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Premenstrual dysphoric symptoms amongst Brazilian college students: factor structure and methodological appraisal

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Abstract *Objectives* The present study aims to assess the factor structure of the DSM-IV Premenstrual Dysphoric Disorder (PMDD) symptoms and its relationship with depressive symptoms. *Methods* We evaluated retrospectively PMDD symptoms in 513 female college students, through a self-reporting questionnaire based on DSM-IV criteria, in addition to the Beck Depression Inventory (BDI). Principal component analysis on PMDD symptom data was performed to assess its dimensional structure. *Results* In this non-clinical sample, the analysis indicated a higher importance of the dysphoric dimension, but physical symptoms as well as “being out of control” or “overwhelmed” should also be viewed as major symptoms of PMDD. Behavioural symptoms are of secondary importance. The mean BDI score of PMDD group was significantly higher ($p < 0.05$) than non-PMDD group. *Conclusion* The factor structure of the total sample was similar to the symptom structure suggested by DSM-IV diagnostic criteria. Depressive symptoms should be viewed as a confounding variable in PMDD.

Key words premenstrual dysphoric disorder · dysphoria · depressive symptoms · factor analysis.

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Introduction

Premenstrual syndrome (PMS) is a broad diagnostic concept first proposed by Greene and Dalton (1953) as the “presence of recurrent symptoms during the premenstrual phase or the first few days of menses, and complete absence of these symptoms in the post-menstrual phase” (p. 1007). In 1987, the American Psychiatric Association (APA) proposed the diagnostic category of late luteal phase dysphoric disorder (LLPDD) to facilitate further systematic research. Later, LLPDD was renamed as premenstrual dysphoric disorder (PMDD) in DSM-IV, with the inclusion of “being out of control” or “overwhelmed” as a secondary symptom (Hurt et al. 1992; APA 1994).

Premenstrual dysphoric disorder is a premenstrual condition defined by a combination of severe mood, behaviour, cognitive and/or somatic symptoms that repeatedly occur only in the luteal phase of the menstrual cycle. According to DSM-IV, PMDD is distinguished from most definitions of PMS in several respects: 1) it requires at least one mood symptom to be among the five necessary for diagnosis; 2) these symptoms must be severe enough to cause functional impairment; 3) they must not be an exacerbation of another disorder; and 4) the symptom changes must be documented by prospective daily records in two menstrual cycles.

Over the past decade, premenstrual symptom patterns have been extensively studied, but methodological variability has yielded conflicting results, which preclude any conclusive comparison (e.g. Yuk et al. 1990; Cumming et al. 1991; Alvir and Thys-Jacobs 1991; Allen et al. 1991; Rivera-Tovar et al. 1992; Chaturvedi et al. 1993; Condom 1993; Freeman et al. 1996; Woods et al. 1999). It is estimated that at least 75% of women report minor or isolated premenstrual changes (Barnhart et al. 1995). Limited studies have suggested an occurrence of PMS ranging from 20% to 50%, and that only 3% to 5% of women will experience symptoms that meet PMDD criteria (APA 1994). Systematic stud-