

11

Premenstrual Dysphoric Disorder PMDD Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Self-Assessment

2 · Symptoms Premenstrual Dysphoric Disorder (PMDD)

3 · PMDD Triggers

4 · Stress Management

5 · Challenging Negative Thoughts

6 · Managing Anger and Irritability

7 · Setting Boundaries

8 · Grounding Techniques

9 · Creating a Healthy Routine

10 · Coping with Physical Pain

11 · Planning for PMDD Days

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

Contents

Self-Assessment.....	4
Symptoms Premenstrual Dysphoric Disorder (PMDD)	6
PMDD Triggers	8
Stress Management.....	11
Challenging Negative Thoughts	14
Managing Anger and Irritability	17
Setting Boundaries	21
Grounding Techniques	25
Creating a Healthy Routine	28
Coping with Physical Pain	31
Planning for PMDD Days	33

Self-Assessment

The following are common symptoms related to premenstrual dysmorphic disorder that occur during the majority of menstrual cycles. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “I experience significant mood swings, sudden sadness, or increased sensitivity to rejection.”	1-2-3-4-5
2. “I feel marked irritability or anger, leading to increased interpersonal conflicts.”	1-2-3-4-5
3. “I often have a markedly depressed mood, feelings of hopelessness, or self-deprecating thoughts.”	1-2-3-4-5
4. “I feel intense anxiety, tension, and a sense of being keyed up or on edge.”	1-2-3-4-5
5. “I have a decreased interest in usual activities, such as work, school, friends, or hobbies.”	1-2-3-4-5
6. “I find it difficult to concentrate or focus on tasks.”	1-2-3-4-5
7. “I feel lethargic, easily fatigued, and have a marked lack of energy.”	1-2-3-4-5
8. “My appetite changes significantly; I either overeat or have specific food cravings.”	1-2-3-4-5
9. “I experience changes in my sleep patterns, either sleeping too much (hypersomnia) or having difficulty sleeping (insomnia).”	1-2-3-4-5
10. “I have physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of bloating, or weight gain.”	1-2-3-4-5

Score: ____/50

The score reflects the severity and impact of your Premenstrual Dysphoric Disorder (PMDD).

1. What statements resonated with you more than the others?

2. Which of the identified patterns or habits from the assessment do you feel most interested in working on changing?

Symptoms Premenstrual Dysphoric Disorder (PMDD)

1. Review the list of symptoms below. Check off any symptoms you have experienced. Add any additional symptoms in the space provided at the end of each category.

Emotional Symptoms

- ☐ Severe mood swings
- ☐ Persistent irritability or anger
- ☐ Severe anxiety or tension
- ☐ Feelings of sadness or hopelessness
- ☐ Frequent crying
- ☐ Increased sensitivity to rejection or criticism
- ☐ _____

Cognitive Symptoms

- ☐ Difficulty concentrating
- ☐ Memory issues
- ☐ Confusion
- ☐ Indecisiveness
- ☐ _____

Behavioral Symptoms

- ☐ Withdrawal from social activities
- ☐ Decreased interest in usual activities
- ☐ Increased conflicts with others
- ☐ Impulsivity or aggression
- ☐ _____

Physical Symptoms

- ☐ Breast tenderness or swelling
- ☐ Bloating or weight gain
- ☐ Headaches
- ☐ Joint or muscle pain
- ☐ Fatigue or lack of energy
- ☐ Changes in appetite (overeating or specific food cravings)
- ☐ Sleep disturbances (insomnia or hypersomnia)
- ☐ _____

Psychological Symptoms

- ☐ Feeling overwhelmed or out of control
- ☐ Panic attacks
- ☐ Increased emotional sensitivity
- ☐ _____

Other Symptoms

- ☐ Hot flashes or sweating
- ☐ Dizziness
- ☐ Heart palpitations
- ☐ Gastrointestinal issues (nausea, constipation, or diarrhea)
- ☐ _____

These symptoms typically appear in the luteal phase of the menstrual cycle (after ovulation and before menstruation) and significantly interfere with daily functioning and relationships.

PMDD Triggers

1. Reflect on recent episodes of emotional distress. What were the circumstances leading up to these feelings?

2. Are there specific situations or events that consistently make you feel anxious or upset?

3. How do interactions with certain people affect your mood?

4. How does your diet affect your PMDD symptoms? Are there specific foods or drinks that seem to trigger your symptoms?

5. Does your level of physical activity impact your symptoms?

6. How do changes in your sleep patterns affect your mood and physical well-being?

7. Do you notice any relationship between your symptoms and your menstrual cycle phases?

8. Are there specific environments or settings that seem to trigger your symptoms?

9. How do changes in your daily routine affect your symptoms?

10. Does the weather or season have an impact on your mood and physical symptoms?

11. How does your work environment affect your symptoms?

12. Based on the triggers you've identified, what are some strategies you can implement to manage these triggers?

13. How can you modify your environment or routine to minimize exposure to triggers?

14. Who can you reach out to for support when dealing with triggers?

Stress Management

1. When do you typically feel most stressed?

2. What specific thoughts or worries contribute to your stress?

3. How does your stress manifest physically? (e.g., tension headaches, muscle tightness, racing heart.)

4. How does your stress affect your daily life and relationships?

5. Are there specific environments that increase your stress?

6. Do certain people or social interactions trigger your stress?

7. What techniques have you used in the past to manage your stress? Were they effective?

Coping technique tried	Effectiveness (1-10)

8. Identify at least three coping strategies you can use when you start feeling stressed. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Regular Exercise:** Engage in physical activities like walking, jogging, or swimming to boost mood and reduce stress.
- ☐ **Stay Hydrated:** Drink plenty of water to maintain hydration and reduce bloating.
- ☐ **Adequate Sleep:** Ensure you get 7-9 hours of quality sleep each night.
- ☐ **Deep Breathing Exercises:** Use deep breathing techniques to calm the mind and body.
- ☐ **Avoid Caffeine and Alcohol:** Reduce or eliminate caffeine and alcohol intake to prevent exacerbating symptoms.
- ☐ **Limit Sugar and Processed Foods:** Avoid sugary and processed foods that can impact mood and energy levels.
- ☐ **Take Breaks:** Incorporate short breaks into your day to prevent burnout and reduce stress.

- ☐ **Social Support:** Spend time with friends and family who provide emotional support.
- ☐ **Warm Baths:** Take warm baths with Epsom salts to relax muscles and reduce tension.
- ☐ **Journaling:** Write down your thoughts and feelings to process emotions and reduce stress.
- ☐ **Hobbies and Interests:** Engage in activities you enjoy to distract from symptoms and boost mood.
- ☐ **Stay Organized:** Keep your environment tidy to reduce stress and promote a sense of control.
- ☐ **Guided Imagery:** Use guided imagery techniques to visualize calming and positive scenarios.
- ☐ **Nature Walks:** Spend time in nature to improve mood and reduce stress.
- ☐ **Massage Therapy:** Get massages to relieve physical tension and promote relaxation.
- ☐ **Limit Screen Time:** Reduce time spent on digital devices to avoid overstimulation and stress.
- ☐ **Pet Therapy:** Spend time with pets to reduce stress and improve mood.
- ☐ **Hydration with Herbal Teas:** Drink herbal teas like chamomile or peppermint to relax and reduce bloating.
- ☐ **Heat Therapy:** Use heating pads or warm compresses to alleviate muscle pain and cramps.
- ☐ **Laugh Often:** Watch comedies or engage in activities that make you laugh to reduce stress.

- ☐ _____
- ☐ _____
- ☐ _____

Challenging Negative Thoughts

1. Describe a recent situation where you experienced negative thoughts related to PMDD.

Example: "I had a disagreement with a coworker, and I immediately thought that I was incompetent."

2. What specific negative thoughts did you have during this situation?

Example: "I thought, 'I am terrible at my job and no one respects me.'"

3. How did these negative thoughts make you feel emotionally?

Example: "I felt anxious, sad, and frustrated."

4. How did these negative thoughts affect your behavior?

Example: "I withdrew from my coworkers and avoided contributing to team discussions."

5. What evidence supports the negative thoughts you identified?

Example: "I made a mistake during the meeting, which made me feel incompetent."

6. What evidence contradicts the negative thoughts you identified?

Example: "I have received positive feedback from my manager and successfully completed similar tasks in the past."

7. Are there alternative explanations for the situation that led to your negative thoughts?

Example: "My coworker might have been having a bad day, and my mistake was a minor one that can be corrected."

8. How would you view this situation if a friend were experiencing it?

Example: "I would tell my friend that everyone makes mistakes and that one disagreement doesn't define their abilities."

9. How can you reframe the negative thoughts to be more balanced and realistic?

Example: "Instead of thinking 'I am terrible at my job,' I can think 'I made a mistake, but I am capable of learning and improving.'"

10. How can you remind yourself of your strengths and accomplishments during challenging times?

Example: "I can keep a list of my achievements and positive feedback to review when I feel down."

11. What self-compassionate statements can you use to support yourself?

Example: "It's okay to make mistakes. I am doing my best and I am worthy of respect and kindness."

12. Identify specific situations where you can practice challenging and reframing negative thoughts.

Example: "During team meetings or when receiving constructive criticism at work."

Managing Anger and Irritability

1. Describe the nature of your anger and irritability related to PMDD.

When do you typically feel most angry or irritable?

Example: "I feel most irritable a week before my period starts. Small things that wouldn't normally bother me can make me very angry."

2. What specific thoughts or situations trigger your anger and irritability?

Example: "I get very angry when I feel misunderstood by my partner or when work becomes overwhelming."

3. How does your anger and irritability manifest physically?

Example: "I feel my heart race, my muscles tense up, and I sometimes clench my jaw."

4. How does your anger and irritability affect your behavior and relationships?

Example: "I tend to snap at people and withdraw from social interactions, which strains my relationships."

5. What specific situations or events typically trigger your PMDD-related anger and irritability?

Example: "Conflicts at work, disagreements with family members, and feeling overwhelmed by my to-do list."

6. How do changes in your routine affect your anger and irritability levels?

Example: "When my routine is disrupted, I feel more out of control and my irritability increases."

7. Are there specific environments that increase your anger and irritability?

Example: "Being in noisy or crowded places makes me more irritable."

8. Do certain people or social interactions trigger your anger and irritability?

Example: "Interacting with people who are critical or demanding increases my irritability."

9. What techniques have you used in the past to manage your anger and irritability? Were they effective?

Example: "I have tried deep breathing exercises, which help to some extent, but I need more strategies."

10. Identify at least three coping strategies you can use when you start feeling angry or irritable. The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Deep Breathing:** Take slow, deep breaths to calm your nervous system.
- ☐ **Count to Ten:** Pause and count slowly to ten before reacting.
- ☐ **Walk Away:** Temporarily remove yourself from the situation to cool down.
- ☐ **Physical Exercise:** Engage in physical activity like running, walking, or yoga.
- ☐ **Progressive Muscle Relaxation:** Tense and then slowly release each muscle group.
- ☐ **Journaling:** Write down your thoughts and feelings to process them.
- ☐ **Visualization:** Imagine a peaceful scene or place.
- ☐ **Cold Water:** Splash cold water on your face to reduce physical tension.
- ☐ **Deep Muscle Relaxation:** Stretch and release tension in your body.
- ☐ **Humor:** Use humor to diffuse anger and lighten the mood.

- ☐ **Creative Expression:** Engage in art, music, or writing to release emotions.
- ☐ **Focus on Solutions:** Think about constructive ways to resolve the issue.
- ☐ **Reframe Your Thoughts:** Challenge and change negative thinking patterns.
- ☐ **Time Out:** Take a break from the situation to prevent escalation.
- ☐ **Nature Walk:** Spend time outdoors to relax and reset.
- ☐ **Drink Water:** Stay hydrated, as dehydration can affect mood.
- ☐ **Read:** Distract yourself with a book or article.
- ☐ **Watch a Funny Video:** Laugh to release tension and improve mood.
- ☐ **Set Boundaries:** Recognize your limits and set boundaries to protect your peace.
- ☐ **Cooling Off:** Use a cold compress or fan to cool down physically.
- ☐ **Self-Soothing:** Engage in activities that you find soothing, like taking a bath.
- ☐ **Deep Sighs:** Take deep, audible sighs to release tension.
- ☐ **Body Posture:** Correct your posture to help reduce physical stress.
- ☐ **Limit Stimulants:** Reduce caffeine and sugar intake, which can exacerbate irritability.
- ☐ _____
- ☐ _____
- ☐ _____

Setting Boundaries

Boundaries are limits or rules we set for ourselves in relationships and interactions to protect our personal space, well-being, and values. They help define what we are comfortable with and how we want others to treat us.

1. What challenges do you face when setting boundaries?

Example: "I find it hard to say no and worry about disappointing others, which increases my stress and irritability."

2. How can setting boundaries improve your overall well-being?

Example: "Setting boundaries allows me to take care of my needs, reducing the severity of my PMDD symptoms and improving my mood."

3. What are your primary needs during PMDD episodes?

Example: "I need more rest, time alone to recharge, and understanding from others about my mood swings."

4. How do you currently communicate your needs to others?

Example: "I usually hint at my needs but rarely express them directly, which can lead to misunderstandings."

5. What specific boundaries do you need to set to meet your needs?

Example: "I need to set boundaries around my availability, such as limiting social interactions and delegating tasks."

6. How do you feel when your needs are not met?

Example: "I feel frustrated, overwhelmed, and resentful when my needs are ignored or dismissed."

7. How can you clearly and assertively communicate your boundaries to others?

Example: "I can use 'I' statements to express my needs without blaming others, such as 'I need some quiet time to recharge after work.'"

8. What specific language or phrases can you use to set boundaries effectively?

Example: "I can say, 'I appreciate your understanding, but I need to decline this invitation to take care of myself.'"

9. How can you handle pushback or resistance when setting boundaries?

Example: "I can remain firm and calm, reiterating the importance of my needs and offering alternatives if possible."

10. How can you ensure that your boundaries are respected and maintained?

Example: "I can regularly remind others of my boundaries and follow through with consequences if they are not respected."

11. Identify a recent situation where you needed to set a boundary but did not. What was the outcome?

Example: "I agreed to attend a social event even though I was exhausted, which made me feel more irritable and stressed."

12. How could you have set a boundary in that situation?

Example: "I could have politely declined the invitation, explaining that I needed rest to manage my PMDD symptoms."

13. What steps can you take to implement boundaries in similar situations in the future?

Example: "I can prepare a list of polite phrases to use when declining invitations and practice saying them confidently."

Grounding Techniques

Grounding techniques can help you stay present and reduce feelings of anxiety, stress, and emotional overwhelm.

1. Have you ever used grounding techniques before? If so, which ones and how did they help?

2. Grounding Techniques

5-4-3-2-1 Technique:

- 5 Things You Can See: Look around and name five things you can see. Focus on their details.
- 4 Things You Can Touch: Identify four things you can touch. Notice their texture and feel.
- 3 Things You Can Hear: Listen for three different sounds. Pay attention to their sources and qualities.
- 2 Things You Can Smell: Find two things you can smell. If no scents are noticeable, recall two familiar smells.
- 1 Thing You Can Taste: Focus on one thing you can taste. If you can't taste anything currently, think of a favorite taste.

Deep Breathing:

- Sit or lie down in a comfortable position. Place one hand on your chest and the other on your abdomen.
- Take a slow, deep breath in through your nose for a count of four, feeling your abdomen rise as you fill your lungs.

- Hold your breath for a count of four, then slowly exhale through your mouth for a count of four, feeling your abdomen fall.
- Repeat this process several times, focusing solely on your breathing and the rise and fall of your abdomen.

Body Scan:

- Find a quiet place to sit or lie down comfortably. Close your eyes and take a few deep breaths.
- Start by focusing on your toes. Notice any sensations, tension, or relaxation.
- Slowly move your attention up to your feet, ankles, and calves, paying close attention to each part of your body.
- Continue this process, moving slowly up your body to your knees, thighs, hips, abdomen, chest, back, shoulders, arms, hands, neck, and finally your head.
- Spend a few moments on each body part, observing any sensations without judgment.

Mindful Observation:

- Choose an object within your reach.
- Hold it in your hand or place it in front of you. Focus all your attention on this object.
- Observe its color, shape, size, texture, and any patterns or details.
- Notice how the light reflects off its surface or how it feels in your hand.
- Spend a few minutes just observing and exploring the object without letting your mind wander to other thoughts.

Cold Water:

- Go to a sink and run cold water over your hands.
- Splash the cold water onto your face, feeling the temperature and the sensation on your skin.
- Alternatively, you can hold an ice cube in your hand, noticing the coldness and how it gradually melts.
- Focus on the physical sensations, the contrast in temperature, and how your body reacts to the cold.

Counting Backwards:

- Find a comfortable place to sit and close your eyes if it helps you focus.
- Start by taking a deep breath, then begin counting backwards from 100 by sevens (100, 93, 86, etc.).
- If you make a mistake, simply start from the last number you remember.

This mental exercise requires concentration and helps distract your mind from anxious thoughts, grounding you in the present moment.

Grounding Statements:

- Sit comfortably and take a few deep breaths.
- Begin by repeating grounding statements to yourself, either out loud or silently. For example: “I am safe right now. I am in [location], sitting on [describe your surroundings]. Today is [date], and it is [time].”
- Repeat these statements several times, focusing on the truth and reality of your current situation to help anchor yourself in the present moment.

Creating a Healthy Routine

1. What aspects of your current routine do you find helpful in managing your PMDD symptoms?

Example: "I find that regular exercise and a consistent sleep schedule help me feel more stable and less irritable."

2. What aspects of your current routine do you find challenging or unhelpful in managing your PMDD symptoms?

Example: "Irregular meal times and lack of downtime make me feel more stressed and fatigued."

3. What are your top priorities for creating a healthy routine?

Example: "My top priorities are regular exercise, balanced nutrition, sufficient sleep, and stress management."

4. What activities will you include in your morning routine to set a positive tone for the day?

Example: "I will include a healthy breakfast, and a short walk."

5. How will you incorporate breaks and self-care activities throughout the day?

Example: "I will take short breaks every hour to stretch, practice deep breathing, and eat a nutritious lunch at noon."

6. What activities will you include in your evening routine to unwind and prepare for a restful night?

Example: "I will include a 30-minute yoga session, a healthy dinner, and reading a book before bed."

7. What steps will you take to ensure a good night's sleep?

Example: "I will avoid screens an hour before bed, create a calming bedtime routine, and ensure my bedroom is dark and quiet."

8. What stress management techniques will you incorporate into your routine?

Example: "I will practice deep breathing exercises and journaling to manage stress."

9. What activities or hobbies bring you joy and help you relax?

Example: "I enjoy painting, gardening, and spending time with my pets."

Coping with Physical Pain

1. Describe the types of physical pain you experience during PMDD.

Example: "I experience severe cramps, lower back pain, and headaches."

2. When does the physical pain typically start and how long does it last?

Example: "The pain usually starts about a week before my period and lasts for 3-5 days."

3. What factors do you believe contribute to or exacerbate your physical pain?

Example: "Stress, lack of sleep, and certain foods seem to make my pain worse."

4. Do you notice any patterns or triggers that consistently lead to increased physical pain?

Example: "I tend to have more pain when I don't get enough rest or when I'm particularly stressed."

5. How do different aspects of your lifestyle (e.g., diet, exercise, stress) influence your physical pain?

Example: "Regular exercise and a healthy diet seem to reduce my pain, while high stress levels and unhealthy eating make it worse."

6. What strategies have you used in the past to manage physical pain? Were they effective?

Example: "I've used heating pads which provide some relief but don't completely eliminate the pain."

7. Identify at least three strategies you can use to manage your physical pain.

Example: "1) Use a heating pad on my lower back, 2) Practice daily stretching exercises, 3) Take over-the-counter pain medication as needed."

Planning for PMDD Days

1. Describe the typical symptoms you experience during PMDD days.

Example: "I experience severe mood swings, irritability, fatigue, and physical pain such as headaches and cramps."

2. When do these symptoms usually start and how long do they last?

Example: "My symptoms typically start about a week before my period and last for 3-5 days."

3. What self-care activities help you manage your PMDD symptoms?

Example: "Taking warm baths, practicing yoga, meditating, and journaling help me feel more relaxed and less stressed."

4. How can you incorporate these self-care activities into your routine during PMDD days?

Example: "I can schedule time for a warm bath in the evening and set aside 10 minutes for meditation each morning."

5. What self-care items or tools can you prepare in advance to have on hand during PMDD days?

Example: "I can stock up on herbal teas, heating pads, and relaxing music playlists."

6. What work or household responsibilities can you delegate or postpone during PMDD days?

Example: "I can delegate some household chores to my partner and postpone non-urgent work tasks."

7. How can you communicate your needs and set boundaries with others during PMDD days?

Example: "I can let my colleagues know that I may need to work from home or take frequent breaks, and inform my family that I need extra rest."

8. What strategies can you use to manage essential tasks that cannot be postponed?

Example: "I can break tasks into smaller, manageable steps and take frequent breaks to avoid feeling overwhelmed."

9. Who can you reach out to for support during PMDD days?

Example: "I can reach out to my close friends, family members, or a support group for emotional support and understanding."

10. What social activities or interactions can you plan to maintain a sense of connection and support?

Example: "I can schedule a low-key coffee date with a friend or a phone call with a family member."

11. How can you create a comfortable and calming environment at home during PMDD days?

Example: "I can keep my living space tidy, use calming scents like lavender, and have cozy blankets and pillows available."

12. What items or tools can you keep nearby to help manage your symptoms?

Example: "I can keep a heating pad, pain relief medication, and a water bottle within reach."

13. How can you minimize distractions and create a peaceful atmosphere?

Example: "I can limit screen time, play soft music, and use a white noise machine if needed."

14. What types of foods and beverages help you feel better during PMDD days?

Example: "I feel better when I eat nutritious foods like fruits, vegetables, and drink herbal teas."

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Premenstrual dysphoric disorder · Formal diagnosis in depressive disorders.
- ICD-11 CDDR: GA34.41 Premenstrual dysphoric disorder · Formal diagnosis located in genitourinary/reproductive-health classification.
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 12, 13, 14, 17, 18, 19, 21, 23, 24, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Require prospective symptom ratings across cycles, cyclical timing and remission pattern, clinically significant impairment, and exclusion of premenstrual exacerbation of another disorder, medical causes, and substances/medications.

Document-specific corrections

- Pages [2] · Frame ·Premenstrual Dysphoric Disorder PMDD· using the DSM/ICD status below; add duration, impairment, exclusions, and differentials without reproducing criteria. The title alone must never be treated as a diagnosis.
- Pages [1, 2, 3, 4, 5, 6, 13, 21, 23, 29, 36] · Treat the Premenstrual Dysphoric Disorder PMDD ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly.
- Pages [6] · Psychological exercises must not replace reproductive-health or medical assessment. Review medications, hormonal/medical contributors, pain, sleep, fertility-treatment effects, pregnancy status, and acute mood risk with appropriately qualified professionals. Apply this specifically to the workbook's Self-Assessment, Symptoms Premenstrual Dysphoric Disorder (PMDD), PMDD Triggers, Stress Management sections.
- Pages [1, 3, 4, 5, 6, 7, 8, 12, 13, 14, 17, 18, 19, 21, 24, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36] · Review all medical assertions in Premenstrual Dysphoric Disorder PMDD with a qualified medical professional; distinguish psychoeducation from individualized advice and add referral thresholds, contraindications, and medication/procedure cautions appropriate to this population.

Measures, scoring, and permissions

- Treat the Premenstrual Dysphoric Disorder PMDD ratings/checklists as author-created reflection tools only. Remove unsupported severity bands, cutoffs, totals, or language suggesting diagnostic validity; label response anchors and recall period explicitly. custom/unvalidated unless evidence is supplied confirm no third-party item wording was adapted

Intervention scope and contraindications

- Psychological exercises must not replace reproductive-health or medical assessment. Review medications, hormonal/medical contributors, pain, sleep, fertility-treatment effects, pregnancy status, and acute mood risk with appropriately qualified professionals.
- Screen with validated instruments only when administration and interpretation are appropriate; assess bipolar disorder, psychosis, suicidality, medical contributors, medication issues, and risk to dependents where relevant.

Crisis and current resources

- U.S.: call or text 988; chat at <https://988lifeline.org/>. Immediate danger: local emergency services. International resources must be separately verified for the intended country and dated.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.acog.org/programs/perinatal-mental-health/patient-screening>

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

- <https://988lifeline.org/>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/screening-and-diagnosis-of-mental-health-conditions-during-pregnancy-and-postpartum>