SS-3

Current Strategy of Gynecologists for the Treatments of Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) in Japan

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PMS is a cluster of mood, behavioral and physical symptoms which occur during the late luteal phase of the menstrual cycle and are diminishing with onset of menstruation. In our study, prevalence of moderate to severe PMS and PMDD in Japanese women was 5.3% and 1.2% respectively. We tried to illustrate current strategies of gynecologist for treatment of PMS and PMDD in the Kinki area in Western Japan. The study was conducted with a group of gynecologists/obstetricians answering a sample of multiple questions about their treatment strategy of PMS/PMDD. 591 (21.9%) gynecologists out of 2687 initially addressed the questionnaire almost completely. PMS/PMDD was diagnosed most by patients’ spontaneous description of concerns and responses to physician’s questions, and not always by specific charts for PMS/PMDD. For the treatment of PMS, OCs, sedatives, Chinese herbal medicines were preferred. For PMDD, OCs, antidepressant or herbal medicines were equally prescribed. SSRIs were described most effective. Gynecologists think PMDD is rather complicated for them to treat due to both, somatic and psychological symptoms, and difficult to be relieved completely. Some gynecologists hesitate to care for patients with PMDD. Guidelines for management of PMDD for gynecologists should be prepared.

SS-4

A New Low-Dose Combined Oral Contraceptive (COC) Alleviates Both Physical and Emotional Symptoms of Premenstrual Dysphoric Disorder (PMDD)

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Objective: To determine the efficacy of a new low-dose COC containing 20μg ethinylestradiol and 3mg drospirenone (EE 20μg/drsp 3mg) in a 24/4 day (24 active/4 inert tablets) regimen compared with placebo for management of physical and emotional symptoms of PMDD. Methods: Studies were multi-center, double-blind, placebo-controlled, randomized; Cross-over (A) (n=64), or parallel (B) in design (n=450). Primary outcome measure was changes in Daily Record of Severity of Problems (DRSP) scores baseline to treatment end. DRSP items were grouped into: total (items 1–21), physical (items 7, 9, 11) and emotional symptoms (items 1, 2, 3, 4, 10). Treatment was administered 24 days followed by a 4 day hormone free interval for 3 cycles. Results: Treatment with EE 20μg/drsp 3mg was associated with statistically significant improved DRSP scores compared with placebo. (Study A: −12.47 [95% CI=−18.28, −6.66]; p=0.0001; Study B: −7.50 [95% CI=−11.2, −3.8]; p=0.0001). Significantly greater improvements were observed with EE 20μg/drsp 3mg compared with placebo for symptom clusters reflecting physical (Study A: p=0.0015; Study B: p=0.0005) and emotional symptoms (Study A: p=0.0005; Study B: p=0.0001). Conclusion: The new low-dose COC containing EE 20μg/drsp 3mg, administered in a 24/4 day regimen, significantly improves the physical and emotional symptoms of PMDD.