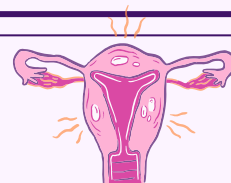




PMDD AND DISORDERED EATING: The Invisible Struggle



WHAT IS PMDD?

Despite up to **1 in 12** menstruators living with PMDD [1], general knowledge of the condition is limited. So, what is PMDD? **Premenstrual dysphoric disorder** (PMDD) is classed as a depressive disorder in the DSM-5 [2]. A person with PMDD experiences severe mood fluctuations, feelings of complete overwhelm and pessimism during the luteal (7-14 days before bleeding) and menstruation phase [3]. Does it sound familiar? It is true that as many as 90% of menstruators experience some mood, or physical, symptoms during these phases [4]. The difference is that PMDD leaves the person unable to function properly, affecting their ability to maintain relationships, employment, and even preferred diet; leaving the individual 7 times more likely to contemplate suicide [5].

A recent qualitative study by researchers in Scotland collected quotes that illustrate the severity of the condition [6]:

"I've written notes to truck drivers [&] train drivers to *apologise for what I'm about to do* [...]. **And the only thing that is a kind of comfort is food** [...]"

&

"...all of my sense of ever being able to be happy again, is drained."

HOW DOES IT LINK TO EATING DISORDERS?

It is vital to mention *body image* when talking about eating disorders. Body image is much more complex than simply what you believe your body looks like, it is also how you feel, think, and behave towards it [7, 8]. Whilst being subjective, it is shaped and influenced by peers, family, and media [9]. Negative body image is considered the norm, however, having a positive or neutral body image (love or acceptance) prevents disordered eating [10, 11]. One's body image can fluctuate, and during the luteal and menstrual phase, body dissatisfaction and self-perception is at an all time low, with maladaptive ways to cope including binge-eating, food restriction, and increased exercise [12, 13]. For PMDD sufferers, this is elevated by the depressive symptoms, with themselves sharing [6]:

"[...] I don't even know what I'm doing. It just happens. **I just keep eating.**"

&

"I don't tend to eat at all if I'm really struggling, [...]
I just concentrate on surviving."

These coping strategies can develop into *eating disorders*; changing food and exercise behaviours to alter consumption or digestion of food [14]. Eating disorders are debilitating, affecting quality of life through disrupting physical health, mental health, and relationships [15]. For PMDD sufferers, the duality leaves them feeling like **Jekyll and Hyde**; two versions of the same person [16]. When being Jekyll, a way to cope with the 'damage' from Hyde could be heavy restriction to compensate for binges, or punish the body and self with purging behaviours (e.g. throwing up or abusing laxatives). Consequently, this leaves PMDD sufferers **7 times more likely** to develop binge-type eating disorders (Binge-eating Disorder or Bulimia Nervosa): uncontrollable eating with or without followed purging [3]. However, research on Anorexia Nervosa: severe restriction and debilitating fear of weight gain, needs investigating. The emerging literature is however clear: **PMDD and eating disorders intertwine.**

A CALL TO ARMS: We Need More Research!

HORMONAL EVENTS

Whilst there is a recent increase in research, studies are focused on binge-eating and bulimia in 'stereotypical' women, as well as on PMDD leading to an eating disorder and not the other way around [6, 17]. However, "hormonal events" such as pregnancy or the menopause are starting to be revealed as one of the probable culprits of PMDD onset [18]. Despite this, there is a huge research gap; those that have lost and regained their period because of an eating disorder have not been investigated despite up to 84% of sufferers experiencing this symptom [19]. This gap needs filling if we want to truly help those affected.

NOT EVERYONE IDENTIFIES AS FEMALE

An increasing number do not identify with their biological sex [20]. For these individuals, the luteal and menstrual phase often comes with gender dysphoria (i.e. distress associated with mismatch between identity and biology) [21]. Eating disorders are much higher in this population, as heavy restriction is a way to stop periods or alter female features, and binges a way to deal with prolonged hunger from restriction or the psychological distress itself [22, 23]. In spite of this, PMDD research on this population is virtually nonexistent. Understanding how, and if, these individuals are more likely to experience PMDD through disordered eating impacting their hormones, and how this affects their distress, is essential to fully understand the condition.



HOW CAN WE PREVENT EATING DISORDER DEVELOPMENT AND RELAPSE?

Since having mood swings, being physically uncomfortable, and changes in appetite leading up to (and during) your period is considered normal, it can be difficult to receive acknowledgment and support for PMDD. Consequently, the **average diagnosis wait is between 12 and 20 years** [24]. Meaning receiving typical hormonal treatment or psychotherapy for the condition is rare [25, 26]. It is therefore understandable menstruators resort to extreme means to cope with their symptoms. So, what can we do?

Research Focus & Interventions:

- Increasing body positivity during luteal and menstrual phase in PMDD sufferers [27].
- Raising PMDD awareness in health care [18].
- Screening eating disorder sufferers for PMDD and vice versa [18].
- Creating PMDD catered eating disorder treatment.

Only through **research and spreading awareness** can PMDD sufferers both feel understood, and receive alternatives to handle symptoms, rather than resort to disordered eating behaviours.

LOOKING FOR SUPPORT?

SAMARITANS: If you are concerned for your own or a loved one's well-being. Helpline open 24/7: 116 123.

NAPS: Information, advice, and support for PMS and PMDD sufferers and their families. <https://www.pms.org.uk/support/pms-guidelines/>

First Steps ED: Eating Disorder information, support, and early intervention for affected and their families. <https://firststepped.co.uk/> or call: 0300 102 1685

BEAT: Eating Disorder Support and Helpline. <https://www.beateatingdisorders.org.uk/> or call: 0808 801 0677

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