

## LETTERS TO THE EDITOR

# Will the DSM-5 changes in criteria for premenstrual dysphoric disorder impact clinical practice?

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The fifth edition of the DSM (DSM-5) brought changes in the diagnostic criteria for some disorders. Premenstrual dysphoric disorder (PMDD) affects around 5% of women, for at least one-third of each month in most cycles during the preceding 12 months, with symptoms interfering in their daily lives and interpersonal relationships.<sup>1,2</sup> The diagnosis of late luteal phase dysphoric disorder was included as a provisional diagnostic category in the appendices of DSM-III-R and remained as an appendix in DSM-IV, now named PMDD. With the release of the DSM-5, PMDD has finally become an official diagnosis, in the depressive disorders chapter.<sup>1,2</sup> This represents a breakthrough for women's mental health.

Experts analyzed publications on the subject and concluded that the available data were strong enough to make the diagnostic criteria official.<sup>3</sup> To be included in DSM-5, a disorder was required to meet certain criteria, such as being a distinct entity, with family history, presence in several populations, and known risk factors. The proposed disorder should also have cognitive and temperament predictors as well as clinical comorbidity. Finally, the disorder must provide predictive validity in relation to diagnostic stability, prediction of disease course, and therapeutic response.<sup>2</sup> The inclusion of PMDD in the depressive disorders chapter is expected to encourage and boost research on this topic.

Another change in the DSM-5 is the inclusion of "provisional" if the diagnosis of PMDD has been made retrospectively. According to the DSM-IV, diagnosis required a prospective evaluation in two consecutive menstrual cycles. However, the majority of studies used retrospective scales. In DSM-5, prospective diagnosis should be performed in two symptomatic but not necessarily consecutive cycles. This makes diagnosis easier and allows treatment coverage by health insurance companies.<sup>2</sup>

Some points of criticism raised earlier were not addressed. One of the most debated is the reduction of the five symptoms required for diagnosis, as patients with three or four symptoms may already suffer the burden of the disorder. A statistical analysis conducted for DSM-5 concluded that four should be the minimal number of symptoms required for the diagnosis to maintain good specificity, sensitivity, and prediction of impairment.<sup>4</sup> This reduction, however, would increase prevalence from 5 to 20%.<sup>5</sup> The possibility of pathologizing the female

physiological state is a concern and, perhaps for this reason, the final decision was conservative. Nevertheless, this remains an issue to be addressed in future, as a significant number of women are not benefiting from treatment that would improve their quality of life.

PMDD is a distinct mood disorder, proven to adversely affect the daily lives of women of childbearing age, and with robust epidemiological data to support it. Furthermore, it responds to treatment with SSRIs as well as to oral contraceptives with drospirenone.<sup>5</sup> Nevertheless, a better understanding of patient prognosis and influence of comorbidities is still required. Accordingly, increased research interest in this topic is expected, especially regarding new therapeutic resources. Meanwhile, clinical practice may already be impacted by an increase in diagnosis and provision of supportive care by health plans. Undoubtedly, new treatment options will have a greater impact on the clinic.

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## Disclosure

The authors report no conflicts of interest.

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