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Use of Hormonal Contraceptives and Antidepressants among Women with Premenstrual Disorders

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INTRODUCTION

Premenstrual Disorder (PMD) is characterized by a variety of psychological and physical symptoms that appear one to two weeks before menstruation and are largely reversible once menstruation begins. PMD mainly includes Premenstrual Syndrome (PMS) and Premenstrual Dysphonic Disorder (PMDD). The latter is characterized by more severe emotional symptoms and dysfunction. The prevalence is 20%-40% for PMS and 2%-8% for PMDD. The chronicity and frequency of premenstrual symptoms can cause significant functional impairment in affected women. PMDD has been suggested to be comparable to major depression. Recent evidence suggests that PMD can have long-term effects on important health outcomes.

DESCRIPTION

A recent study by our group showed that women with PMD were more than twice as likely to engage in suicidal behavior and more than 30% more likely to have an accident than women without PMD. This highlights the importance of preventing such devastating consequences through clinical management. Hormonal contraceptives and antidepressants are recommended as first-line treatment for PMD. However, 10%-40% of PMDs do not respond to selective serotonin reuptake inhibitors (SSRIs) or combined oral contraceptives (COCs) containing drospirenone. Even in patients who respond to these treatments, interpersonal impairments may put these women at increased risk of suicidal behavior and accidents. Furthermore, PMD is highly comorbid with depression and anxiety, which are strong predictors of suicidal behavior. It remains unclear whether current therapies for PMD can adequately address these comorbidities. Previous randomized controlled trials focused primarily on symptom relief, but rare outcomes such as suicidal behavior have been difficult to study. No studies have examined whether and which treatments are associated with a lower risk of suicidal behavior or accidents in women who undergo them. Using a national cohort of all women with clinical signs of PMD in Sweden to determine the association between hormonal contraceptive/antidepressant use and risk of suicidal behavior and accidents using both interpersonal and intrapersonal analyses and evaluated. The latter primarily served to adjust for temporally stable unmeasured confounders (such as adaptive bias due to genetic factors influencing PMD severity, or psychiatric/gynaecological comorbidities).

CONCLUSION

Based on the results of the primary analysis, follow-up analyses focused solely on suicidal behavior. To gain insight into different types of drugs, we performed subgroup analyses by different types of hormonal contraceptives and antidepressants. PMD is a separate indication for antidepressants and is often comorbid with depression/anxiety, which is associated with an increased risk of suicidal behavior. Therefore, we performed a stratified analysis by psychiatric comorbidity to account for potential risk modification.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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