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Case Report

A CASE REPORT OF A WOMAN WITH PREMENSTRUAL DYSPHORIC DISORDER MISDIAGNOSED AS HAVING BIPOLAR AFFECTIVE DISORDER

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Summary

Frequent mood changes are found in premenstrual dysphoric disorder (PMDD) as well as in bipolar affective disorder (BAD). The differential diagnosis is difficult because both conditions share some other common symptoms.

We present a case study of a woman with premenstrual dysphoric disorder misdiagnosed as bipolar disorder. As a result, the patient was prescribed lithium and remained symptomatic for a prolonged period. She recovered only after initiation of treatment with a selective serotonin re-uptake inhibitor, which is the treatment of choice in the management of PMDD.

In such cases, the importance of affective symptoms evaluation is underscored in the context of the menstrual cycle, as well as in recognizing them for the correct diagnosis and treatment.

Keywords: PMDD, BAD, differential diagnosis

Introduction

Several studies in diverse cultural settings reveal that premenstrual dysphoric disorder (PMDD) affects up to 8% of menstruating women [1]. Nevertheless, it often remains overlooked and under-treated [2]. In some cases, the differential diagnosis between PMDD and bipolar disorder (BD) could be very difficult as both disorders share many common symptoms [3]. We present a case of a woman with PMDD misdiagnosed as BD, and treated with lithium, which resulted in significant distress and impairment in social and occupational functioning.

Case

The patient was a 42-year-old married women, unemployed, with a history of three major depressive episodes. Over the last two years, the patient had complained of emotional instability, irritability, anxiety, low self-esteem, overvalued ideas of guilt, insomnia, sweet craving, poor concentration and difficulties coping with her work. The symptoms tended to recur in a predictable manner every two weeks and had a negative impact on her relationship with her husband. One year before, she was cut off

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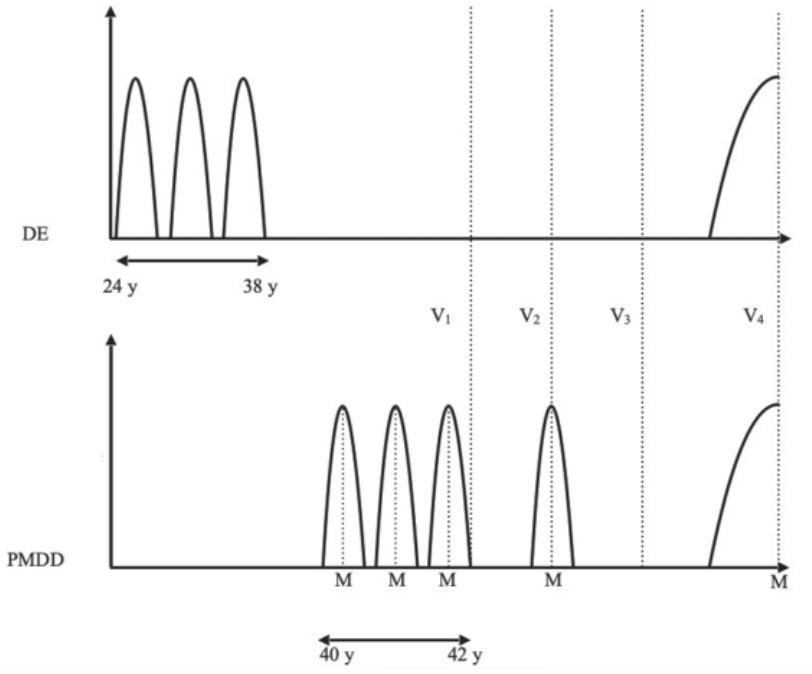

Figure 1. Lifetime PMDD/DE symptoms
Legend: M: menstruation; V: visits; DE: depressive episode; PMDD: premenstrual dysphoric disorder; y: years.

from work because of impaired concentration and poor social interactions. She was diagnosed with rapid-cycling BD and put on lithium 600 mg per day. No improvement was noticed during the six-month treatment period. She was referred to our clinic and was evaluated every 2 weeks for a period of 2 months. At the second visit, she presented with identical affective symptoms but with many accompanying somatic complaints, such as breast tenderness and swelling, abdominal bloating, hot/cold flashes and swelling of the extremities unnoticed during the previous 2 years. The patient was assessed with the Premenstrual Screening Scale and was diagnosed with PMDD. On the following two visits she was re-evaluated during the follicular and luteal phase and the diagnosis was prospectively confirmed. Since the patient refused any kind of treatment for PMDD, she suffered a major depressive episode, and treatment with escitalopram 20 mg was initiated. Six weeks later the severity of depressive symptoms significantly decreased and after another 2 months the patient was free of PMDD and MDD symptoms. Retrospectively, the patient recognized PMDD symptoms as more distressing and disabling than the MDD complaints, which she had identified as known and treatable. The timeline of the patient's psychiatric history is presented in Figure 1.

Discussion

PMDD is often diagnosed in patients with recurrent depression – 30 to 70% of women with PMS/PMDD have experienced previous major depressive episodes [4,5]. The data regarding co-morbidity between BD and PMS are conflicting [6,7]. Still, PMDD and BD can easily be mistaken, having in mind that the rapid mood swings encountered in even mild cases of PMDD are also typical for rapid cycling BD [8,9]. The temporal relationship between affective symptoms and menstrual cycle as well as the occurrence of specific somatic complaints is of great importance for the differential diagnosis [3,8]. First-line treatment option for PMDD are serotonin re-uptake inhibitors and not lithium or neuroleptics that bare potential long-term risks [10].

Conclusion

This case highlights the need of prospective evaluation of the occurrence of affective symptoms in the course of the menstrual cycle. Moreover, it underlines the importance of proper education of both physicians and patients in order to ensure correct diagnosis and adequate treatment.

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