out of place in that these changes are very common and are kind of happening. Regardless, really of whether you have the mental health disorder or not, but others are keen to keep them in, so I was wondering about your opinion on that?

**Laura:** [00:19:56] Well, I worked on the DSM 5 and I chaired the subgroup on this, so I guess that tells you something!

**Interviewer:** [00:20:02] [Laugh] So, you think they are of value within the DSM?

**Laura:** [00:20:07] Well, they are part of the syndrome.

**Reference 12 - 3.95% Coverage**

**Interviewer:** [00:20:13] So the next couple of questions are optional in that you may or may not have experience of using these treatments. So the first one is what do you think about the use of diuretics in the treatment of pms?

**Laura:** [00:20:29] Um, I've used diuretics and you have to be careful about potassium. But for people with a lot of bloating, it may be helpful. Particularly. The data on the use of diuretics is older, but there is also some research to suggest. That androgens may be involved in p\_m\_DD and some of the diuretics have an anti androgen... um have anti androgen properties, so... so I've used them.

**<Files\\E14\_Zoe> - § 8 references coded [16.72% Coverage]**

**Reference 1 - 1.68% Coverage**

**Interviewer:** [00:01:43] Brilliant. Thank you. So how do you describe PMS to somebody who's never heard of it before?

**Zoe:** [00:01:51] I'd describe PMS to someone who's never heard of it before, as that period, before a woman's period... or of that... that time... it can be a week sometimes. Generally it's a little bit longer than a week, but that week or so before um a woman's period where she is more sensitive and more vulnerable um to um changes both within her body but also externally to stimuli and to environmental um stressors. So it's a period... I describe it as a period of increased sensitivity um... generally. That's how I describe it in lay terms. Yep.

**Reference 2 - 1.12% Coverage**

**Interviewer:** [00:02:30] Yeah, and do or did you identify as somebody who experiences p.\_m.\_s?

**Zoe:** [00:02:38] Er, No. No. I know lots of people who... who do and my partner experiences um quite severe p.\_m.\_s for me. I get clumsy and... but I'm clumsy. Most of the time anyway. So. [laugh] But generally, no. I I I was quite fortunate not to experience um p.\_m.\_s. I experienced a lot of menstrual pain and menstrual distress, but not PMS, no.

**Reference 3 - 4.41% Coverage**

**Interviewer:** [00:06:58] And again, in your opinion, what is the best way or ways to manage PMS?

**Zoe:** [00:07:05] Um, I think it comes down to um what if, you know, if the woman experiences interference. I don't think you need to manage anything. If it doesn't, if it's not actually causing a problem. Um, people have lots of... have.... or manage... or manage is sort of the wrong word there. People have lots of things that they experience. Not all things need to be managed. Some things just need to be experienced. Um, and so um if a woman um does find that it is interfering with her, functioning with her, sleeping with her, with elements of her physiology, she may want to manage that through things that actually target and respond to those physiological changes. So she might want to do something that's more active, something that's around sleep, something um that's around exercise, something that's actually addressing that in extreme situations. If it's interfering quite significantly, she may need to have a look at some sort of hormonal intervention um just to correct or or not to correct but to bring back into balance what might be... what might be happening there. If the interference is happening at an interpersonal level, well, then she needs to have a look at what's actually happening at that interpersonal face. But sometimes that might mean managing the physiology first in order to have some clear space. So some clear air to do that. So I think it's... it's really down to a woman assessing what's the level of interference or what's the level of distress and then um doing what's appropriate. And that's... that can be physiological. Psychological; it can be personal. Er, could be walking the dog. It can be a whole range of issues.

**Reference 4 - 2.45% Coverage**

**Interviewer:** [00:11:24] Thank you. so in your understanding roughly how many Premenstrual symptoms are there?

**Zoe:** [00:11:33] Arghh. Well, on... on... on the list. I think you kno... so. Officially um or diagnostically if we go through, you know, standard diagnostic um clinical tools. It's a... [exhale] I haven't looked at it for a while now. And I know that it is written.... I think it may have changed, but there's a... you need to have a constellation of I think about four or five out of the list, a nominated list of ... of around 10 that have to be to... moderate to severe levels. But there... it's probably around 20 symptoms that generally would would uh tend to be clustered around p.\_m.\_s. So a range of emotional changes, um some cognitive changes and a range of physiological changes and any emotional I, also include there as 'interpersonal'. So... yeah. So I would say there's around probably... a hardcore of around 20. But it will vary from woman to woman.

**Reference 5 - 2.72% Coverage**

**Interviewer:** [00:12:35] Ok. And could you perhaps list the top five or top ten most common sort of symptoms?

**Zoe:** [00:12:41] Um.. The top... the top ten ones would be um... irritability, um, emotional instability. It can be um mood changes. So, you know, i'll call them mood changes. So sad and depression, um, anger. They can be um cognitive changes, forgetfulness. Um, they can be cognitive changes such as heightened awareness and and heightened attention. Um...And there are some...um...There are some physiological changes that that are associated, so there are some feelings of bloating, feelings of swelling, feelings of um breast tenderness and discomfort. So it's just a general um discomfort um within and around the body. Um, There's interpersonal difficu... there are some interpersonal changes, so some um difficulties... er, wanting to be alone and feeling a need for isolation rather than um needing to be in company or wanting to be in company. Um, I don't know. I can keep going, but I think there would.. they would be at the top... sort of the ones that come around.

**Reference 6 - 0.85% Coverage**

**Interviewer:** [00:17:38] Brilliant, thank you. Um, do you consider Period pain to be a Premenstrual symptom?

**Zoe:** [00:17:47] No. I see it as a menstrual symptom. Um, If you're talking about Period pain, then there are changes pre period, which are menstrual symptoms, but no, I don't consider Period pain a PMS to be a PMS symptom, no.

**Reference 7 - 1.94% Coverage**

**Interviewer:** [00:18:02] And in your opinion, what does the symptom bloating specifically refer to?

**Zoe:** [00:18:10] Um, It would be. I haven't experienced it myself, but from accounts, um women describe it as a.... feeling of fullness, a feeling of being distended, a feeling of um... er yeah just just they also use words as... they use emotional words to describe when they're bloated as being 'ugly'. They see... they they associate 'ugliness', 'fat'. All of these things are associated with being bloated. And they are the same sort of words that they... They're the words that they'll use when... often when they describe being bloated, they don't just describe being bloated in... as a physiological change they they use a lot of these sort of emotional words as well.

**Reference 8 - 1.55% Coverage**

**Interviewer:** [00:39:08] Thanks for that. Right. So in these new kind of the consensus approved guidelines, we now have an umbrella term, which is Premenstrual disorders. And under that is PMS and PMDD as kind of parallel categories. Um do you have any thoughts on that? Just bearing in mind that, you know, you have slightly answered this in previous answers?

**Zoe:** [00:39:43] Yes, at least they're different... as I said, I don't see them as a... on a continuum, which many people do. I do actually think they're different conditions. So yeah, I don't know if I can add too much more to what I've already said... yeah.

**<Files\\E15\_Geraldine> - § 5 references coded [11.11% Coverage]**

**Reference 1 - 1.67% Coverage**

**Interviewer:** [00:09:21] So, again, in your opinion, what is the best way to manage PMS?

**Geraldine:** [00:09:29] [Pause] Let's see. Probably with self-care. Extra rest, stress management. Um, Things like that. I mean, there isn't really any valid medical treatment. So I would say self-care and probably, you know, if women could be taught some cognitive therapy or, you know, some feminist analysis so they could rethink [emphasis] what the symptoms mean. I think they would be able to manage them and feel better.

**Reference 2 - 3.17% Coverage**

**Interviewer:** [00:13:35] Do you consider Period pain as a Premenstrual symptom?

**Geraldine:** [00:13:40] No.[Immediately]

**Interviewer:** [00:13:40] Why is that?

**Geraldine:** [00:13:43] Well. [pause] Because it happens during menstruation and/ not? [check] before menstruation. However, you know, when I talk to women, particularly when I would talk to my students about this, they would always mention cramps, as a symptom of PMS... You know, I would try to explain to them that that doesn't make logical sense. But, you know, it's another example of how fluid the boundaries are across the cycle phases. You know? At what time in the cycle are symptoms considered p.\_m.\_s? And also I think dysmenorrhea is just something that most American women don't know that term. You know, that we used to talk about cramps a lot when I was young. That was the main thing. People talked about not any of these other things. But now it's all wrapped up into one giant lump called p.\_m.\_s.

**Reference 3 - 1.40% Coverage**

**Interviewer:** [00:28:35] So there's a tension between these being guidelines for p.\_m.\_s, but then using the tools that have been designed basically identically the same criteria. Exactly. as PMDD.

**Geraldine:** [00:28:47] Right.

**Interviewer:** [00:28:47] Do you have any thoughts about that?

**Geraldine:** [00:28:50] Well, [laugh] that's just some further evidence that PMDD is not something different. Than p.\_m.\_s. Right? [laugh]

**Reference 4 - 1.85% Coverage**

**Interviewer:** [00:30:58] So. PMDD is categorized as a mental health disorder by virtue of being a DSM category.

**Geraldine:** [00:31:07] Right.

**Interviewer:** [00:31:07] But within its diagnostic criteria. There are several normal physical menstrual changes...

**Geraldine:** [00:31:14] Right

**Interviewer:** [00:31:14] Which sometimes can be symptoms if they're very severe. Do you have any thoughts about their inclusion in a mental health disorder?

**Geraldine:** [00:31:23] Yeah. They don't belong there. [laugh]Yeah. I mean, that is where they overlap with p.\_m.\_s.

**Reference 5 - 3.02% Coverage**

**Interviewer:** [00:31:37] Thank you. And so the next two questions are optional, particularly the first one because you might not have any experience on this. It's a treatment. So what do you think about the use of diuretics, there's one called spirinolactone, which has been tested in the treatment of PMS?

**Geraldine:** [00:31:59] Hmmm so I'm not aware of any recent research on it. And as you know, I'm not a clinical practitioner, but of course, if people are experiencing particular symptoms like if water retention is the main symptom. Of course, try a diuretic and see if that helps. I mean, that's what we used to do. Before PMDD, we used to treat it symptom by symptom. So if you have a headache. You take an aspirin. If you have water retention or bloating. Take... try a diuretic. You know? It's worth trying. It's going to help some women, of course. And with fewer side effects. Probably than an antidepressant would have.

**<Files\\E16\_Chris> - § 9 references coded [30.11% Coverage]**

**Reference 1 - 2.53% Coverage**

**Interviewer:** [00:01:42] Ok. How do you describe p.\_m.\_s to somebody who maybe has never heard of it before?

**Chris:** [00:01:50] Ok. You mean in very scientific terms or in... er?

**Interviewer:** [00:01:53] No, I think in clear terms...

**Chris:** [00:01:55] Like I was just doing with that person there. 'Cos I told them you what you coming here to do. And so I went through it with her.

**Interviewer:** [00:02:00] Oh OK, Yeah.

**Chris:** [00:02:00] Okay. It's a mood disorder which occurs only premenstrually. And the key thing is that the symptoms resolve after the period. And to be pure p.\_m.\_s, they have to be completely absent. The underlying cause of this is uncertain. It may be due to the direct effects of progesterone on receptors in the brain somewhere like the amygdala or somewhere else. And it affects the... possibly the GABA receptor. The other thing that may be stimulating that is a metabolite... Oh, no. Sorry. I won't tell you all this... This is the 'lay' version! [laugh] So so progesterone affects the er, the receptor. It's like a key on a lock. And it goes in there, progesterone stimulates the receptor and causes symptoms. And the symptoms can be a wide range and they can be so bad as to promote suicidal ideation or attempt....

**Interviewer:** [00:02:55] Right...

**Chris:** [00:02:55] And of course, it also causes, lesser effects, such as effects on the family job, spouse, relationships and so forth.

**Reference 2 - 1.04% Coverage**

**Interviewer:** [00:04:43] So in your understanding how common is PMS?

**Chris:** [00:04:47] So we're talking PMS... [Pause] Because it's difficult until you define it, so it probably occurs... Premenstrual symptoms are almost certainly physiological and they probably occur in over 50 percent of the population. Severe p.\_m.\_s. Depends how you're defining it. Because I sort of think severe p.\_m.\_s and PMDD are more or less the same thing. And so. So then you say it's 5 to 8 percent of the population, but of course you will find 25 percent of the population say as having severe symptoms.

**Reference 3 - 1.33% Coverage**

**Interviewer:** [00:18:48] We'll cover some of these again, for sure. So bearing that in mind, do you have any idea or could you share what you think are the most common premenstrual symptoms?

**Chris:** [00:18:58] Oh, yeah. OK. So, yeah, maybe.... I may not get this right now, but er they are the ones on the top in the PMDD, of course. So they're depression, anxiety, mood swings, anger, aggressiveness... Er... anymore? [Laugh]

**Interviewer:** [00:19:14] Um that's five.... SO you're alright with a top five.

**Chris:** [00:19:15] That's five. Yeah? [Pause] And so. So this of course there is also the question of how common they are and how important they are, 'cause suicidal ideation is obviously less common, but more important than anxiety. Perhaps?

**Reference 4 - 2.02% Coverage**

**Interviewer:** [00:19:37] So what is your understanding about the difference or differences between PMS and PMDD?

**Chris:** [00:19:43] Er, that's in the... that'll be in the consen... So um... my understanding is what came out in the Delphi consensus, which is p.\_m.\_s is the widest definition of the widest amount of severity for... for which if you don't consider PMDD, there will be a very severe group which are identical with PMDD that's 3 to 8 percent. With five to 8 percent, let's say 5 to 8 percent. And the PMDD is the... there...There are three categories of symptoms/ of patients, ones with purely... [pause] The psychological symptoms; ones with purely physical symptoms; and ones with both and PMDD can include the most severe end of the spectrum of psychological ones where they can have physical symptoms as well. But the... the... the... the... they... they're not really considered to be important.

**Interviewer:** [00:20:40] So to your mind, PMDD is almost a subset of PMS?

**Chris:** [00:20:44] That's what... we that's what we said. It's the it's the... it's the severe subs... sub... subgroup, predominantly psychological.

**Reference 5 - 2.95% Coverage**

So in your opinion, what does the Premenstrual symptom bloating specifically refer to?

**Chris:** [00:21:46] Ok. It's abdominal distention. It may or may not be associated with weight increase. Patients feel like they've got a weight increase. I did some research in both London and Nottingham where we looked at weight, abdominal dist... abdominal dimensions, breast size through the cycle. And we didn't show much change. So it was a symptom rather than major physical changes. And we also looked at the... total body water and the sodium and everything like that. When we, when I was in London and we showed no changes there. What I actually think bloatedness is due to is- this is a thought rather than a fact- could be to do with redis.. redistribution of fluid. But we didn't show that in the London study.... It could be the effect on the bowel? And so if women get very distended abdominally and they... and they're not putting on weight, then progesterone acts on the receptors in the gut and relaxes it. And so you can get a build-up of gas and faeces... And it gets distended and then many women when their period comes they get diarrhoea as well. And a lot of gas, and that's what I think is happening. But I couldn't tell you that was factually shown.

**Interviewer:** [00:23:06] That's kind of why I'm asking that question. Partly that it's ill defined. I think some people think it's water retention and others think gas...

**Chris:** [00:23:13] Yeah, well, it may be all three. But yeah, but if you if you're retaining the water, then you should be putting on weight. And some women get leg oedema. Premenstrually.

**Interviewer:** [00:23:24] Yeah, I do!

**Reference 6 - 6.25% Coverage**

**Interviewer:** [00:32:50] And so such guidelines generally promote the use of symptom tracking tools in order to do this prospective...

**Chris:** [00:32:56] [overlapping] Yeah, yeah.

**Interviewer:** [00:32:58] ... Diagnosis. At the moment, the most popular tools or the validated tools are based actually on the DSM criteria for PMDD...

**Chris:** [00:33:08] [overlapping] They are. And so...

**Interviewer:** [00:33:10] How do you think about this? You know, this kind of tension...

**Chris:** [00:33:13] Yeah. Okay. So what's it called now? the... the DRSP.

**Interviewer:** [00:33:18] Yep

**Chris:** [00:33:18] The Daily record of Severity of Problem... which is the one that the RCOG suggests is used? It's cos it's... It's broadly used. It doesn't have much about physical symptoms in there at all. So when we devised our app, we put in lots of physical symptoms and we also had the ability right at the outset for the patient to go through the app symptoms. And if there wasn't anything there they had, they could electively put it in. So I think my app (as I would!) is better than the DRSP because the DRSP is almost all psychological symptoms and doesn't allow physical. I don't know that my app actually... Would fit you directly? You'd have to add in symptoms... yeah.

**Interviewer:** [00:34:14] So. So I guess you're saying there is a bit of an issue then, that at the moment the PMS definition is any symptoms but, then you're using a tool that is quite... a little bit restr... limited?

**Chris:** [00:34:26] Yeah. In fact, the DRSP I think has at the end of it somewhere right at the end just a little line of physical symptoms, which includes all of them, which may be enough? I don't think so though. And I think the essence is... my app calculates symptoms... it draws up all the symptoms if you want it to. But it also does a calculation based on what I'm about to say. At the outset. It says, which of the following three do you think most... has the most impact on your life? And that's the work, relationships and hobbies. And they choose that. And then all the calculations are done on that single figure. So I reckon although we do all these symptoms and DRSPs, I reckon you could get away with saying how bad is your PMS today, 1-10 and if it's bad, bad, bad and then gets better, better, better. That may be enough? [cough] We do the calculation on that. And we haven't validated it yet to show that that does actually produce a diagnosis. So on the app, it says it does calculations. It says.. um the app suggests your symptoms might fit. Not p.\_m.\_s, pure p.\_m.\_s, premenstrual exacerbation, etcetera. But this is subject to being reviewed by a health professional. Yeah? Then they go to the health professional. And they ought to understand the app or p.\_m.\_s. [laughter]

**Interviewer:** [00:35:54] So that's a little bit more aligned with the definition, in fact...

**Chris:** [00:35:57] [overlapping] Yeah.

**Interviewer:** [00:35:57] Because it's Anything. Anything goes really...

**Chris:** [00:35:58] [overlapping]. Yeah. Yeah. Yeah. Yeah.

**Interviewer:** [00:36:01] It's the timing, not the symptoms

**Chris:** [00:36:01] Yeah. You know, you can't... you can't develop an app that measures Mrs Bloggs on her anxiety, Mrs Jones on her mood swings. So we use the impact that... the degree of impairment and the patient right at the outset has chosen what they think is their symptom group, which is the most impairment. And so we calculate on the basis of Premenstrual impairment and preem... post menstrual recovery.

**Reference 7 - 7.56% Coverage**

**Interviewer:** [00:36:34] Yeah. Um, so the Royal college guidelines and I think probably other guidelines as well, now have PMDD and p.\_m.\_s as almost parallel...

**Chris:** [00:36:44] Erm, Severe p.\_m.\_s and PMDD..

**Interviewer:** [00:36:46] Sorry Yeah..

**Chris:** [00:36:46] I would say severe p.\_m.\_s.

**Interviewer:** [00:36:47] They are both PMDs, though...

**Chris:** [00:36:49] Yeah. Correct. Yeah. Yeah.

**Interviewer:** [00:36:52] So how do you feel about that, this kind of idea that they're aligned... as separate categories...

**Chris:** [00:36:57] That's fine.

**Interviewer:** [00:36:57] But of the same kind...

**Chris:** [00:36:57] That's fine. Yeah. Because it's a subcategory and I suppose I made the mistake in... if you think about it, of introducing on top of PMS & PMDD - 'p\_m\_ D'! [laugh]. So that's um... that's almost negative except over.... So they're all PMDs. Yeah.

**Interviewer:** [00:37:17] So. So it could be PMS at the top?.

**Chris:** [00:37:24] You can have p.\_m.\_s. It doesn't make... you have more patients with p.\_m.\_s, I think. But you'll have exact... severe p.\_m.\_s. And yeah, let's just go over that definition again. So this is the third consensus paper and it's also my opinion that PMDs can be divided into patients with severe psychological symptoms which are also PMDD, severe psychological symptoms and physical symptoms which can be PMDD only.... [pause] Erm. I'm not answering your question.

**Interviewer:** [00:38:03] Well, it's a tricky question.

**Chris:** [00:38:06] I think severe PMS and PMDD are synonymous. [long pause] And PMDD, ... yeah so virtually synonymous. Yes, you're right.

**Interviewer:** [00:38:22] I mean, what might help is... Some people have said that they think of it as a normal curve.. And that PMDD is the most extreme end of that?

**Chris:** [00:38:32] Yeah, yeah, yeah. I mean, that's what we always... you're right? That's what we say...

**Interviewer:** [00:38:35] Rather than it being um... You know, that would be different to Premenstrual exacerbation, because that's just something else.

**Chris:** [00:38:44] Yeah, that's a different category.

**Interviewer:** [00:38:45] It is, yeah. So that would make PMS, not as severe. that would therefore make PMS not as severe as PMDD...

**Chris:** [00:38:54] Well that's the same as saying severe PMS is PMDD. Se, PMDD has a couple of problems with it. It excludes patients with a small number of symptoms. Let's imagine... it's hypothetical. You have a patient who only feels suicidal from day twenty five to twenty eight and never feels suicidal... um after the period she wouldn't fit the Category for PMDD. So she wouldn't... in America be able to claim it from psychiatrists because that's why it was. I think that's why... partly why it was developed so they could say it was psychiatric. And you come to us with it. Um, So they would be excluded... if they only had one symptom. Then they'd be excluded as a diagnosis with PMDD But they wouldn't for p.\_m.\_s. So that's another... that's another element, yeah?

**Interviewer:** [00:39:44] I'm interested in.. there are these tensions between practice and these guidelines and obviously guidelines are just guidelines, they are not the law, for example

**Chris:** [00:39:52] Yep

**Interviewer:** [00:39:52] Um, and several physicians I spoke to said they don't do that '5 symptoms'. You know, if someone says I have severe anxiety, irritability, and suicidal thinking...

**Chris:** [00:40:06] And it gets better after the Periods.

**Interviewer:** [00:40:07] Yeah, [overlapping]. They are not going to exclude them...

**Chris:** [00:40:08] Yeah. Well to me they've got severe p.\_m.\_s, OK? I don't care if They've got PMDD or not. It's irrelevant. Patients tend to come and say "I've got PMDD" because they think it's the severe end and They'll get taken notice of... That's the reality.

**Interviewer:** [00:40:28] So you think that... basically severe PMS and PMDD are the same things ; PMDD, is literally the DSM...

**Chris:** [00:40:36] 5. Yeah.

**Interviewer:** [00:40:38] You know, version.

**Chris:** [00:40:39] Okay, let's just... let's just say what you said. I'll say [pause] Severe p.\_m.\_s and PMDD are almost certainly identical, except patients with severe PMS and only physical symptoms aren't PMDD. Yeah?

**Reference 8 - 3.97% Coverage**

**Interviewer:** [00:45:47] Yeah. Ok. So you're going to be the most qualified person to answer this one. What do you think about the use of diuretics, perhaps spirinolactone in the treatment of p.\_m.\_s?

**Chris:** [00:46:01] Yes. OK. [pause] Um... Depends on the symptom... Well, OK, my study, which I published in 1979. And there was some studies later... showed that it was. It showed that there were no differences in any of the hormones. No difference in aldosterone. No differences in progesterone, really. But therefore, the logic for giving it weren't there. But it did seem to resolve symptoms, both psychological and particularly physical. So... so 100mg given in the luteal phase of the cycle seemed to improve it. There's been studies since and I think the general consensus is choose it for physical symptoms. But it may work for psychological? I've not used it often since doing my study, but I have used it and it can be effective. There is something that's come out since which long term therapy of spirinolactone might have a carcinogenic effect somewhere... but You'd have to look that up becaus eI can't remember it.

**Interviewer:** [00:47:15] And some of the.. Like Yaz and Eloine, they sort of act like a diuretic...

**Chris:** [00:47:17] Yes. OK. So the drospironone in that is derived from spirinolactone. And this is the.... And it has retained its anti-androgenic and anti-aldosterone effect. So therefore, it's licenced in the states for p.\_m.\_s in patients, for p.\_m.\_s, sorry, for contraception in patients with p.\_m.\_s and as contraception patients with what you call it? Hair? Hursuitism! And um... there is no licence independently for it. And it's not licenced in this country. In fact, virtually nothing is licenced in this country for p.\_m.\_s. And if anything works, it is unlicensed. If the... the only thing is progesterone is licenced, which causes it... so.. And so there's nothing licenced. So anything that's..

**Interviewer:** [00:48:09] And is that just the UK or an EU thing?

**Chris:** [00:48:10] No, it's not an EU thing. Not an EU thing. I think it's a bit more accepted in the EU. I think Eloine is licenced in the same way as America in, say, Ireland and some European countries, but I'm not absolutely sure.

**Reference 9 - 2.45% Coverage**

**Interviewer:** [00:48:29] So what do you think about surgical interventions for the treatment of PMS?

**Chris:** [00:48:33] Um, last resort. [pause] Unless the patient's got something else going on as well. So if you've got a 40 year old patient who has completed her family. She has endometriosis, severe heavy Periods, severe dysmenhorrea, and severe p.\_m.\_s. You might take out her uterus and her ovaries. In a woman with very heavy Periods and nothing else. You could probably just take out her uterus. If she's got heavy Periods and. p.\_m.\_s you might take out her ovaries as well. So the question is, if you're taking out, just the... just the uterus or uterus and the ovaries. And I would, in my view, is that I wouldn't never do it without doing a GNRH and oestrogen add back test. You can give an oestrogen add back for a short period of time, even up to three months without giving progesterone. And it won't cause... you can just give oestrogen but you won't cause cancer. So so what you do is you you do um, you do a test drive, which is.... here's your test drive. You're gonna have you're gonna have GNRH, which is like taking everything out. You can have oestrogen back to just see if you tolerate it, because I've got two patients who have not tolerated the oestrogen add back, which is a problem. And so that's why surgery is a last resort after a... after a test drive.

**<Files\\E17\_Jo> - § 5 references coded [17.09% Coverage]**

**Reference 1 - 3.01% Coverage**

**Interviewer:** [00:05:02] So in your opinion, roughly how common is p.\_m.\_s?

**Jo:** [00:05:08] It's a lot more common than I think we we had previously thought. I mean, it might be 25 percent of women will have some element of PMS. I think it's... As time's gone on as well, because I have now [pause] As a result of this study attracted lots of women, who who either are self-diagnosed or they've been diagnosed or or they've struggled to be diagnosed. I think it's one of these things that's very difficult because the number of women with core PMDD is probably relatively small, but there are lots of women who've got other mental health issues or co-morbidities or whatever you like to call them. And so it's... It's a... I think some you know, lots of the women that I'm speaking to, now, are really very difficult to manage?

**Reference 2 - 6.14% Coverage**

So in your understanding, roughly how many Premenstrual symptoms are there?

**Jo:** [00:11:57] Something like 22, if you look at you look at the daily severity... at the record of symptoms.

**Interviewer:** [00:12:07] Again, in your understanding, what would be the most common? So the top five or top ten that come to mind?

**Jo:** [00:12:12] Um, suicidality. Premenstrually. Um, I think mood disorders.I think the psychological symptoms are the ones which tend to be most destructive. Anxiety. Depression. And then sort of physical symptoms, I think are less of an issue. Breast tenderness, abdominal bloating, that kind of thing. And then of course, there's the impact that that has on functionality... Day to day life. Managing to... to Be successful. And the comparison between the Premenstrual phase and the post menstrual phase is often the thing. I think that's the most stark. And I think that's why. Well, I think that's why women don't always try to... actually achieve suicide because they know this happened before. That if they can just get their head down and get through it, then they'll be okay for a bit. I think the other thing was I think we saw an incredible number of actually... Maybe it was just the nature of recruitment to clinical trial? But... But women who were into... Very intelligent and very in touch with their symptoms. It was... It was interesting, having recruited lots of clinical trials. This particular group of women were very frequently medically... In some way maedically connected. But that might just be that... I don't know. It might just have been a.... It's interesting, though, isn't it? I don't know whether it is to do with their condition?

**Reference 3 - 3.90% Coverage**

**Interviewer:** [00:15:50] And do you consider Period pain to be a Premenstrual symptom?

**Jo:** [00:15:55] Well, it is a Premenstrual symptom, but I don't think it's part of this diagnosis.[long pause] It can [emphasis] be a Premenstrual symptom.

**Interviewer:** [00:16:09] And again, in your opinion, what does the symptom bloating or Premenstrual bloating specifically refer to?

**Jo:** [00:16:18] Abdominal distention, discomfort. That's not bowel-related. Difficult to tell sometimes.

**Interviewer:** [00:16:27] So so, you would be more along.... Some people sort of say 'gas'. Other people say more like 'water retention' in the... in the cells.

**Jo:** [00:16:36] Yeah, I suppose it could be either actually. Possibly to do with smooth muscle relaxation due to progesterone? I think that there are a lot of things that we just really don't know about PMS [laugh]. I mean, you ask me what cause and I'm thinking, "Oh, could be alloprgnanolone. It could be anything to do with GABA receptors or serotonin receptors. But, you know, I don't think we really we know for sure.

**Reference 4 - 1.54% Coverage**

This is not PMDD. And then the tools that they recommend to use for tracking are basically the DSM type eleven or tweleve criteria. So do you have any thoughts on that?

**Jo:** [00:26:27] Um. I think that. Is going to make it difficult for the women who are severely affected. I think they become lost then in the bigger group of what really are nor... Normal women with a spectrum of how they feel on a day to day basis.

**Reference 5 - 2.51% Coverage**

**Interviewer:** [00:31:36] And the next two questions are optional, depending on whether you have any experience of them, and so the first one is what do you think about the use of diuretics? There was one that used to be used which was spiribnolactone. But now I think Yaz pill has kind of got a slightly diuretic effect as well. So when you think about those in the treatment of PMS?

**Jo:** [00:31:59] I think if somebody has really severe symptoms of fluid retention, then there is a place for them. I think they are quite controversial, but I think Yaz or Yasmin or any pill with drospirinone has made it much easier to provide a treatment that's not going to create any controversy at all.

**<Files\\P01\_Alice> - § 4 references coded [5.70% Coverage]**

**Reference 1 - 0.46% Coverage**

And I think if you've got stress going on in your life, that could make it a hundred times worse. So I've noticed that my pain is much worse when I have had something stressful happen… [00:33:04] So, you know, that's like self management or what you can do in your life.

**Reference 2 - 1.56% Coverage**

Interviewer: [00:33:39] Have you ever consulted a doctor about these experiences? If so, how did that go?

Alice: [00:33:44] Yes. So once this happened… well, to be honest, a few times. So at the beginning when it wasn't regular, but it wasn't that I ever had painful periods when I was younger, they were when I when I hit my. Late 20s. And that was just really “put me on the pill”, mean it really work. And that was that. And then I had irregular periods for a long time, but I could cope with that. So there wasn't any sort of pain or anything like that. I can completely cope with the emotive stuff and the change in boob size and weight gain, whatever, you know. Is It is the pain for a couple of hours or a whole day or Passing out and the fear of that happening while out. That terrifies me… [00:34:29] I actually can't tell you how painful it is- that it's so awful. I want to stop it and make it go away.

**Reference 3 - 0.94% Coverage**

Interviewer: [00:47:54] I think we’ve kind of covered the next one, which is what do you think the most common ones? I mean, you just listed a whole bunch. Are there any you might add?

Alice: [00:48:04] I think the common ones like on, you know, in…on the NHS website or whatever it is, things like even they'll say things like ‘mood swings’. Even that is questionable. And so they'll say mood swings, fatigue, pain. [00:48:26] Some water retention, some bowel changes, bleeding, Change in temperature. That’s probably some of the most common ones…

**Reference 4 - 2.74% Coverage**

Interviewer: [00:48:46] Great, OK. So this is about what is included and what isn't included as a pre-menstrual symptoms. [00:48:53] And I'm interested in period pain. Whether you think that counts

Alice : [interrupting] …as in before the period arrives or?

Interviewer: [00:49:01] Yeah. Or whatever your understanding is of ‘pre-menstrual symptoms’.[00:49:06] Because I think it's quite as you're saying… even clinically, it is a slightly fluid term...

Alice: [00:49:11] I mean, for me, it's not because I think I think there's some confusion generally about ‘pre-menstrual’. And I think if you are to ask a layperson, I mean, I don't want to sound sexist, but if you were to ask… that doesn't ever experience periods, which is the opposite gender. So, men, they often just think of the period and PMS, as the bleeding time. So that five days of that week they think of it as that. I think that's what they think. So when you talk about pain. Well, for my experience is that the pain only happens when I start when I start that bleeding process. So that in a way that's not premenstrual pain. I don't experience any pain before the bleeding starts. I might get some pain before the physical sign of the blood arrives, but I know I'm about to bleed that day, so it might be a couple of hours before the… or the morning before the blood arrives. But I consider that as the bleeding day because I know it's going to come that day or might be four in the morning when that happens… eight the next morning,

Interviewer: Yeah

Alice: So for me, that's when the when the bleeding will start… the pain.

**<Files\\P02\_Beth> - § 11 references coded [20.51% Coverage]**

**Reference 1 - 1.31% Coverage**

**Beth:** [00:08:33] [Pause] I don't think so. No.[00:08:40] Erm, [pause] I mean... I... saying that I've done something today. I mean, I've got here a plaster on my neck which I haven't... actually [laugh] it looks like I've deliberately done it for the purposes of the video, but. But it's just a coincidence that this sort of issue has flared up. I've got... erm a condition, a psychological condition called compulsive skin picking or dematolamania that's linked to anxiety. And I also have anxiety and this really does flare up in the couple of days before my period that I'm a lot more likely to pick my skin.

**Reference 2 - 2.86% Coverage**

**Beth:** [00:10:45] [pause] Erm... I wouldn't say so much the period itself as in, the menstruation side of it, I don't have particularly problematic erm, blood flow or pain or anything like that. But the premenstrual symptoms.. do affect things. I mean, I've got a teenage daughter. I guess I become a little more impatient and short tempered and irritable with her if, you know, we're having an argument or... erm, I'm sort of having issues with her behavior or some things... So, yeah, in the few days before my period, I find it a lot harder to... Be patient, [laugh]. So, Parenting! [laugh] If you see what I mean? So, yeah, it does affect me at home from that point of view. Also, I just get tireder...

**Interviewer:** [00:11:43] yeah

**Beth:** [00:11:43] And... and that affects how much I can get done... erm, because... I get worse anxiety, I guess. Around ovulation, I get quite a sudden spike in anxiety, which seems to time with ovulation like bang on mid-cycle. And then that subsides and then again a week before my period. It sort of gradually escalates again to about the level... erm, it was ovulation in the one or two days before my period starts and the anxiety has a knock-on effect on my concentration. So again, I feel that affects my ability to get stuff done and focus on work.. Erm, It affects my sleep a bit... Yeah...

**Reference 3 - 2.69% Coverage**

Erm, And I don't know if you mean how did I become aware of what p.\_m.\_s actually is, or how did I become aware that it was a thing? But it would have been... Like how did I first hear of it mentioned, but it would have been at school. And it would have been from boys. So I have a younger brother. I've got two brothers. My older brother's a lot older. And so my younger brother is the only one that I had to put up with this attitude about p.\_m.\_s from, because my older brother never lived with me as when we were kids. He was already grown up. And also, although I went to an all girls school, there was a boys school next door and we... I traveled to the train every day... by train, every day from home to school and back. So there were a lot of boys on the train and we'd sort of all hang out together on the station platform and on the train home. And I remember... it would be a regular occurrence... if a girl was in an argument with a boy or seemed a bit moody. The boy would go 'ooh, ooh, P. M. T!' like that was the cause of the mood. So the first awareness I had of p.\_m.\_s or it wasn't sort of referred to as PMS back then, it was PMT... It was that it's a thing that girls and women get and it makes them stroppy and unreasonable. [laugh] So yeah.

**Reference 4 - 0.50% Coverage**

**Interviewer:** [00:27:20] And how old do you think you were?

**Beth:** [00:27:22] Well, er, sort of eleven twelve when I first became aware of that. And the boys would use it as an insult, really, if they thought you were being moody.

**Reference 5 - 0.87% Coverage**

Yeah, media Portrayal of p.\_m.\_s is just... I guess portrays women as either angry and unreasonable or over-emotional and stupid. [laugh].

**Interviewer:** [00:46:21] OK

**Beth:** [00:46:29] But there's not any sort of portrayal of the physical symptoms you can get. I don't think... apart from the sort of. Vague implication that you might need to hug a hot water bottle because you're getting some tummy aches.

**Reference 6 - 1.28% Coverage**

**Interviewer:** [00:46:47] Right.

**Beth:** [00:46:48] Yeah. I don't think. I don't think the other sort of symptoms that a lot of women experience with p.\_m.\_s are given any sort of portrayal whatsoever... I mean, no, right? No one wants to address the fact that women poo, anyway... so any sort of bowel symptoms don't get any kind of attention or anything that makes women look sort of unattractive! [laugh] so, that's not going to get any media portrayal. Yeah, I think... I think a lot of the sort of information out there is... focuses a lot on the emotional side of things. And is a bit misleading?

**Reference 7 - 2.06% Coverage**

**Interviewer:** [00:54:16] So, again, this is just on your understanding, could you perhaps list some of the most common premenstrual symptoms like a sort of top 10 or or just some of the most common ones that you would think?

**Beth:** [00:54:29] O o o o oh. I would say tiredness. Skin changes. Abdominal bloating, Fluid retention. Either constipation or diarrhea. I guess, mostly constipation. I think some women would get diarrhea as well. Lower pelvic pain before period starts. irritability, increased emotional lability, becoming more easily tearful. Gosh, what else? I've lost track of how many i've said so far!? Breast tenderness. General muscle aches.

**Interviewer:** [00:55:34] You've done 10. So you can feel free to stop or any more.

**Beth:** [00:55:37] Appetite changes, increased sugar cravings, increased carbohydrate cravings... there's lots. I probably I. I think there are a lot more. And I just can't list them off the top of my head at the moment.

**Reference 8 - 0.63% Coverage**

**Interviewer:** [00:55:52] That's absolutely fine. Do you consider period pain as a pre-menstrual symptoms?

**Beth:** [00:56:03] Oh, yeah.

**Beth:** [00:56:05] Yeah, I think for a lot of women, it can be that the pain they get associated with the period starts before the menstrual flow starts. Yeah.

**Reference 9 - 2.66% Coverage**

**Interviewer:** [00:56:17] Ok. I'm interested in the term 'bloating' because I think it has very different meanings to different people. What would the term bloating mean to you? Like what? What's going on with your body if you've got bloating?

**Beth:** [00:56:38] [pause] I'm aware that it means different things to different people. But I would say I felt bloated if I felt bigger around the tummy. But I know other women might say they felt bloated if they felt more swollen overall, like they have tummy swelling and, you know, ankle swelling too and just felt more generally puffy. Well, I think there's a couple of causes, of premenstrual bloating, just feeling a bit more swollen that you tend to retain fluid. Like I know it can be usual for some women to, like, gain five or six pounds in fluid in weight because of fluid retention before a period. And that can just make you feel a bit more puffy overall. But also, if you tend to get. Gut problems before a period, you can get more gas if you're constipated. You tend to get more bowel gas, which can also make your tummy feel bigger. And if you're more anxious, you swallow more air as well. So that can give you more bowel gas too. So I think there's a few factors in premenstrual bloating.

**Reference 10 - 3.12% Coverage**

**Interviewer:** [00:58:00] Yeah. You've touched on this before, but this is one of the questions. Do you have any other health conditions that get worse at certain times in the menstrual cycle? And if you do. Do you count these as premenstrual symptoms?

**Beth:** [00:58:19] [pause] I do. Yes. I mean, I've got generalized anxiety disorder. And that's what I find it difficult to know whether to call the anxiety... the increased anxiety I get around ovulation or a period p.\_m.\_s or whether it's a pre-menstrual exacerbation of my pre-existing anxiety. But that's personally for me. I know that anxiety can Be a premenstrual symptom and I know anxiety can be part of p.\_m.\_s in women who don't otherwise have generalized anxiety. If you see what I mean?

**Interviewer:** [00:59:01] Yeah.

**Beth:** [00:59:01] So, I think for me it's not simply p.\_m.\_s but that it can be a p.\_m.\_s symptom for other women.

**Interviewer:** [00:59:10] Yeah, That's great.

**Beth:** [00:59:11] And likewise, with the skin picking thing I know that's not p.\_m.\_s, it's a separate condition I have, but it gets worse before my period.

**Interviewer:** [00:59:23] So you wouldn't count that as a premenstrual symptom?

**Beth:** [00:59:29] No, no, it's a condition I have that is aggravated by premenstrual changes, but it's not simply caused by PMS. Well, none of it's simple. But I mean, I wouldn't say it's p.\_m.\_s. No, because it's an issue at Other times... it just gets worse around my period.

**Reference 11 - 2.54% Coverage**

**Interviewer:** [00:59:54] Do you have symptoms that you experience Basically nearly every cycle?

**Beth:** [01:00:01] Yes, constipation. And... Well, look, we've already touched on the increased anxiety. I'm not sure if that's PMS for me... but definitely constipation is a p.\_m.\_s thing for me. increased bowel gas. And [laugh] at the risk of being a bit too graphic, more offensive bowel gas before a period.

**Interviewer:** [01:00:25] Yeah.

**Beth:** [01:00:28] And then going from being very constipated to being quite loose in my bowels. On the first day I start menstruating. Like a rapid relief from the constipation. That's a very consistent thing.

**Interviewer:** [01:00:43] Yeah.

**Beth:** [01:00:45] Also, weird... something I haven't touched on before. Weird dreams in the couple of days. before my period is quite a consistent thing too.

**Interviewer:** [01:00:57] Yeah.

**Beth:** [01:00:57] Yeah,That happens pretty much every month. But then other symptoms might only happen very rarely. I... I have had premenstrual breast swelling and tenderness but I could count on one hand the number of times that's happened. So. So that's a really inconsistent premenstrual symptom that I've had.

**<Files\\P03\_Dani> - § 7 references coded [18.61% Coverage]**

**Reference 1 - 2.75% Coverage**

**Interviewer:** [00:15:40] Ok. Again, I'm not testing your knowledge. in your... in your understanding or just in your experience. How common do you think PMS is?.

**Dani:** [00:15:56] Erm, [pause] I don't know, actually, I'd say it's pretty common like. [pause] I'd say that like probably quite a few... people who menstruate and women sort of experience it from time to time, but maybe it's not always recognized as that. Maybe it's sort of. It is sort of recognized as being in a bad mood or something or vice versa with your knowl... with your education [referring to interviewer]. I don't know. Erm, Yeah, I'd say it's probably like [pause] relatively common, but I don't think everybody who menstruates experiences it or suffers from it.

**Reference 2 - 3.26% Coverage**

**Interviewer:** [00:17:22] Erm, How do you manage your changes or symptoms?

**Dani:** [00:17:31] Usually just some painkillers and just being a bit like kinder to myself normally, just like if I'm just feeling exhausted, I just let myself sleep a bit longer. Yeah. It doesn't take very much, but it is just yeah, it's usually just painkillers or... [pause] sometimes I know you're not supposed to, but I just need some extra sugar so I just have like biscuits or something that that kind of thing. And sometimes I really crave meat around that time. So, I'll have that. But yeah, I don't really need to do much to manage my p.\_m.\_s as it were. Like it just sort of. It just is. And I just sort of accept it and let it be. And that's sort of enough for a lot of the time just to realize that's just because of where I am in the cycle rather than trying to cheer myself up or anything.

**Reference 3 - 2.71% Coverage**

**Interviewer:** [00:22:53] Have you ever heard of PMDD which stands for premenstrual dysphoric disorder? And if so, what's your understanding about any differences between p.\_m.\_s and PMDD?

**Dani:** [00:23:05] Yeah, I've definitely heard of it. I think that it is a much more extreme version where like the person suffering from it can actually feel suicidal and [pause] incredibly unstable and unhappy at certain times. So right before their period. But... I have a couple of acquaintances who've suffered from it. And it's basically sort of, not ruined but basically upended their careers because they were unable to be in the workplace because of it. But yeah, very unda under known about. That's not a word! Erm, problem I think.

**Reference 4 - 3.28% Coverage**

**Interviewer:** [00:25:01] OK. And again, not a test [laugh] in your understanding, roughly how many pre-menstrual symptoms are there?

**Dani:** [00:25:13] Ooh. [pause] I've absolutely no idea. Ten maybe? genuinely no clue.

**Interviewer:** [00:25:20] Okay. Erm, And in your understanding, one of the most common premenstrual symptoms, could you maybe do a top 10?

**Dani:** [00:25:32] I would say the most common are irritability, but I don't like saying that because I think that's unfair on how the person is feeling. You know, it may... may be a sort of, yeah, I'm going to say irritability. But what I mean is a sort of less... less kindness extension. Maybe? Er, pain. Cramps. Sensitive breasts. [pause] What else?. Tiredness, unsociable-ness. Erm. What else? [pause] I'm not sure I think that's all I can think of.

**Interviewer:** [00:26:24] That's fine.

**Dani:** [00:26:25] Yeah.

**Reference 5 - 2.50% Coverage**

**Interviewer:** [00:26:28] Do you consider period pain as a premenstrual symptom?

**Dani:** [00:26:35] When it when it's pre bleeding, I would. But when it's actually during the period, I wouldn't I'll just call it... I'd consider it as period cramps. Yeah.

**Interviewer:** [00:26:51] So I suppose what I mean is, do you think period pain is part of p.\_m.\_s?

**Dani:** [00:27:02] No. No. I think it's I think it's part of your period rather than pre.

**Interviewer:** [00:27:13] Ok, so it's about the timing for you?

**Dani:** [00:27:14] Yeah. Yeah. Well, just because it's pre-menstrual, it would suggest that if it's menstrual, then it's not pre-menstrual. For me. I guess. Yeah.

**Reference 6 - 1.85% Coverage**

**Interviewer:** [00:28:55] Okay. And do you get any symptoms that you experience nearly every cycle? That You can kind of rely on?

**Dani:** [00:29:03] It's the tiredness and the feeling of like. Exhaustion, not exhaustion, that's a bit extreme, but I think... no actually I think one to two days I feel... I feel exhausted. So, yeah, that's every month without fail. And just a feeling of like just I dunno... It just stuff feels too much, maybe for like a day or two. But then then it sort of passes.

**Reference 7 - 2.26% Coverage**

**Interviewer:** [00:29:36] And have your symptoms changed over time from when you're were younger to now?

**Dani:** [00:29:42] Yeah. I don't get cramps like I used to. I used to get them every month. And sometimes i'd have to be picked up from school. And then I was on the pill. So it just sort of happened. It wasn't really particularly eventful. But yeah, no, I don't get as bad pain anymore and it's much, much, much more regular now. So I couldn't I don't think I would have known to track it as much before, but. Yeah. Now it's. Yeah. Yeah, I think it's just the lack of pain, no or not lack of just less.

**<Files\\P04\_Emma> - § 7 references coded [17.70% Coverage]**

**Reference 1 - 1.72% Coverage**

**Interviewer:** [00:38:33] And just to clarify something, when you say that the contraceptives made it worse, do you mean the mood symptoms were worse?

**Emma:** [00:38:41] Yeah, Mood symptoms? And also, I just I've always found this with contraceptive... The contraceptive pill, just this sense of being numb. Almost like a 'not in my body' type of feeling.

**Interviewer:** [00:38:56] Mm hmm.

**Emma:** [00:38:56] Which. Yeah. I've tried lots of different kinds and have never. Never felt right. Never felt like me. But again, for some people, it's a lifesaver. So it's just I think just for me, it hasn't either haven't found the right one or it it's just not the right treatment.

**Reference 2 - 1.00% Coverage**

**Interviewer:** [00:46:46] Ok. And what are the most common pre-menstrual symptoms? Could you maybe list like a top 10 or so?

**Emma:** [00:46:58] Breast tenderness, headaches, mood swings, irritability, tiredness. [pause] Food cravings. [pause] Change in libido, would that even be classed as PMS? I don't even know [laugh]. I might have made that up! [laugh] I think that's all I can think of.

**Reference 3 - 3.06% Coverage**

**Interviewer:** [00:47:41] That's fine. OK. Do you consider period pain as a premenstrual symptom?

**Emma:** [00:47:50] Huh? That's interesting. Because I didn't mention it. No, because in my... in my head I view pre-menstrual as before. The period and period pain I consider as part of. The bleed phrase but. That being said, I've get cramp around ovulation. I think... I think it is a pre-menstrual symptom. but The way I view it personally, is I...I seem to separate the two?

**Interviewer:** [00:48:36] Yeah. Well, this is why I'm asking the question, because it's commonly sort of seen as different somehow. You know, I mean, some people even get pain a day or two before they get the blood. But they still don't count as premenstrual because I think it's basically a sign of the blood, if you see what I mean. So it's just a very interesting.

**Emma:** [00:49:03] Yeah, well I... I do. I wouldn't say it's pain, but I get twinges and spotting bu again. I don't I don't link that with... Hmmm That's really interesting because I guess for me, that part is almost like a relief.

**Interviewer:** [00:49:23] Mm hmm.

**Emma:** [00:49:24] So maybe I. I. Yeah. I've somehow compartmentalized it as something else?

**Reference 4 - 3.16% Coverage**

**Interviewer:** [00:49:35] Thank you. And this is another interesting one. And what does the term bloating mean to you specifically?

**Emma:** [00:49:51] For me specifically, it means water retention. It means. [pause] Uh. Putting on a good few pounds, having a distended abdomen, I get bloating around my face, I get puffy eyes. So it's not... it's not just. Bloating in the lower abdomen. To me, I feel like the Michelin Man.[laugh] Sorry, I shouldn't laugh, but I feel like a fuckin' marshmallow [laugh]. It's like, yeah, it's horrible. Really horrible. Yeah.

**Interviewer:** [00:50:38] And just to clarify again, when you say distended to me, do you mean kind of trapped gaps that kind of...?

**Emma:** [00:50:45] Like gas... And I mentioned earlier, I get IBS. So constipation. Just generally heavy. Full. [pause] That is... yeah, heavy is the word I would use, just heavy and almost like I'm carrying an extra stone, which is weird, but my face looks different. It bloats to the point where it.. it.. it actually looks different. Pre-menstrually.

**Interviewer:** [00:51:29] Ok. Thank you. And do you have any other health conditions that get worse at certain times in the menstrual cycle?

**Emma:** [00:51:40] No, I don't. Erm, Don't think so.

**Reference 5 - 1.93% Coverage**

**Interviewer:** [00:52:43] Ok. And they have some key symptoms that you experience nearly every time, like your classic symptoms?

**Emma:** [00:52:54] Yes, so. Fatigue. Is one. and [pause]. A headache which can sometimes turn into a migraine. Is one. Ovulation pain and Bloating happens every time. Er, Mood changes happen every time.[exhale] Yeah.[long pause] Yeah, erm, I think just going back to what I talked about earlier. It happens, these things just happen every month. Insomnia happens every time. So I have... [pause] Days where it's either that I can't get to sleep or I have really disturbed sleep. And then hypersomnia where I'll sleep way more than usual, but I'm still tired. Um. Yeah. So there's this pattern just tends to be the same every month.

**Reference 6 - 4.49% Coverage**

**Interviewer:** [00:54:23] Have your typical symptoms changed over time? So when you were younger, was it any different?

**Emma:** [00:54:30] That's a great question. So when I was younger, I I don't remember happened. The psychological symptoms, actually, no, that's...[long pause] I'm gonna... a recent realization was that... I didn't remember having any psychological symptoms. But, I used to have panic attacks, and on those days I would find it really difficult to go in assemblies... And because I felt really claustrophobic and it didn't happen all the time. It only happened sometimes. And now... now that I know what I know about PMDD and what I experience now as an adult, I'm almost convinced that that was happening in pre-menstrually. And I didn't realize because I didn't know about it and I didn't track my cycle. So the other differences were that I used to have incredibly painful periods to the point where I would almost faint and I missed school, had to be picked up from school because I was just crippled in pain. And that.. that seemed to ease with age until fairly recently where the pain has come back. And the length... the actual length of my cycle has changed. Again, that's been quite a recent thing, so I've noticed a change. I think more significantly from my. Mid 20s to now, so I'm 33 now, nearly 34, and I've got a much shorter cycle. I've got a much shorter. [pause] Bleed. But less pain and more mood related symptoms? Erm, So I don't know it.... Sorry for the complicated answer. in answer to your question, I... I don't know if The mood related symptoms have been there all the time. and It's just that I haven't been aware and haven't been tracking and haven't been conscious of them or whether they have come on from my late 20's?

**Reference 7 - 2.34% Coverage**

So how do you feel about the diagnosis of PMDD and how you sort of have to have... certain types of symptoms from the list? How do you feel? Do you think it's a good definition, a good way of diagnosing?

**Emma:** [01:04:57] I think it's helpful to have those lists, that list of symptoms. But I think we still don't know enough about PMDD to be that prescriptive so there may be other symptoms. For instance, a lot of women report impulse, high impulsivity, so impulsive behavior and irrational behavior. And I don't think that is listed as a symptom? We have people who have [pause] tinnitus issues. And issues with... what is it?? Misanphonia?. So high noise sensitivity. And again, I don't think that is on the diagnostic list, but it seems to be prevalent among the PMDD community. So I think it's a good starting point. But we need we need to understand more about that, about the aetiology and about the symptoms.

**<Files\\P05\_P06\_Faith\_Gemma> - § 19 references coded [21.14% Coverage]**

**Reference 1 - 1.31% Coverage**

**Interviewer:** [00:04:15] That's brilliant. Thank you. And do you feel different before, during or after your period?

**Faith:** [00:04:22] Emotionally?. And, yeah in terms of cravings, so... I've become like quite 'short'. Like things frustrate me and... I can cry a lot easier [laugh] and I'll be really thirsty all the time and I'll just have like a awful sweet tooth... and like, I wake up in the middle of the night and if I don't have water... I have to have water by me when when I'm going through PMS, if not, then I'll go downstairs like twice in the middle of the night because I'm always dehydrated and craving sweet things. And I guess yeah, the emotional side is just being emotional and also being short. And then during... first few days are always awful like... Walking is a struggle. It used to be... it's a shame... because it used to be the first day then now, the first two days, sometimes it'll be three days, so it seems like it's getting longer and longer with time.

**Interviewer:** [00:05:13] And is that because of the pain?

**Faith:** [00:05:15] Yeah, yeah. During... Well, when my period's started emotionally and mentally, I'm fine again. But physically, that's when it's like this one through three days. It's like awful...[short laugh]

**Reference 2 - 1.39% Coverage**

**Gemma:** [00:06:00] My periods, so like before I am a wreck, like I cry over anything, which is just crazy. And I know it's.... I'm so happy because I know it's 'your period's come and you're cryin' for no reason!. I think I'm horrible looking. And that's just not me (I know that I'm very beautiful) [laugh]. But I actually look at myself and like 'Ergh'. Like, it's really bad. I look at myself in the mirror, I'm like, 'you're, you're really unattractive'. It's so strange. It's the weirdest thing.

**Faith:** [00:06:22] I concur! Ooh, sorry [to interviewer for speaking at same time]

**Interviewer:** [00:06:23] Yeah. It's fine. I have it as well, I have 'ugly day'..

**Faith:** [00:06:24] But do you like know that this is because you are on your period?

**Gemma:** [00:06:28] Yeah.

**Faith:** [00:06:28] Or is it kind of sometimes you think...

**Gemma:** [00:06:30] No, I tell myself 'you're on your period' like it's OK. Like feel like this. Because honestly I'll wake up in the mirror and I 'll be like 'ergh'... Like you're... just you're fat. You're not pretty. Like it's so bad. I mean it's gotten worse as I've gotten older because it was a little bit before, but it is getting worse. It's really bad. So I think I get really... erm, insecure before I start my period and I'm much more emotional. And then when I'm on it, I'm fine.

**Reference 3 - 0.85% Coverage**

**Interviewer:** [00:08:54] Thanks for that. That's really great. Do you do anything special or stop yourself from doing anything around your period?

**Faith:** [00:09:06] Like Physically? Or, like...

**Interviewer:** [00:09:08] Anything... like some people um... might not go swimming or might not... It doesn't have to be exercise but like anything...

**Faith:** [00:09:14] Drinking. If I drink before my period, then I'd like... just like pass out, vomit, that sort of thing. And it took me a while to realize that whenever I drink. If I get in a really bad state, then the next day, or then two days later, my period comes. I know that during my PMS my body can't take alcohol. So I've kind of come away from spirits anyway. But before that, I realized that drinking when I'm coming on to my period, is really bad for me.

**Reference 4 - 0.38% Coverage**

**Interviewer:** [00:09:44] Yeah. So you wouldn't get more drunk or anything. It was just the hangover?

**Faith:** [00:09:47] Yeah. And I guess I thought it was that and I used to tell everyone 'Oh it's the oxygen!' [laughter]. I was tryin' to figure out like, what was it? [laugh] But then I realized that my period would always come next. Straight after... So, it was that.

**Reference 5 - 0.18% Coverage**

But it's always like towards end of the day. It's weird how my body kind of knows this is when you're gonna go crazy now. So I've never had to stop myself from doing anything.

**Reference 6 - 1.19% Coverage**

**Interviewer:** [00:24:02] Yeah. So overall, how do you generally feel about having Periods and the fact that we get them for like 40 years?

**Faith:** [00:24:14] Sad... No![laughter] And I think that the perspective that Gemma said it was really lovely, but I'll be honest, that on a personal level, on a general level I get the significance of it but on a personal level. I...

**Gemma:** [00:24:29] ...Struggle [Whisper]

**Faith:** [00:24:30] I really really, like, you know, when you're just exhausted at life.

**Gemma:** [00:24:33] Mmmmmmm

**Faith:** [00:24:33] And sometimes I've just felt like. 'Is this like is this really what I'm going to go through until menopause? I don't want to do this, sort of thing. And this is how it is, it's just been like really depressing...

**Interviewer:** [00:24:47] Aha

**Faith:** [00:24:47] Really depressing, really depressing just in terms of like the pain inside. There's no getting used to the pain. So, yeah, it's been really.[Gemma providing various encouraging noises]

**Gemma:** [00:24:54] Every time is like the first time...?

**Faith:** [00:24:55] Yeah. [Pause] I haven't... taken well to it.. [trailing off]

**Reference 7 - 0.89% Coverage**

**Gemma:** [00:25:00] [interrupting] I'm not happy... I'm not happy about it but I'm not sad about it. I'm just I'm kind of like, it is what it is. ~Um, The thing that makes me happy about my period is because of the cleansing that I feel because I feel like it's like I don't cry for the whole month and I almost feel like it's a release... I'm looking at it more of the emotion, what it does for me emotionally as opposed to physical because I don't feel it as much physically. So the emotional part, I enjoy that part because I feel like, you know, in a month, things piss you off. Work pisses you off? but I don't cry. That's just not me. And I just like the fact that you're going to cry and you're not going to stop and you're going to release. So I look forward to it. I'll put on something, a stupid little M&S advert, and I'll start crying... {laugh]

**Reference 8 - 1.65% Coverage**

I'll hear like... I watch...Or I can go to a show... I can watch someone singing and I'm like [indicates tears] it's just the power or the beauty of how they sang.

**Interviewer:** [00:27:05] Oh yeah, being moved, yeah.

**Faith:** [00:27:06] I feel like I can actually cry.

**Interviewer:** [00:27:09] I think.... I think empathy is the best word because I think that's what music and particularly, choral voices, what they're doing is expressing an emotion. And then we're like, [indicates 'wow' moment]

**Both F&G:** [00:27:20] Yeahh

**Gemma:** [00:27:20] you're with me!

**Interviewer:** [00:27:22] Yeah. And like you, I enjoy it. because I'm not a very emotional person

**Gemma:** [00:27:28] Yeah

**Interviewer:** [00:27:28] And so when I cry and I feel moved, I think 'Yeah, I'm still working'

**Gemma:** [00:27:32] Yeah! [loud] I always feel like that like in my day to day. I'm very emotional, but not sensitive. So things don't make me like that. These things don't make... When I'm supposed to cry. I can't cry. I'm just... I'm really like "what is wrong with you?". But when... you know when you cousins came to my house- I was on my period!

**Faith:** [00:27:48] Ooh!

**Gemma:** [00:27:48] Yeah, cos I kept cryin'. And I was like 'yes!' like we were talking about like really sad things and everyone was crying. And I cried and I was so... and I was like, you're on your Period, this is why you're doin' this crap. [laughter] Otherwise I would not be crying. You know, what I mean, so I like it. I'm just like, yeah, you can cry on... at the right time... when everyone else is! [laugh].

**Reference 9 - 0.74% Coverage**

**Interviewer:** [00:29:14] Great. Thank you. So we are on to the middle section which is PMS stuff. Faith, Do you identify as someone who gets p.\_m.\_s?

**Faith:** [00:29:24] Yes. Definitely.

**Interviewer:** [00:29:24] And why is that?

**Faith:** [00:29:26] The cravings, the dehydration and the emotional aspects and. Just the things that... I don't have patience for. I'm normally quite patient, but just not having the patience where.. Kind of... I'll reflect and I'll be like "Faith you really don't have to be angry like that" but it's after the fact and it really frustrates me 'cos it's like... I don't want to be so reactive to these sort of things, so knowing that I'm behaving in a way which isn't normal to me.

**Reference 10 - 1.36% Coverage**

**Interviewer:** [00:30:00] Aha. And Gemma?

**Gemma:** [00:30:01] Yeah, definitely the emotions. Eatin' a lot... I put on weight... significant, which is so crazy, I've put on like 5 one period I've put on seven pounds. Just going on. Yeah. And it would drop [clicks fingers] almost instantly thereafter. Which is so weird. Um, I think that's a big one. And I can see it it's so strange. As I have... I don't know what it is? Like I'm carrying something And when I go to toilet... don't know. And again, I know it's TMI I tell you, I go toilet like proper. It's crazy. Like. for an hour, I'll just be on the toilet, so I think that that's... that's so weird.[laugh] I find it so strange. And then after obviously that... I think that carries weight? And then I'll be fine.

**Interviewer:** [00:30:44] That's actually extremely common!

**Gemma:** [00:30:45] Is it really common?

**Interviewer:** [00:30:48] Yeah, No. So, constipation before then. Diarrhoea when you start...

**Gemma:** [00:30:52] Yeahhh

**Interviewer:** [00:30:52] bleeding... very very common,

**Gemma:** [00:30:52] Really?

**Interviewer:** [00:30:52] maybe the most common

**Gemma:** [00:30:52] Gosh!

**Interviewer:** [00:30:52] experience.... Maybe the most common.

**Gemma:** [00:30:55] It makes me feel better that it's common! {laugh] Yeah. So. Yeah.

**Reference 11 - 0.98% Coverage**

**Interviewer:** [00:33:36] Okay. So a bit like we talked about Periods. How would you describe p.\_m.\_s to someone who had never heard of it?

**Faith:** [00:33:45] Um, d'you know... for me... I would highlight mental health. Cause mine is really bad. During... Like... so. I think I'd start lightly like things like your emotions may be.... Your emotions may be um a lot more um apparent than usual. Than you're used to... you might be a lot more reactive, but you might go through depression and anxiety and just feel really Low. And not be able to put a finger on why. And even when you can get a finger on why, you can't get yourself out of that. And when you find it's happening regularly, it could be part of the symptoms... and then the more physical things like cravings and... Dehydration and so on and so forth. And as for why I wouldn't know how to explain why [whispering] I've never actually been told why our bodies go through that...

**Reference 12 - 1.02% Coverage**

**Gemma:** [00:34:34] Why? I wouldn't know either. Cos of what you said, but I would just... I would definitely just kind of bring it to a personal thing again. Like make it very general. And I'd say that during a period it's very, very common for you to experience a wide range of emotions and you don't have control over that. It will just happen. And sort of feel... don't feel bad for it. But know that it's happening. So know that if you're a bit more emotional, if you experience cravings, these things are all normal and you're gonna experience it differently to other people. So you're not gonna experience it how your friend's experience it, so don't compare what you feel. And I would drag... I would tie it to mental health because I'd be like. Because you have no control over your emotions. You can get elements of feeling really sad or be happy or crying a lot, but just know that it's because you're going through the cycle. That's why I say. [Last sentence whispered]

**Reference 13 - 1.07% Coverage**

**Gemma:** [00:38:15] I have absolutely no idea [laugh]. It's beyond me. [Laughter] I have no idea. I don't know why it's connected. I don't know why... Again, I find it very beautiful but I have no idea why my vagina bleeding has anything to do with why my mind is going crazy and my hormones are crazy. I just don't understand the connection. because I feel like your vagina bleeding is like a medical thing? Yeah,.

**Interviewer:** [00:38:36] Like biological?

**Gemma:** [00:38:37] Yeah. It's like... your body... your system kind of thing. But then your mind and your hormones. I feel like that's an emotional thing. So it's like how... just how does one affect the other? I know that we're all... But you know what? I read something that everything in your body is connected. It's like if you're going through stress, for example, at work you can get spots, I get spots when I go through stress. So that's an external thing that... that affects the way you... Your periods. So because your body so... is so connected. Maybe that's why?

**Reference 14 - 2.14% Coverage**

**Faith:** [00:39:04] [Interrupting] Going off on a tangent but that reminds me when I was... when I had ovarian cysts... the reason that... like how I learned how connected our bodies are was whenever I was going through stress or anxiety, say I had like interviews coming up or deadlines and stuff.... That um the cyst would wrap itself around my fallopian tubes. So like I'll get this debilitating pain and I'm vomiting 'til I'm vomiting black and it's all because I'm going through these high-intensity times which are causing me to feel stress, which then trigger the um cyst to [interrupted] start... like swinging around...

**Gemma:** [00:39:34] [interrupting] That shows... [after Faith finishes] That shows you how connected that we are. I always tell people that... all of the... Cos' I work in recruitment which is high-stress. And then I work in diversity and inclusion when people are not gettin' jobs so it is high stress. On top of... and we need to get them jobs in tech companies with like middle aged white men, which is... [pause] high stress! [laugh] So it is a very high stress... stress thing. You're talkin' to people who don't really listen, and understand. And then the students, the people, the candidates are like stressed out because they're tryin' their hardest. And I always say to them, like. Um, You get... because they feel sad some days and they come to me and I'm just like, 'you get sick, you see a doctor. Why do you think your mind's not going to get sick? Why do you feel like? Why do you feel like that health is different? Like it's all connected? It's OK to not be OK, but the same way that you get treatment or you go to a doctor if you feel sick. It's the same way we should go to therapy like, we should go to therapy. cos If... If our minds feel sad and sick and it's something you can't get yourself out of. Like when you've got a cold that lasts for like five days. Your brain can do the same thing. So we should seek help in whichever ways. And I think that the same thing should be treated to Periods, especially early on.

**Reference 15 - 0.26% Coverage**

**Interviewer:** [00:47:21] So, it's easy to forget. But I do think there's something about that we naturalize... Particularly period pain.

**Gemma:** [00:47:24] Yes.

**Interviewer:** [00:47:27] As just being like... it's just part of life... [nervous laugh]

**Reference 16 - 1.97% Coverage**

Um. Can you list some of the most common symptoms or changes like sort of top five, top 10? So we've already touched on some of them.

**Gemma:** [01:05:19] I'll start with that one. um, cos It's easy for me. Food craving like Food cravings. The empathetic thing. So like for me, crying so a range of emotions and feeling very insecure. um, Gaining weight. And what's another one for me? And having... feeling pain. Like experiencing pain.

**Faith:** [01:05:43] I'd say for common... What I assume a lot of women go through... Is Cravings um... [pause] I don't want to call it 'snappy' um...

**Interviewer:** [01:06:00] Irritable?

**Faith:** [01:06:00] ...reactive, irritable, Yeah. Irritable. Empathy like. the emotions are easily triggered. Um, I'm trying to think what have i had experience of? Oooh, something that I didn't touch on before. Like Sometimes like getting period pains before like getting like some sort of like pain or feeling like "Oh, am I on my period yet?" and not even just the pain like sometimes I feel like I'm... let me go and check my pants because I feel like my period might have started... But I don't know, maybe that might be common. Like having the physical pain and I don't know if it's moisture... or I don't know what to call it? Before the...

**Interviewer:** [01:06:40] Yeah the sensation of the discharge or the flow. but there's nothing there

**Both F&G:** [01:06:44] Yeah!

**Gemma:** [01:06:44] I definitely get that

**Interviewer:** [01:06:44] Phantom discharge!

**Faith:** [01:06:48] That's it! [laughter]

**Interviewer:** [01:06:50] That's what it should be called...

**Faith:** [01:06:50] It's got a real ring to it! [laughter]

**Gemma:** [01:06:50] That makes sense.

**Interviewer:** [01:06:55] That's brilliant. Thank you. um So do you consider period pain as a Premenstrual symptom?

**Faith:** [01:07:06] Yes, yeah, yeah... yeah.

**Gemma:** [01:07:06] Same, Yes.

**Reference 17 - 1.54% Coverage**

**Interviewer:** [01:07:14] That's great. And this is because this word is used a lot in the clinical definitions. I'm just going to ask you what it means to you. So they use the term bloating. What would that mean to you?

**Faith:** [01:07:26] Yeah, that feeling of like fullness and you know what you said about weight?. Sometimes you feel heavier and you just feel like gravity is really pulling down on you and just that feeling of fullness. And sometimes like constipation goes with it. And just like even feeling like your body's... like your belly's firmer. So I think all of that contributes, in my personal experience, of feeling bloated...

**Gemma:** [01:07:46] Temporary weight gain. Just temporary weight gain for me. Cos I just feel much heav... And I know... I know it's coming. So I know it's gonna go, so it's like a temporary weight gain.

**Interviewer:** [01:08:00] And just relating to that. Do you find that you wee a lot, as well?

**Gemma:** [01:08:02] Oh my god, so much! [emphatic]

**Interviewer:** [01:08:04] So you drink a lot beforehand and then.

**Gemma:** [01:08:06] [overlapping speech] Drink a lot and Yeah. Yeah. and I'm always on the toilet. It's really crazy. Like... it's like even a drip of water, I'll go to the toilet.

**Faith:** [01:08:12] Yeah.Yeah.

**Gemma:** [01:08:14] Very dehydrated, as well, like you said...

**Faith:** [01:08:17] Yeah, yeah for me. [pause] That's an issue for me anyway, because the fibroid sits on my bladder, so I'm always like...

**Reference 18 - 1.64% Coverage**

So we've touched on this a bit before, but which symptoms do you get? Like nearly every cycle you just rely on?

**Faith:** [01:11:40] Yeah. I can definitely rely on dehydration. I can definitely rely on cravings...Um I don't know if we mentioned. I don't know if we touched on this, but when the emotional thing that's been with age, so that hasn't always been as heightened...

**Gemma:** [01:11:56] Yeah

**Faith:** [01:11:56] ... as it is now. so, um yeah, that's. Become stronger with age and... um These are Premenstrual?

**Gemma:** [01:12:04] Yep. Beforehand...

**Faith:** [01:12:05] On my period, as well,.,

**Interviewer:** [01:12:07] It's just nearly every cycle...

**Gemma:** [01:12:08] OK, so it's going to happen...

**Interviewer:** [01:12:11] So sometimes people get them at ovulation...

**Faith:** [01:12:11] Yeah, I can't say what I'm actually like on my period. Again, those first two or three days. That's when my mental health is just not in check, sort of thing. I'm just like... but i think that's more associated with the pain and just feeling like i'm... sick of life! [laughter] Sort of thing.

**Gemma:** [01:12:28] Um, with me, it would definitely be cryin'. I think Every cycle now which again is age... that didn't used to happen when I was younger. That started to kick in when I was like twenty five actually, which is recent. Um, uncontrollable tears and definitely, definitely weight gain, every single period. It fluctuates between two to like six, seven pounds, but I will always put on weight during my period just before and it comes off like a week after?

**Reference 19 - 0.56% Coverage**

**Interviewer:** [01:12:58] Ok. So you've just mentioned this. Have your typical symptoms changed over time?

**Faith:** [01:13:03] Yes. So that... um yeah. So the emotions have grown. Everything else I've... Yeah. I've always had.

**Gemma:** [01:13:10] For me, it's just the emotions. Everything else is the same, but the emotions have gone crazy through the roof now. And I'm scared.

**Faith:** [01:13:17] [Interrupting] And my bladder. Sorry. I would say my bladder issues came later. but I think that's obviously to do with my fibroids...

**<Files\\P07\_Helen> - § 13 references coded [11.81% Coverage]**

**Reference 1 - 0.55% Coverage**

**Helen:** [00:07:26] Oh, gosh. So many ways. I haven't had to think about this in a while! [laugh] [Pause] Just everything... like I feel like. Just [exhale sigh] all my emotional well-being, just I couldn't show up for anything, I'd just. end relationships, I'd quit jobs just suddenly... just so much instability. I just always... you know, I think my my sense of self took such a big hit.

**Reference 2 - 0.45% Coverage**

**Helen:** [00:08:44] And, you know. But um... yeah. And one thing I did not say is, you know, I was definitely suicidal. I think I started attempting suicide in high school as early as fifteen sixteen. I think I was fifteen. I first attempted and [pause] Yeah, it just sucked... every aspect [laughter while wiping tears].

**Reference 3 - 0.65% Coverage**

**Helen:** [00:19:06] Um, you know PMS... This is how I say it at work. You know, PMS is a collection of symptoms that vary from person to person with a period. You know, it could be anything from mild irritability. And weeping all the way to severe cramping, you know, exhaustion. It's just a wide variety of symptoms that kind of vary. But they. But the reason it's p.\_m.\_s is because it always happens right before your Period starts in the Premenstrual phase.

**Reference 4 - 1.21% Coverage**

**Interviewer:** [00:20:14] What's your understanding of why the symptoms occur?

**Helen:** [00:20:20] Yeah, I definitely believe it's it's related to the rise and fall, the natural rise and fall of the reproductive hormones, oestrogen and progesterone. I also wonder if FSH and L... um what's the other one?

**Interviewer:** [00:20:32] LH... Luteinising hor...

**Helen:** [00:20:32] [overlapping] I'm sorry... Yes. Thank you. I do wonder if those are involved as well. But for my understanding it is the natural... the result of the natural rise and fall of those reproductive hormones, you know, and that's got to have a change through the whole body. For the physical symptoms, it's going to cause, you know, anything from weight gain to, you know, tender breasts and the emotional side, you're having a chemical change within your body. There's bound to be a response.

**Reference 5 - 0.44% Coverage**

**Interviewer:** [00:32:50] aha. And so, again, just in your understanding, what would be the most common Premenstrual symptoms? Could you maybe list the top five or top 10?

**Helen:** [00:32:59] Oh, sure. I would probably say, you know, weepiness; irritability, breast tenderness, cramping and probably bloating.

**Reference 6 - 1.24% Coverage**

**Interviewer:** [00:33:07] Thank you. Would you consider a period pain or uterine cramps as a Premenstrual symptom?

**Helen:** [00:33:21] I would, yes.

**Interviewer:** [00:33:25] And can you tell me a bit more about why you would.

**Helen:** [00:33:28] Oh, really, from my personal experience, but also because it's one of the symptoms we most commonly hear in those without severe PMDD. But I think again, it can be a result of exacerbation of an underlying disorder. For myself, I had such horrible period pain because I had fibroids, undiagnosed fibroids. I literally just thought everyone's Periods hurt that much. But I didn't find out until I was pregnant and my fibroids enlarged and they were like, Oh, you have these fibroids here. This must be what's hurting you. So. Yeah. So it's hard. I would say yes, it is. But again, could be a Premenstrual exacerbation of something else.

**Reference 7 - 0.90% Coverage**

**Interviewer:** [00:34:38] Did you have any other health conditions that got worse At certain times in the menstrual cycle?

**Helen:** [00:34:44] Um, physically, I would say the fibroids, even though I wasn't aware, of that's pretty much what it was at the time. Let's see what else I would get. I mean, really, the rest would be psychological. You know, I had some underlying trauma issues. I was dealing with an anxiety that would definitely be exacerbated premenstrually. And, you know, even to this day, it's hard to untangle, which was what? But it's easier. It's easier to deal with the stuff that's not PMDD. Once you're out of it. [pause].

**Reference 8 - 0.68% Coverage**

**Interviewer:** [00:37:03] You've just touched on this, but were there symptoms that you experienced pretty much every cycle, like your kind of... the ones you could rely on every time?

**Helen:** [00:37:12] Oh, yeah. So the emotional symptoms the...you know and as I got more severe, the suicidal thoughts. And ideation, those would be quite consistent. [pause] Panic attacks were very consistent. I'd have those quite often during ovulation and then right around the start of my period.

**Reference 9 - 0.82% Coverage**

**Interviewer:** [00:37:40] Can I ask about the cramps, obviously were they severe the whole time? You know, from adolescence?

**Helen:** [00:37:49] No, I feel like it definitely got worse. They were I mean, they were bad like I remember as a bartender and I lost my job because. I couldn't leave the walk in cooler. I was just absolutely debilitated and doubled over in pain. And it's like, how do you explain that? But I don't. I can't remember. If it was like ovulation straight through. I think it was just a day here and there that it would happen. But I mean, it's difficult to...

**Reference 10 - 0.82% Coverage**

**Interviewer:** [00:39:16] You can't always tell if you've got fibroids from like, heavy bleeding and severe pain. So I think that's something I'd quite like to look into after this

**Helen:** [00:39:25] Oh, my gosh... Please do! That's interesting to hear. Again, it's like even even six, seven years doing the work. I do, I'm like, I don't even hear this because you're just hearing pieces of people's experiences. You don't get to always sit down and have a conversation like this. Tell me about your pain. Tell me about where and when and how and the result. Yeah. So interesting.

**Reference 11 - 2.49% Coverage**

**Helen:** [00:45:20] I know, I think it's hard like people get so caught up on on the... and i'm sure it does matter. I'm really sure it matters. But like you know, people are upset that PMDD is in the DSM, that it's under, you know, a mental as a mental disorder when it's clearly both gynaecologic. I think it's just... it just speaks to the whole separation of the brain from the rest of the body. You know, when it's it's defined as one or the other. But I feel bad. When I see people getting really upset, they're like, I don't have a mental illness. And it's like, don't... you don't have to be ashamed about it. I mean, and I say this as somebody who has like vulnerability hangovers still. And I work, you know, and I do the work I do, but I don't want anyone.. It breaks my heart, my when even when I do it, that people get caught up in labelling themselves. You know what I mean in the label in the label in general. But I get why it's from a clinical standpoint.

**Interviewer:** [00:46:29] Yeah, I know say the stigma all over the place because there's a mental health stigma. So nobody wants to be mad or whatever. And yet it actually doesn't help if you say it's a biological thing or a genetic thing. It's been proven that that's also stigmatized even it's known that let's say you're severe... Severe anxiety or something might be genetic or have a genetic component. It doesn't actually alleviate the stigma.

**Helen:** [00:46:58] I know.

**Interviewer:** [00:47:01] And there's the stigma attached to the menstrual cycle. You're not supposed to talk about it. And all these stereotypes about women being somehow inferior. So you're left with you know, I think it does contribute to this. Damned if you do, damned if you don't.

**Helen:** [00:47:20] Exactly. Yeah.

**Reference 12 - 0.94% Coverage**

**Interviewer:** [00:54:31] Kind of related to that, are you aware of PMS or PMDD as being controversial diagnosis?

**Helen:** [00:54:39] Oh, yes, absolutely. Thousand percent. [pause] Just everything we just discussed [laughter] about... [pause]... Yeah, about I think there is a concern. You know, there's the concern of over-diagnosis, which even I... yeah, I talked about this like a month ago. Maybe, you know, every time there is a suicide of a woman in the media, there is within the community I work, I feel like there is the habit to want to posthumous... What is that word? Post... Gah! I can't think of the word! But after someone's passed away, you diagnose them...

**Reference 13 - 0.62% Coverage**

**Interviewer:** [01:13:38] Yeah. I think that's true. I mean, I think for a lot of things, particularly mental health illnesses, we really really want a cure... that is actually a bit more than a cure and it's a bit more like MDMA or something where you just feel great [laughter] all the time. That would be wonderful, but that's not what human's lives are like...[laughter].

**Helen:** [01:13:55] Everyone would want that treatment! [laugh]

**<Files\\P08\_Kathleen> - § 9 references coded [13.41% Coverage]**

**Reference 1 - 2.71% Coverage**

**Kathleen:** [00:03:33] Yeah. So. So just if we talk about now. So yeah I just tend to know now. During my period. You know, I went for many, many years just not experiencing any particular change in mood or... um or just kind of carried on functioning really. But more recently I would say within the last year, I don't know if it's got to do with age or if it's got to do with, my fibroids journey, I'm not quite sure? But I definitely notice a change in my moods now. Um, It... I tend to feel. Just a little bit more down than I would normally or I just feel, maybe a little bit more on edge. But it's not in a major way but I notice it now, but I went for decades without really experiencing that at all. Um, the reason I remember that is because my friends always used to talk about how they felt. And so we had conversations about it. And I just knew that I just generally what... what was was okay. But more recently, I tend to notice a change in my moods a bit more. And I try to... not.. um I try to just carry on as normal as much as possible, Really. Um, and then, after my Periods... [pause] The other thing that happens as well during my period is maybe a bit of bloating. Yeah, and then afterwards that goes down. And then I'm fine. Back to normal.

**Reference 2 - 0.82% Coverage**

**Kathleen:** [00:05:24] I... probably [pause] wouldn't go to the sauna if I was on my my period. Um... [pause] I've been to the gym on my period, but not on my heaviest days, yeah [nodding] I tend to avoid that. Um, anything else? Yeah... yeah. I probably wouldn't go running on my Period. Just bec... or on the.. on the heavier days just because I feel a bit sluggish sometimes. Yeah.

**Reference 3 - 0.51% Coverage**

**Interviewer:** [00:17:19] You. Like would you say that you get PMS?

**Kathleen:** [00:17:27] Um [long pause] Until quite recently, I would've said no. But as said, the last few years...basically, I feel like um my mood changes slightly. Yeah.

**Reference 4 - 0.82% Coverage**

**Interviewer:** [00:18:55] And how would you describe PMS to somebody who's never heard of it?

**Kathleen:** [00:19:07] I'd just say it something but again...That some women experience, but not all. Um, I would say um that it's sometimes there's a change in women's bodies and their hormones that might make them feel um particular emotions just before their period happens. um ,yeah.

**Reference 5 - 3.36% Coverage**

**Interviewer:** [00:23:07] Um I'm gonna ask you about this, because I know this about you, about consulting your doctor, about your fibroids or, you know, the fact that you had heavy Periods I guess was the... Or just tell me about that. What was your reason for going to the doctor and how did that go?

**Kathleen:** [00:23:24] So the reason I went to the doctors was because I was feeling extremely fatigued. Um, for quite a few months and I couldn't work out why... it took me a long time to actually get to the doctor. I'll probably say four, five months um because I was very busy at the time. I had a quite active lifestyle and so I just thought I was just tired. It was only when I kind of stopped everything. It was over Christmas. Some years back. I slept really well. I ate really well. I was very rested. And I got up in New Year and still felt as tired as I had been. That's when I thought there's definitely a problem. But it was to do with fatigue. And in some... Yeah. It was then... my heavy Periods started. I think I was having heavy Periods but just didn't link the two? So, I didn't go to the doctor because of heavy periods. It was only Um. When they started to talk about the fibroids. That I then started to share about heavy periods. but it was the fatigue that got me to the doctors and then once I had... once she had.. um got the blood test back she basically, you know, she called me at home and said "you have to go to the hospital. Now!" So, yeah...

**Interviewer:** [00:24:44] That was because of anaemia?

**Kathleen:** [00:24:44] Yeah, yeah.

**Reference 6 - 1.03% Coverage**

Could you perhaps list sort of the most common Premenstrual symptoms, like a top five or top 10?

**Kathleen:** [00:35:16] Probably er... these are not me? Just generally?

**Interviewer:** [00:35:22] Yeah, in general.

**Kathleen:** [00:35:23] Yeah so probably I hear from women talking about swelling of the breasts, Um... er... [long pause] Bloating of the stomach,the tummy, Um maybe a downward mood swing, um [long pause] um Oh! Spots, acne, I think sometimes, um general tiredness.

**Reference 7 - 0.98% Coverage**

**Interviewer:** [00:36:11] That's fine thanks. Do you consider Period pain or uterine cramps as a Premenstrual symptom?

**Kathleen:** [00:36:32] [long pause] Um... [long pause] I suppose it could be, yeah! I dunno, I wouldn't associate it very much with... Yeah, when periods like in the middle of the period. Or Yeah. I suppose so, yeah.

**Interviewer:** [00:36:50] So in your experience, it tends to be with the flow, not before?

**Kathleen:** [00:36:55] Yes.

**Reference 8 - 2.32% Coverage**

**Interviewer:** [00:39:07] Do you have any symptoms that you basically experience every time? Your kind of sure fire changes that you know.

**Kathleen:** [00:39:24] Er... Not... So as I'm about to come up to my period there's nothing I can put my finger on. I think it's just we get to know our bodies. I don't know. Maybe there is some kind of physical, physical, physiological change that tells me that it's coming. But I definitely know it's coming.

**Interviewer:** [00:39:46] And you know, in your mind or is it a feeling because there's this thing that previous people have called phantom discharge, which I've had as well, where you think you've started and you haven't. But you are just about to it's like an hour or so..

**Kathleen:** [00:40:00] Yeah. That happens to me sometimes.Yeah.

**Interviewer:** [00:40:03] But are you talking about then a sort of just general awareness that it's impending?

**Kathleen:** [00:40:11] Yes. Yeah. That's what it is. Cause I can't put my finger on anything physical. But um yeah I just know it's... and literally by the next day. It's there.

**Reference 9 - 0.86% Coverage**

**Interviewer:** [00:45:42] So. So you mean like a good mood...

**Kathleen:** [00:45:46] Yeah.[overlapping]

**Interviewer:** [00:45:48] ...Or energy?

**Kathleen:** [00:45:48] Yeah. It's kinda even a better mood than I am normally. If that makes sense? It's almost like it's... bit like the mood is down here, then it goes up! [uses hand to illustrate fluctuating hormones] I dunno. That's what it feels like

**<Files\\P09\_Aisha> - § 8 references coded [18.55% Coverage]**

**Reference 1 - 3.53% Coverage**

**Interviewer:** [00:02:32] Yeah. So do you feel any different before, during or after your period?

**Aisha:** [00:02:36] Oh, yeah, definitely. So before my period and after my period. Definitely during my period. I'm a lot better.

**Interviewer:** [00:02:44] Yeah, so how how exactly do you feel before?

**Aisha:** [00:02:48] Before, I am constantly craving for food. My mood is like, you know, I've got patience for anything. But when I'm p.\_m.\_s, like, I believe I have PMS erm, I'm constantly just being a cow and snappy, snappy. And also my anxiety flares up. Um, definitely I have an increase of anxiety and feeling low and I either go through a crazy cleaning spree or I can't be bothered to do anything.

**Interviewer:** [00:03:20] And then what about afterwards, then what's happened afterwards?

**Aisha:** [00:03:23] Afterwards, I tend to feel very low and I don't like to socialize. Very low, definitely, and erm, it's more plays on my mood, my low mood side of things.

**Interviewer:** [00:03:36] And during what's that?

**Aisha:** [00:03:37] [noticable change in tone- to happier] During I'm uplifted, I'm me. Um, I don't really get pains or anything, but I'm a lot more energetic. That's when I get my goals done. I'm a lot more productive. Definitely.

**Reference 2 - 1.64% Coverage**

So how would you describe Periods to a child or to somebody who, like, doesn't know anything about Periods?

**Aisha:** [00:06:42] Oh my God. I'll like... I'll make them understand that it is something... it is a major [emphasis] thing of your life and it does affect you and definitely to be always tracking your moods, regardless, every single day. And um, also, like, understand, like it's OK. It happens to... like. It won't necessarily... you won't have pain or whatnot. But you know, the mood side of things. I'll explain that to them because we was not explained that at all.

**Reference 3 - 1.56% Coverage**

**Interviewer:** [00:11:22] OK. Again, this is just your understanding. What's your understanding of why these symptoms occur?

**Aisha:** [00:11:35] I do feel it's hormone imbalance... and why it occurs... erm. [pause] I feel as if maybe, I dunno... people... People say to me, it's food, but I don't believe it's that. Because even when... when I eat healthy, I believe I p.\_m.\_s more. So not necessarily that. Yeah, I just feel as if it's a hormone imbalance. That's it. Yeah. [long pause] Something's happening in the body that we don't know, basically.

**Reference 4 - 1.48% Coverage**

**Interviewer:** [00:12:12] Yeah. How do you manage your symptoms?

**Aisha:** [00:12:15] Definitely about tracking it. Tracking my Periods. Um. Obviously, let people around me know that, you know, I'm gonna start. Um. Also, staying out of people's faces when I'm PMSing definitely. And again, my relaxation baths. And if I feel as if I can't be bothered to do nothing, I will do nothing before I used to push myself. But now I just... whatever my body wants. I allow it.[pause] Then deal with the consequences later [quiet laugh].

**Reference 5 - 1.82% Coverage**

Um, Again, so in your understanding, do you know how many symptoms there are, how many Premenstrual symptoms? Just roughly?

**Aisha:** [00:26:24] Symptoms... Oh, gosh, over 20. [pause] It's a different thing every day isn't it so it must be a lot...

**Interviewer:** [00:26:35] And again, in your understanding, what would be the most common ones? Could you list like a top five?

**Aisha:** [00:26:40] Anxiety, depression, suicidal thoughts, the cleaning, the food cravings, the Anger, um and... um what do I know... how many did you say?

**Interviewer:** [00:26:58] Top five. I think you've got five.

**Aisha:** [00:27:02] Yeah. There we go. [laugh]

**Reference 6 - 2.91% Coverage**

**Interviewer:** [00:27:08] Do you consider period pain as a Premenstrual symptom?

**Aisha:** [00:27:11] No. [pause]

**Interviewer:** [00:27:15] Why is that?

**Aisha:** [00:27:16] Because I don't necessarily... I find that... That must be another issue rather than PMS?

**Interviewer:** [00:27:24] Yeah

**Aisha:** [00:27:29] Because I feel that premenstrually it is more emotional rather than physical. [pause] And that can ease with high dose of like medication, whereas p.\_m.\_s, you can't get rid of it.

**Interviewer:** [00:27:48] Uhuh. And do you ever get pain before you start bleeding?

**Aisha:** [00:27:51] I do. But it's not all the time, but it's not pain. Pain. Pain. If that makes sense?

**Interviewer:** [00:27:57] Like cramps?

**Aisha:** [00:27:57] Yeah. No, not even... I don't get that much pain, but I know that's a sign of it's coming.

**Interviewer:** [00:28:04] Yeah. So you feel it before it starts.

**Aisha:** [00:28:09] Did not this time round though. Oh my god, I've been gettin' slight, cramps but it's just not starting....

**Reference 7 - 4.13% Coverage**

**Interviewer:** [00:29:17] So do you have any other health conditions that get worse at certain times in your menstrual cycle?

**Aisha:** [00:29:23] Do you know, it's not a.... You know what? I forgot I had, you know, my thighs that stretching feeling that you need to constantly stretch i?

**Interviewer:** [00:29:30] Like they're Restless.

**Aisha:** [00:29:34] Yeah. Oh, my God. I forgot to add that! What symptoms get worse? None. Other than the mental health... wellbeing.

**Interviewer:** [00:29:49] Um, just for that restless leg. Magnesium, so.

**Aisha:** [00:29:53] So what can I have with magnesium in it?

**Interviewer:** [00:29:53] So it can be that you're a bit low in magnesium. So I always take magnesium supplements, but I guess it's in foods as well.

**Aisha:** [00:30:02] What foods are high in that?

**Interviewer:** [00:30:03] I dunno, if you Google I think it's nuts... And I think it's like basically healthy foods...

**Aisha:** [00:30:06] But. Oh my God. It's really bad at the moment, I'm just constantly stretching and I'm not starting [bleeding] and it's...

**Interviewer:** [00:30:12] Yeah and when you're trying to go to sleep sometimes it can be worse.

**Aisha:** [00:30:16] Yeah!

**Interviewer:** [00:30:16] So, that's usually a magnesium deficiency. That you can fix...

**Aisha:** [00:30:19] In the blood tests. It's all fine.

**Interviewer:** [00:30:22] Yeah. I don't know whether they test for magnesium, though.

**Aisha:** [00:30:25] I see. I see.

**Reference 8 - 1.49% Coverage**

So which symptoms do you experience nearly every cycle, every single time?

**Aisha:** [00:30:39] The food cravings. [long pause] But it's... that's the food cravings really creep up.

**Interviewer:** [00:30:50] And that's like sugary food?

**Aisha:** [00:30:53] Meat, sugary foods, spicy food. bubble tea. [laugh] Sugary foods, yeah.

**Interviewer:** [00:31:05] So basically, you're hungrier?

**Aisha:** [00:31:07] Yeah. Yeah and I can, eat... even if it's healthy, even if it's not... I can eat like... constant and never get full.

**<Files\\P10\_Mala> - § 8 references coded [22.67% Coverage]**

**Reference 1 - 2.86% Coverage**

**Interviewer:** [00:01:56] And so generally do you feel different before, during or after your period?

**Mala:** [00:02:02] I feel different before my period. I'm very... I have two moods. So the first mood is I'm always hungry. Like I want to eat anything and everything. Um, and I'm always having cravings. And if I don't get it, I get really like "I need..." I'll go out of my way to go and get it [laugh]. And the other mood that I have is just agitated by people. I mean, mainly people I'm really close with, not people that I'm distant with. I'm okay with everybody like that but people who I'm really close to I'm very agitated and angry and Everything they say just annoys me.

**Reference 2 - 1.75% Coverage**

**Interviewer:** [00:06:27] That's great. So if I could wave a magic wand and get rid of your Periods, would you let me do it?

**Mala:** [00:06:34] No, [laugh] I like... I don't mind my periods! [pause] And I think it's also because a lot of females, they do go through a lot of pain when they're... And I don't really go for much pain. Mine was a twenty one week cycle. And only lasts five days, and it's not very heavy.

**Reference 3 - 2.31% Coverage**

So do you identify as somebody who gets PMS?

**Mala:** [00:07:17] I do.

**Interviewer:** [00:07:18] And why is that?

**Mala:** [00:07:19] Because my mood... I'm normal throughout the week and one week before, my period is meant to start. My... I am a totally different person. Like I feel like everybody needs to walk on eggshells around me and I feel it... I feel it, too. And that's how I know that I'm going to start my Period because my... my hormones are playing up. And when I do start my period, I'm normal again. So I know that I PMS prior to it.

**Reference 4 - 4.79% Coverage**

**Interviewer:** [00:07:46] So you know it as you're feeling it or do you only know it once you get your period and you're like "Ahhh! that's why I was like that before"?

**Mala:** [00:07:52] Before when... before... before I understood what PMS was. And I looked into it, I just thought, Oh, I'm going to be starting my Period soon. That's probably why I'm acting like that. And then I was curious as to why I was acting like that, because it wasn't normal for me to be just really angry. And next minute I'm happy. And I'm trying to make myself.... make myself understand. I shouldn't be acting like that. It like a continuous battle in my brain. Um, and then when I did look into it, I realized that, OK, that's my p.\_m.\_s. And now henceforth, when I'm when... I am when it's one week before and I'm feeling hungry all the time or cravings, or emotional I know I'm PMSing. So I think is a good way... it's good only because when I do... when I do feel it and I know that I'm PMSing I know how to regulate... I'm trying to regulate my emotions.. Like "Mala, you're PMSing?" So you need to calm down. It's a good way of me regulating my emotions.

**Reference 5 - 0.62% Coverage**

**Interviewer:** [00:17:38] What about any physical symptoms like...?

**Mala:** [00:17:41] Oh, I get spots and bloatedness really really bad bloatedness?

**Reference 6 - 2.50% Coverage**

**Interviewer:** [00:17:53] So do you consider period pain as a Premenstrual symptom?

**Mala:** [00:17:58] Yes, I do, because I tend to get it before... before my period. I don't really get much period pain throughout, only before and on the first and second day. That's it. My period pain is gone and um... it's not really. It's not really a hard... Like it doesn't... It's not really intensified. Shall I tell you what period pains I get?

**Interviewer:** [00:18:17] Uhuh.

**Mala:** [00:18:17] I get mainly back pain and thighs. My thighs ache and sometimes... I get pins and needles. that's it, really.

**Reference 7 - 5.02% Coverage**

**Interviewer:** [00:18:25] Um, so you said before you get bloating. Can you describe specifically what you mean? What does it feel like?

**Mala:** [00:18:37] So my stomach is... So um... what's that word? [long pause] I find it really hard to go to the toilet...

**Interviewer:** [00:18:46] Consitipated? [overlapping slightly]

**Mala:** [00:18:46] Constipated! I'm constipated. My stomach goes really hard and big... and it's just really uncomfortable because... first of all. I feel like it's because I'm not going to the toilet. But then it's like empty air in my stomach because I'm not eating much... yeah, my food intake isn't very high. Prior to it. I mean, during... after my period, when my period starts, my food intake isn't high- it is prior. So I'm eating a lot, but I'm not... unable to go to the toilet. And my stomach is bloated. So, I'm just like, "what is going on?" I need this period to start now [emphasis].

**Interviewer:** [00:19:20] And then, do you get... when your Period starts do you get a little bit of maybe diarrhoea? Like that it kind of releases that as well?.

**Mala:** [00:19:25] Yeah. Yeah,yeah yeah. I do get that as well. But that's only sometimes, not all the time.

**Reference 8 - 2.82% Coverage**

**Interviewer:** [00:19:46] What symptoms do you get Nearly every time. Like nearly every cycle?

**Mala:** [00:19:50] Yeah. So that's the back pains and the thigh ache... And Bloatedness.

**Interviewer:** [00:20:02] [Long pause] So then how common are the sort of mood changes? Is that like one in every three or like bit less common than those ones?

**Mala:** [00:20:11] What do you mean?

**Interviewer:** [00:20:11] Like when you get irritable or anxious, is that less common?

**Mala:** [00:20:15] No, that's all... that's every time.

**Interviewer:** [00:20:17] [Overlapping speech] That's every time?

**Mala:** [00:20:17] That's every... every... Um, the week before, every month.

**<Files\\P11\_Noor> - § 4 references coded [8.86% Coverage]**

**Reference 1 - 3.00% Coverage**

Do you identify as somebody who gets p.\_m.\_s?

**Noor:** [00:07:15] I do.

**Interviewer:** [00:07:17] Why is that?

**Noor:** [00:07:21] I think it's... So that because of the mood swings. I would put that under PMS, but I don't know if it actually is.

**Interviewer:** [00:07:31] I mean, this is the whole point of my research, is that it's not really clear what is and what isn't...

**Noor:** [00:07:38] I think when you are not your normal self and it's just before your period and you know it's related to your period then. Personally, for me, that's PMS because that's something that's not in your usual behaviour.

**Reference 2 - 3.19% Coverage**

And so, again, just in your understanding, what are the most common Premenstrual symptoms, could you list a top five or ten?

**Noor:** [00:15:12] Mood swings, food, bloating, your body just feeling weak, and the pains.

**Interviewer:** [00:15:23] Brilliant, Thanks. So just relating to that... do you consider period... Do you consider period pain as a Premenstrual symptom?

**Noor:** [00:15:34] Yeah.

**Interviewer:** [00:15:36] Why is that?

**Noor:** [00:15:38] Only because the pain comes when you're on your period.

**Interviewer:** [00:15:41] So do you ever get pain before your blood flow starts?

**Noor:** [00:15:45] I do, yeah.That's true, actually.

**Reference 3 - 1.99% Coverage**

**Interviewer:** [00:16:03] Um, you touched on this earlier. But what does the term bloating mean to you specifically?

**Noor:** [00:16:15] When your tummy blows up and it doesn't feel the same as usual?

**Interviewer:** [00:16:20] Would you say it blows up because of like gas or maybe water or what do you feel... or like constipation?

**Noor:** [00:16:28] I think gas and the water is definitely... The top ones.

**Reference 4 - 0.68% Coverage**

**Interviewer:** [00:17:59] And do you have symptoms that you experience basically every every single cycle?

**Noor:** [00:18:04] Yeah. Bloating.

**<Files\\P12\_Ria> - § 4 references coded [10.48% Coverage]**

**Reference 1 - 2.07% Coverage**

**Interviewer:** [00:05:45] That's a great answer. Thank you. How do you describe p.\_m.\_s to somebody who's sort of never heard of it?

**Ria:** [00:05:55] Yes. OK. So... rare. Rare [laugh] that people don't. And in the English language, most people when I say like, do you know or like, you know, p.\_m.\_s? and we joke about it because there is like... the first time that I learned about p.\_m.\_s, it was my gym teacher who had a shirt that said p.\_m.\_s... and it was like some sort of like patriarchal hetero joke about how the M stood for mad cow. So it was like something mad cow syndrome. And so like that's the exposure that I got growing up here was like, it's a thing that's gonna... that is seen as a time where people go, quote unquote, 'crazy'. And I don't use the term crazy lightly.

**Reference 2 - 6.37% Coverage**

And so physically, I understand it to be the rise in progesterone and then when things are like really, really hard on our bodies. So, for example, we might experience like p.\_m.\_s pain or just like a lot of tiredness in terms of body experience. It might be because we're not making enough progesterone? However, again, I don't want to like pathologize bodies. So I think it's just like a natural thing that occurs when our... that shift from oestrogen to progesterone happens. So that's physically. And then mental, emotional. I can I'll just like package together because they're quite intertwined; mental health being like the thoughts that our brain and mind is having and experiencing and then the emotions being like how that manifests physically like in our facial expressions, in our crying and laughter in like literally how. Or even just how our bodies feel. So emotions as Being more of that like wave and mood. So what do I think happens then? So as our progesterone is going up, it's also a time. So mentally, emotionally p.\_m.\_s for me I think is a time of release. Just like how in the autumn season the trees are shedding their leaves. So it's often a time when like our mental thoughts, for example, are going like all those tiny things that we worry about.Um... Maybe toxic friendships or relationships, things that have been on our to do list that we keep putting off and keep putting off... Um, any sort of stresses in our life is a time when our brain is like really, really thinking about those things as a form of processing and bringing it to our awareness. So that then when we get to the winter and we get to the actual composting and period and... and like physical release of blood, then we can shed that alongside. And so I think irritability is also something that tends to happen a lot during that time. Those that's one of 'the symptoms' in quotations. So just being like annoyed at every human around [laughter]. And I think, yeah, that's just again, a response, a natural response that our selves are going through as like a calibration just to be like, "OK, this is my life. Let's take a little snapshot here. We have 14 days to just get a picture of what is going on and what are... what's not working for us". And so that's mental, emotional. So we can do a lot of crying, um laughing, just like processing some of those thoughts and traumas and things that have built up over the cycle.

**Reference 3 - 1.35% Coverage**

**Interviewer:** [00:34:25] So again, in your understanding, roughly how many Premenstrual 'symptoms' are there? Or 'changes'?

**Ria:** [00:34:40] Hmmmm. I think I would just break it down again into like the four major aspects of health which are physical, mental, emotional, spiritual. So I think there are four general categories, let's say, and then people experience their own unique expressions of those depending on where they are at in life and what... whether they're on the pill, for example, etc., etc..Yep.

**Reference 4 - 0.70% Coverage**

**Interviewer:** [00:38:56] Period pain. Does it count as premenstrual?

**Ria:** [00:38:57] So yes is the short answer. And then it depends on what was happening for the person in that particular cycle. And then also just dependent on the person as a whole in general.

**<Files\\P12\_Ria2> - § 3 references coded [18.12% Coverage]**

**Reference 1 - 3.03% Coverage**

**Interviewer:** [00:02:29] Have your typical changes changed over time? Like sometimes with age people notice differences?

**Ria:** [00:02:37] Well, as I mentioned last time, I was on hormonal birth control for seven years. So during that time, I can't really comment because it just felt like a total shit show. And that corresponded obvious... And it also corresponded with like my typical point in human development at 18 where people leave their homes and all their childhood traumas and then go elsewhere or just evolve from that and are figuring out who they are as humans. And so, yeah, I wouldn't say that I was really paying attention then. However, in the last three years now since I've come off the pill, I would say that. In terms of changes, I think that I've just with more cycles and more knowledge of the cycles, I can now more predictably see the patterns. Whereas before I didn't, I think it was that I didn't understand what my patterns for emotional mental health were. I kind of only it understood the physical part of it.

**Reference 2 - 7.99% Coverage**

**Interviewer:** [00:07:12] So this is kind of related. Have you ever heard of PMDD premenstrual dysphoric disorder? And if so, what is your understanding about the difference betweenPMS and PMDD?

**Ria:** [00:07:27] So I have heard of p\_m\_ DD and the first time that I heard about it was going... joining a couple Facebook groups on... or looking up menstruation basically on Facebook and seeing what Facebook groups there were. And I noticed that there were a few p.m. D-D support type Facebook groups. And so I asked to join them because I was curious about what people were talking about. And from my understanding, I mean, mind you, Facebook is already biased and just has like spiritually, there's just a lot of anger and frustration and et cetera in that space. It was... it was honestly heartbreaking because I think it's people who... what I imagine is something is up with their progesterone, maybe their progesterone levels are really, really low or whatever. I can't... as I'm not like a clinical researcher, so I can't comment on that. I don't test their hormones or anything. I'm just basing this off... on my own observations. But yeah, I noticed that they were very, very angry, very sad, very depressed, really like low, low vibrational emotions. And so I guess I can say that the difference between p.\_m.\_s and PMDD, according to my understanding, is that p.\_m.\_s is commonly used phrase that people understand and associate with the autumn cycle of a average menstrual cycle. And then PM DD is a word for the autumn phase for people who not only experience an average menstrual cycle like the physical aspects of it, emotional, mental. However, I think that it's um... because of what's going on with their body, mind and spirit. They're experiencing an extreme case, an extreme feeling and sentiment of that shift and drop that happens when oestrogen comes down. and Progesterone hopefully goes up and helps bring up some of those serotonin and the neurotransmitters and all that stuff as well. So that's the physical piece. And then I would have to talk to them individually, probably to figure out where the spiritual and emotional piece of it is, because it could be, you know, like maybe they've experienced an intense amount of trauma in their life, sexual trauma. And so that's manifesting in this way. And then they go presumably go to see a doctor because they're like, "I feel fucking crazy". And the doctors, like you have this thing called PMDD because it seems to line up with the autumn phase. So that's my short, I guess, understanding of what it could be. And then there are few folks in my network who feel like they strongly identify with that. And it gives them... that it like helps them cope basically with it.

**Reference 3 - 7.09% Coverage**

**Interviewer:** [00:17:12] So one of them is, what is your understanding of why we have Periods?

**Ria:** [00:17:18] Like why we as menstruators... bleed?

**Interviewer:** [00:17:21] Yeah.

**Ria:** [00:17:25] Hmmmm.... So spiritually, I think that it's the way that the Cosmos has literally given us... a time to take breaks to care for ourselves [laugh], because it seems like in this humanity that we live in, that menstruators are time and time again the primary caretakers of the world.. of humanity [laugh]. And as a biologist, I can say the same in pretty much every mammal. Um, it's been well documented that the ones who bleed are the caretakers. And so it's like this cosmic balance between masculine and feminine. And, you know, all the things that femininity embodies and all of that. And then physically, I think a lot of people would probably say it's to bear children and like continue on and all of that stuff. So that would be one thing. But for me, physically, it's a way... it's a detox process. So the period is a form of our body detoxing. So in the other seasons, you know, we're exposed to all these toxins, toxic people, toxic chemicals, toxic, et cetera, et cetera, in the modern world. And then we ovulate. And ovulation has been shown to not only promote really good bone health for... in the long term, but, you know, like it's so good for our bodies. Our bodies love ovulating. So, yes. And then the period comes and it's a way of detoxing, everything we've been exposed to. And then mentally, I think the period again is a time of quietude in a world where our minds are just constantly stimulated and we spend a lot of time like up here in our 'feels' (?), not as much grounding to the ground. So the Period is again a reminder to just allow yourself to quiet the mind in whatever form people do that. And then emotionally it's also a form of release and detox because that autumn season p.\_m.\_s, as people call it, is so intense, like 'leaves are literally being like pulled from the body'. It's very... there's a lot of compost and movement and huge drops in um the temperature change, for example, even going up. And so the period is a way for that emotional release to also happen. I know there are days when I have a bit longer cycles where I'm just like, " Gah! period, like come already!" I'm literally like vibrating. I need... I need that release to come and happen. And then the physicality of it all.