

Premenstrual Dysphoric Disorder and Its Psychological Effects on Working Women: A Review

Vinita Singh^{1*}, Dr. Vijayshri²

ABSTRACT

This review explores the psychological effects of Premenstrual Dysphoric Disorder (PMDD) on working women, aiming to understand how PMDD impacts mental health and job performance. PMDD, a severe form of premenstrual syndrome characterized by intense emotional and physical symptoms, marked by mood disturbances, irritability, and anxiety that occur during the luteal phase of the menstrual cycle, which can interfere with daily functioning. For working women, these symptoms pose unique challenges, often affecting productivity, interpersonal relationships, and overall quality of life. This paper synthesizes recent studies examining the prevalence of PMDD in employed women and the psychological impacts associated with it, including increased risk for anxiety, depression, and workplace stress. In addition to, this review highlights the need for increased awareness, supportive workplace policies, and effective treatment strategies to help women manage PMDD symptoms. Future research should focus on developing interventions and designed to support women with PMDD and to reduce its effects on their mental well-being and career stability.

Keywords: PMDD, Working women, Mental health, Workplace stress

This paper aims to see the psychological effects of Premenstrual dysphoric disorder among working women. Premenstrual Dysphoric Disorder (PMDD) is a severe form of premenstrual syndrome (PMS) that significantly affects the emotional and physical well-being of individuals, particularly women of reproductive age. Characterized by intense mood swings, irritability, anxiety, and depressive symptoms, PMDD extends beyond the typical premenstrual discomfort experienced by many and can disrupt various aspects of daily life. For working women, the psychological burden of PMDD can have profound effects on professional performance, interpersonal relationships, and overall quality of life.

This review is vital because it addresses women's health and workplace dynamics, areas that are often underrepresented in research and public discourse. PMDD, despite being recognized as a diagnosable condition, is frequently misunderstood or dismissed, leading to delays in diagnosis and inadequate support systems for those affected. For working women, the lack of awareness and accommodations in professional environments can exacerbate

¹Research Scholar Dept of Psychology, Veer Kunwar Singh University Ara, Bihar

²Assistant Prof. Dept of Psychology, M.M Mahila College, Veer Kunwar Singh University Ara, Bihar.

*Corresponding Author

Received: December 29, 2024; Revision Received: January 21, 2025; Accepted: January 24, 2025

Premenstrual Dysphoric Disorder and Its Psychological Effects on Working Women: A Review

feelings of isolation and stigma, further intensifying the psychological impact of the disorder.

This paper aims to provide a comprehensive overview of PMDD, with a specific focus on its psychological effects on working women. It will examine the clinical characteristics of PMDD, its impact on mental health and workplace productivity, and the coping mechanisms employed by affected individuals. Additionally, this review will discuss the current gaps in workplace policies and healthcare support, highlighting the need for greater awareness and actionable solutions to address this issue effectively. By exploring these dimensions, this paper seeks to contribute to the understanding and advocacy for improved support systems for women navigating the challenges of PMDD in professional settings.

Premenstrual Dysphoric Disorder (PMDD)

It is a severe and chronic medical condition characterized by intense emotional, psychological, and physical symptoms that occur during the luteal phase of the menstrual cycle and resolve shortly after menstruation begins. Unlike premenstrual syndrome (PMS), which is milder, PMDD significantly disrupts daily functioning and quality of life, with symptoms such as severe mood swings, irritability, depression, anxiety, fatigue, and physical discomfort (American Psychiatric Association, 2013). PMDD is recognized as a distinct mental health disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), highlighting its clinical relevance and the necessity for appropriate diagnosis and treatment.

The exact causes of Premenstrual Dysphoric Disorder (PMDD) are not fully understood, but psychological research highlights a combination of hormonal, neurological, and psychosocial factors. One primary cause is heightened sensitivity to normal hormonal fluctuations during the menstrual cycle, particularly changes in estrogen and progesterone levels. These hormonal shifts can affect neurotransmitter systems in the brain, such as serotonin, which plays a critical role in mood regulation. Individuals with PMDD often exhibit greater susceptibility to serotonin dysregulation, leading to mood swings, irritability, and depressive symptoms (Yonkers et al., 2008).

Psychological stress and trauma may also contribute to PMDD, as studies have shown that women with a history of adverse life events are more likely to experience severe premenstrual symptoms. Furthermore, personality traits such as heightened emotional reactivity and a predisposition to anxiety or depression may exacerbate the psychological impact of PMDD (Schmidt et al., 2017). These findings emphasize the complex interplay between biological and psychological factors in the development of PMDD.

In psychology, a psychological effect refers to the impact that internal or external factors have on an individual's thoughts, emotions, behaviors, or mental well-being. These effects can result from various influences, including environmental conditions, social interactions, cognitive processes, or biological changes. Psychological effects can be positive, such as increased motivation or resilience, or negative, such as stress, anxiety, or depression, depending on the nature of the influencing factors (Baron & Branscombe, 2012).

Psychological effects are central to understanding human behavior and mental health, as they help explain how individuals respond to life events, challenges, and relationships. For example, stressors in the environment may lead to psychological effects like anxiety or

Premenstrual Dysphoric Disorder and Its Psychological Effects on Working Women: A Review

emotional distress, which, if persistent, can impact physical health and overall quality of life (Lazarus & Folkman, 1984).

Premenstrual Dysphoric Disorder (PMDD) significantly impacts the psychological well-being of working women, affecting their professional and personal lives. The intense emotional symptoms associated with PMDD—such as severe mood swings, irritability, anxiety, and depressive episodes—can impair cognitive functioning, including concentration, decision-making, and problem-solving abilities. These challenges often hinder workplace productivity and performance (Biggs & Demuth, 2011). Women with PMDD may also experience heightened interpersonal conflicts with colleagues due to irritability or emotional outbursts, contributing to strained workplace relationships and feelings of isolation.

The recurring nature of PMDD can lead to chronic stress, as affected women often struggle to balance work demands with their emotional health. Over time, this stress may increase the risk of burnout and exacerbate feelings of self-doubt or inadequacy. Furthermore, the stigma associated with discussing menstrual-related issues in many workplaces can prevent women from seeking support or accommodations, leaving them to navigate their symptoms alone (Yonkers et al., 2008).

A study of M et al., (2021) examined the most common issue is dysmenorrhea, which causes painful cramps during menstruation and affects 73.6% of women. Premenstrual syndrome (PMS) in its moderate to severe form impacts 13.5%, while less frequent conditions include oligomenorrhea (irregular or infrequent periods) at 12.5%, menorrhagia (excessive menstrual bleeding) at 8.4%, and premenstrual dysphoric disorder (PMDD) at 6.2%. Research indicates that these menstrual issues become more common as women grow older, likely due to hormonal shifts, accumulated health challenges, or changes in lifestyle. This emphasizes the need for greater attention to menstrual health, particularly as women age.

Takeda et al., (2016) studied on female athletes to see the stress and premenstrual syndrome. They found that moderate-to-severe PMS (8.9%) and PMDD (1.3%) affected athletes similarly to previous research. Premenstrual symptoms, such as mood changes and physical discomfort, had a greater impact on work efficiency, relationships, and athletic performance than menstrual pain. The results suggest that premenstrual symptoms not only affect athletic performance but also may increase the likelihood of stress fractures in athletes.

Rapkin & Mikacich, (2013) found that premenstrual disorders often begin during adolescence, with at least 20% of teenagers experiencing moderate-to-severe symptoms that interfere with daily functioning. Treatment typically involves lifestyle changes and medications aimed at regulating ovarian hormone fluctuations or boosting serotonin levels. These approaches help manage symptoms and improve the quality of life for adolescents struggling with premenstrual disorders. Early intervention can be important in reducing the long-term impact on emotional well-being and daily activities.

These psychological effects underscore the need for increased awareness, supportive workplace policies, and accessible mental health resources tailored to address the unique challenges faced by working women with PMDD.

Awareness regarding PMDD

Awareness of Premenstrual Dysphoric Disorder (PMDD) among women remains relatively low, despite its significant impact on mental and physical health. Many women are unaware of PMDD as a distinct medical condition, often attributing its severe symptoms to regular premenstrual syndrome (PMS) or simply dismissing them as normal hormonal fluctuations. As a result, many women do not seek proper diagnosis or treatment, leading to prolonged suffering and undiagnosed cases.

PMDD is a serious mood disorder that affects approximately 5-8% of women of reproductive age, yet it remains underrecognized by both the general public and healthcare providers. One reason for this lack of awareness is the stigma surrounding mental health and menstrual disorders, which can discourage open discussions. Women may feel embarrassed to talk about their symptoms or may not even realize that the severity of their symptoms warrants medical attention. Additionally, the disorder's symptoms, such as severe irritability, depression, and anxiety, are often misunderstood or overlooked as part of regular emotional fluctuations during the menstrual cycle. In a study by Halbreich and Kahn (2001), it was found that PMDD often goes undiagnosed because it is not widely discussed, and women may feel reluctant to seek help for fear of being dismissed as exaggerating their symptoms.

A lack of awareness can result in delayed diagnoses, with women often suffering in silence for years before seeking help. This can affect various aspects of their lives, including their relationships, work performance, and overall quality of life. Furthermore, the absence of public awareness and education means that many women do not have access to effective treatment options, such as lifestyle modifications, medication, or counselling, which could significantly improve their condition.

Increasing awareness of PMDD is crucial for both healthcare providers and women. Education on the disorder could encourage earlier recognition, improve mental health outcomes, and lead to better management strategies, including lifestyle changes and pharmacological treatments. Research indicates that when women are made aware of PMDD and its potential impact on their mental health and daily life, they are more likely to seek help and receive appropriate care (Yonkers et al., 2008).

Coping Mechanisms and Treatment Strategies

Women experiencing PMDD can benefit from a combination of psychological and medical interventions. Cognitive-behavioral therapy (CBT) and mindfulness practices have been shown to help women manage the emotional symptoms of PMDD, particularly anxiety and depression (Yonkers et al., 2008). Pharmacological treatments, including selective serotonin reuptake inhibitors (SSRIs) and hormonal therapies, are also commonly prescribed to address mood disturbances and other symptoms (Biggs & Demuth, 2011).

In addition to individual treatments, creating a more supportive work environment can be crucial. Employers can play a key role by fostering awareness of PMDD and other menstrual-related disorders, offering flexible working arrangements, and implementing policies that allow women to take time off when necessary to manage their symptoms. Encouraging open dialogue and reducing stigma around menstrual health can lead to better support and improved psychological well-being for affected women.

CONCLUSION

In conclusion, the psychological effects of Premenstrual Dysphoric Disorder (PMDD) are profound and significantly impact the daily lives of working women. As a severe form of premenstrual syndrome (PMS), PMDD not only affects emotional well-being but also disrupts workplace productivity, interpersonal relationships, and overall quality of life. Studies reveal that many women with PMDD experience symptoms such as intense mood swings, irritability, anxiety, and depression, which impair cognitive functioning and contribute to increased stress and burnout. Despite its clinical recognition, PMDD remains underdiagnosed, with many women unaware of its distinct nature, often attributing the symptoms to normal premenstrual discomfort.

The lack of awareness and stigma surrounding menstrual health further complicates timely diagnosis and treatment. As a result, many women suffer silently, facing challenges that affect their professional and personal lives. Research highlights the need for greater awareness of PMDD both in the general population and within the healthcare system to ensure women receive appropriate care and support. Increased education about PMDD can empower women to seek medical help and adopt effective coping strategies, including cognitive-behavioral therapy (CBT), mindfulness, and pharmacological treatments. Workplaces also have a crucial role to play in supporting women with PMDD. By implementing policies that offer flexible work arrangements, create an environment of openness, and reduce stigma, employers can significantly improve the psychological well-being of women facing this condition. In conclusion, addressing the psychological effects of PMDD requires a multifaceted approach that includes education, support from healthcare providers, and workplace accommodations to enhance the quality of life for affected women and foster a more inclusive and supportive work environment.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Baron, R. A., & Branscombe, N. R. (2012). *Social psychology* (13th ed.). Pearson Education.
- Biggs, W. S., & Demuth, R. H. (2011). Premenstrual syndrome and premenstrual dysphoric disorder. *American Family Physician, 84*(8), 918-924.
- Halbreich, U., & Kahn, L. S. (2001). Role of estrogen in the pathophysiology of premenstrual dysphoric disorder. *Psychoneuroendocrinology, 26*(1), 1-23. [https://doi.org/10.1016/S0306-4530\(00\)00039-7](https://doi.org/10.1016/S0306-4530(00)00039-7)
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing.
- M, M., Nair, M. K. C., George, B., M L, L., & B, P. (2021). Menstrual problems among adolescent girls (10-19years) in the primary care setting. *Indian journal of applied research*. <https://doi.org/10.36106/ijar/0211545>
- Rapkin, A. J., & Mikacich, J. A. (2013). Premenstrual dysphoric disorder and severe premenstrual syndrome in adolescents: Diagnosis and pharmacological treatment. In *Pediatric Drugs* (Vol. 15, Issue 3). <https://doi.org/10.1007/s40272-013-0018-4>
- Schmidt, P. J., Nieman, L. K., Danaceau, M. A., Adams, L. F., & Rubinow, D. R. (2017). Differential behavioral effects of gonadal steroids in women with and in those without premenstrual syndrome. *The New England Journal of Medicine, 338*(4), 209-216. <https://doi.org/10.1056/NEJM199801223380401>
- Takeda, T., Imoto, Y., Nagasawa, H., Takeshita, A., & Shiina, M. (2016). Stress fracture and premenstrual syndrome in Japanese adolescent athletes: A cross-sectional study. *BMJ Open, 6*(10). <https://doi.org/10.1136/bmjopen-2016-013103>

Premenstrual Dysphoric Disorder and Its Psychological Effects on Working Women: A Review

Yonkers, K. A., & Simoni, M. K. (2018). Premenstrual disorders. *American Journal of Obstetrics and Gynecology*, 218(1), 68-74. <https://doi.org/10.1016/j.ajog.2017.05.045>

Yonkers, K. A., & Simoni, M. K. (2018). Premenstrual disorders. *American Journal of Obstetrics and Gynecology*, 218(1), 68-74. <https://doi.org/10.1016/j.ajog.2017.05.045>

Yonkers, K. A., O'Brien, P. M., & Eriksson, E. (2008). Premenstrual syndrome. *The Lancet*, 371(9619), 1200-1210. [https://doi.org/10.1016/S0140-6736\(08\)60527-9](https://doi.org/10.1016/S0140-6736(08)60527-9)

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Singh, V. & Vijayshri (2025). Premenstrual Dysphoric Disorder and Its Psychological Effects on Working Women: A Review. *International Journal of Indian Psychology*, 13(1), 299-304. DIP:18.01.028.20251301, DOI:10.25215/1301.028