The DSM-5 now recognizes rates of PMDD among women with 2 independent studies found higher and addiction problems. A large of disability among mental health ©2016 8872147 Canada Inc. tion, 1 and recent Canadian data ness that affects 2.2% of our popula- relationships and/or social activities. influences work/school productivity, and anxiety symptoms, but not seem effective in alleviating mood premenstrual symptoms and should have also been proven to alleviate premenstrual symptoms in some cases.8 4. Vitamin supplementation with 600 mg of elemental calcium twice daily9 and 100 mg/d of vitamin B610 have been shown to alleviate premenstrual symptoms and should be recommended. 5. Cognitive behavioural therapies seem effective in alleviating mood and anxiety symptoms, but not physical symptoms,11,12 which suggests that these modalities likely enhance coping strategies rather than change the biological root of PMDD. 6. Antidepressants are considered the first-line treatment of PMDD,13 as there is robust evidence of efficacy of serotonin and serotonin–norepinephrine reuptake inhibitors in randomized controlled trials.14 However, this is precisely one of the main challenges in the treat- ment of PMDD with comorbid BD because, considering the well- established risk for mood worsening associated with the use of anti- depressants in patients with BD, experienced clinicians will be very reluctant to prescribe an anti- depressant to a patient with BD who is currently euthymic/stable from the BD standpoint. Therefore, we argue that the use of anti- depressants in this population should be restricted to patients in whom PMDD is disabling and is not responsive to hormonal agents. 7. Hormonal agents are considered the second-line treatment for PMDD,15 and their efficacy has also been confirmed in randomized controlled trials.15 Although the literature on safety and efficacy of hormonal agents in women with comorbid BD is scarce, we have recently published a case series discussing some of our experience with the use of oral or transdermal contraceptives in this population.16 Risks and benefits should always be carefully considered before pre- scribing hormonal agents. In conclusion, the elevated disease burden and the complexity of the treatment of comorbid BD and PMDD impose an urgent need for randomized clinical trials in this population.

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Competing interests: None declared by M. Smith, B.N. Frey reports grants and per- sonal fees from Eli Lilly, Pfizer and Lund- beck; personal fees from Sunovion, Bristol-Myers Squibb and AstraZeneca; and nonfinancial support from Servier outside the submitted work.

DOI: 10.1503/jpn.150073

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