Review: selective serotonin reuptake inhibitors reduce symptoms in premenstrual syndrome

**QUESTION:** In women with severe premenstrual syndrome (PMS), are selective serotonin reuptake inhibitors (SSRIs) effective?

**Data sources**
Studies were identified by searching Medline (1966–99), EMBASE/Excerpta Medica (1988–98), PsycLIT (1974–97), CINAHL (1982–99), and the Cochrane Controlled Trials Register database; scanning the reference lists of identified articles; and contacting the manufacturers of SSRIs.

**Study selection**
Studies were selected if they were randomised, double blind, placebo controlled trials investigating SSRIs in the management of PMS.

**Data extraction**
Data were independently extracted in duplicate on study design, patient characteristics, drug type and dose, outcome measures (primary outcome measure was reduction in overall PMS symptoms), and side effects.

**Main results**
15 studies met the selection criteria and involved 904 women (570 allocated to active treatment and 435 allocated to placebo, including 101 in crossover trials). The 2 most studied SSRIs were fluoxetine (7 trials) and sertraline (5 trials). Most of the trials presented continuous data; thus, an overall standardised mean difference was calculated by using a random effects model. The overall standardised mean difference for reduction in PMS symptoms in favour of SSRIs was −1.1 (95% CI −1.4 to −0.8), which is equivalent to an odds ratio of 6.9 (CI 3.9 to 12.2). In 7 trials where data could be extracted for a comparison between physical and behavioural symptoms, SSRIs were found to be effective in treating both types with no statistically significant variance in the overall standardised mean differences. No difference in the effectiveness of SSRIs existed when comparing continuous and intermittent doses or between trials funded by pharmaceutical companies and those funded otherwise. Withdrawal from the studies because of side effects was 2.5 times greater (CI 1.6 to 3.7) in the SSRI group than in the placebo group.

**Conclusion**
In patients with severe premenstrual syndrome, selective serotonin reuptake inhibitors reduce symptoms.

**COMMENTARY**

The well done review by Dimmock et al shows that SSRIs improve symptoms in PMS. Other pharmacological agents also work in PMS, which suggests that we try those with the lowest side effect profile after carefully identifying patients for treatment. But it would not be appropriate to limit treatment to medication with these often severely distressed patients. Easily deployed non-drug interventions also work well. Cognitive behavioural treatment is effective in patients with medically unexplained symptoms. Furthermore, careful attention to the provider-patient relationship in a patient-centred atmosphere has equally well documented benefits, as recent reviews note.

Thus, one can best help symptomatic patients with a multidimensional intervention, one small part of which is an SSRI.

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