**Premenstrual Dysphoric Disorder DSM-5 625.4 (N94.3)**

PMDD appears as a "depressive disorder not otherwise specified." In the DSM-IV, the criteria are as follows:

"In most menstrual cycles during the past year, symptoms (e.g., markedly [depressed](https://www.psychologytoday.com/us/basics/depression) mood, marked [anxiety](https://www.psychologytoday.com/us/basics/anxiety), marked affective lability, decreased interest in activities) regularly occurred during the last week of the luteal phase (and remitted within a few days of the onset of menses). These symptoms must be severe enough to markedly interfere with work, school, or unusual activities and be entirely absent for at least 1 week post menses" (American [Psychiatric](https://www.psychologytoday.com/us/basics/psychiatry) Association [DSM-IV-TR], 2000).

A. In most menstrual cycles during the past year, five (or more) of the following symptoms occurred during the final week before the onset of menses, started to improve within a few days after the onset of menses, and were minimal or absent in the week postmenses, with at least one of the symptoms being either (1), (2), (3), or (4):

(1) marked affective laibility (e.g., mood swings; feeling suddenly sad or tearful or increased sensitivity to rejection)  
(2) marked irritability or [anger](https://www.psychologytoday.com/us/basics/anger) or increased interpersonal conflicts  
(3) markedly depressed mood, feelings of hopelessness, or self-deprecating thoughts  
(4) marked anxiety, tension, feelings of being "keyed up" or "on edge"  
(5) decreased interest in usual activities (e.g., work, school, friends, hobbies)  
(6) subjective sense of difficulty in [concentration](https://www.psychologytoday.com/us/basics/attention)  
(7) lethargy, easy fatigability, or marked lack of energy  
(8) marked change in [appetite](https://www.psychologytoday.com/us/basics/appetite), overeating, or specific food cravings  
(9) [hypersomnia](https://www.psychologytoday.com/us/conditions/hypersomnolence) or [insomnia](https://www.psychologytoday.com/us/basics/insomnia)  
(10) a subjective sense of being overwhelmed or out of control  
(11) other physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," weight gain

B. The symptoms are associated with clinically significant distress or interferences with work, school, usual social activities or relationships with others (e.g. avoidance of social activities, decreased [productivity](https://www.psychologytoday.com/us/basics/productivity) and efficiency at work, school or home).

C. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as Major Depressive Disorder, [Panic Disorder](https://www.psychologytoday.com/us/conditions/panic-disorder), Dysthymic Disorder, or a [Personality Disorder](https://www.psychologytoday.com/us/basics/personality-disorders) (although it may be superimposed on any of these disorders).

D. Criteria A, B, and C should be confirmed by prospective daily ratings during at least two symptomatic cycles. (The diagnosis may be made provisionally prior to this confirmation.)

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a [medication](https://www.psychologytoday.com/us/basics/psychopharmacology) or other treatment) or a general medical condition (e.g., hyperthyroidism).

F. In oral contraceptives users, a diagnosis of Premenstrual Dysphoric Disorder should not be made unless the premenstrual symptoms are reported to be present, and as severe, when the woman is not taking the oral contraceptive.