

**Communicating with women about menstrual cycle symptoms.**

[Ballagh SA](#), [Heyl A](#).

Jones Institute for Reproductive Medicine, Women in Medicine Program, Eastern Virginia Medical School, Norfolk, Virginia, USA. [sballagh@obgyn.humc.edu](mailto:sballagh@obgyn.humc.edu)

Eighty-five percent of reproductive-aged women experience physical or emotional changes with their menstrual cycle. Up to 40% of women are bothered by menstrual cycle-related symptoms and conditions, such as dysmenorrhea, premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD). These conditions influence women's lives, relationships and work. Dysmenorrhea is the most common reason for absenteeism for women younger than age 30, yet many do not discuss this with their clinicians despite potential treatment options that include selective serotonin reuptake inhibitors (SSRIs), nonsteroidal anti-inflammatory drugs (NSAIDs), certain oral contraceptives used continuously or intermittently, cycle ablation medicines and anxiolytics. Effective treatment of cyclic symptoms hinges on effective doctor-patient communication. Patients who report that their health care providers converse with them and engage them in decision making obtain more relief and are more satisfied with their health care. Given the frequency of symptoms and the availability of treatment options, health care providers should remember to routinely ask questions about cycle-related symptoms. This will encourage patients to provide information and to participate in the management of these symptoms, thus improving their productivity and quality of life.