Diagnosis: Premenstrual Syndrome

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	Pathophysiology Summary	**Signs and Symptoms (subjective)**	**Physical Assessment Findings (objective)**	**Pharmacologic Recommendations**
Diagnosis #1: Premenstrual Syndrome	Premenstrual syndrome (PMS) is common in childbearing females that experiences recurrent variable physiological and psychological symptoms. The symptoms occur approximately a week before the onset of menses and usually subsides with the beginning of menses, which is tied with luteal phase of menstrual cycle. The primary etiology is unclear, but through ongoing researches possible causes include: • serotonin deficiency • magnesium deficiency • calcium deficiency • exaggerated emotional and physical responses to normal changes in levels of reproductive hormones • increased endorphins • hypoprolactinemia • alterations in the gamma-aminobutyric (GABA) system • cyclical changes in estrogen and progesterone levels (Schub and Schwartz, 2018)	Patient will complain of: • abdominal distention/ bloating • irritability • emotional lability • sleep disturbance/ periodic insomnia • depression and/or anxiety • headaches or migraines • fatigue, lethargic • light headedness • tension • backaches • abnormal cramps • food craving • bowel problems (diarrhea/ constipation) • mood swings • decreased concentration • low libido	Review prior history to compare with current findings. Assess symptoms, physical/family health history to determine predisposing factors and comorbidity. Upon physical assessment the following was observed: • water-weight gain • breast swelling and tenderness • skin irritations (e.g. acne) • swelling of joints • palpitations Instruct patient to keep a log of the symptoms, severity, onset, duration and the	There is not a specific treatment for PMS, it is individualized depending on each patient's symptoms, severity and/or underlying causes contributing to PMS. Medications: 1) Hormonal therapy- to reduce physical symptoms • Oral contraceptives (combined estrogen-progesterone or progesterone only) Mechanism of action: prevention of ovulation; they inhibit follicular development and prevent ovulation that works at the hypothalamus to decrease the pulse frequency of gonadotropin releasing hormone. This, in turn, will decrease the secretion of follicle- stimulating hormone (FSH) and decreases the secretion of luteinizing hormone (LH); ability to inhibit sperm from penetrating through the cervix and upper genital tract by making the