

This is an Open Access document downloaded from ORCA, Cardiff University's institutional repository:<https://orca.cardiff.ac.uk/id/eprint/160423/>

This is the author's version of a work that was submitted to / accepted for publication.

Citation for final published version:

Di Florio, Arianna , Apsey, Chloe and Eisenlohr-Moul, Tory 2023. Etiologic studies of premenstrual disorders require prospective confirmation of affective cyclicity. JAMA Psychiatry file

Publishers page:

Please note:

Changes made as a result of publishing processes such as copy-editing, formatting and page numbers may not be reflected in this version. For the definitive version of this publication, please refer to the published source. You are advised to consult the publisher's version if you wish to cite this paper.

This version is being made available in accordance with publisher policies. See <http://orca.cf.ac.uk/policies.html> for usage policies. Copyright and moral rights for publications made available in ORCA are retained by the copyright holders.



***Etiologic studies of premenstrual disorders require prospective confirmation
of affective cyclicality.***

Corresponding Author:

Professor Arianna Di Florio, MD, PhD – Cardiff University;

Email: DiFlorioA@Cardiff.ac.uk, Phone: [+44 29206 88382](tel:+442920688382)

ORCID: [0000-0003-0338-2748](https://orcid.org/0000-0003-0338-2748)

Co-Authors:

Chloe Apsey, MSc – Cardiff University

Dr Tory Eisenlohr-Moul, PHD - University of Illinois at Chicago

ORCID: [0000-0002-9231-3105](https://orcid.org/0000-0002-9231-3105)

Word Count: 330

To the editor,

We are writing in response to the article by Jaholkowski et al.¹, which reports an association between “premenstrual disorder symptoms” and polygenic susceptibility to common psychiatric disorders. The study’s methodology, which consisted of retrospectively assessing premenstrual disorder symptoms via a single question about depression and irritability before menstruation, raises some concerns.

We emphasize that these findings do not imply or support any conclusion about premenstrual disorders. Retrospective self-report assessment has poor validity² being grossly biased towards false positives and impacted by the participant’s beliefs about premenstrual syndrome³. Therefore, the diagnosis of premenstrual dysphoric disorder in the Diagnostic and Statistical Manual of Mental Disorders requires prospective daily ratings during at least two symptomatic cycles. Clinical⁴ and research guidelines³ also recommend prospective ratings for the assessment and diagnosis of circa-menstrual disorders.

The research design of Jaholkowski et al.¹ highlights the unique and substantial challenges in the study of cyclical conditions in people who menstruate. The necessary prospective daily ratings are, in fact, difficult and time-consuming to obtain. They are, however, of paramount importance for etiological studies such as those investigating the role of genetic markers. Only with prospective symptom ratings in a within-subject design is it possible to reliably distinguish between cyclical and non-cyclical symptoms. Between-subject, cross-sectional studies tend to conflate variance attributable to non-cyclical symptoms (i.e., liability to

common psychiatric disorders) with that of cyclical symptoms limited, for example, to the luteal phase³.

Prospective longitudinal ratings are also necessary to distinguish between the different neurobehavioral phenomena that may occur across the menstrual cycle. Premenstrual disorders are heterogenous disease entities. Research has, for example, suggested that there are different temporal subtypes of premenstrual dysphoric disorders, which are likely to be underpinned by different disease mechanisms⁵. Similarly, distinct symptoms can all be exacerbated by the hormonal fluctuations of the menstrual cycle, through both shared and unique pathways.

Therefore, we urge greater caution when evaluating and undertaking studies on the pathophysiology of premenstrual disorders—longitudinal data are a necessity, not a luxury.

References

1. Jaholkowski P, Shadrin AA, Jangmo A, et al. Associations Between Symptoms of Premenstrual Disorders and Polygenic Liability for Major Psychiatric Disorders [published online ahead of print, 2023 May 10]. *JAMA Psychiatry*. 2023;e231137. <https://doi.org/10.1001/jamapsychiatry.2023.1137>
2. Eisenlohr-Moul, T. A., Girdler, S. S., Schmalenberger, K. M., Dawson, D. N., Surana, P., Johnson, J. L., & Rubinow, D. R. Toward the Reliable Diagnosis of DSM-5 Premenstrual Dysphoric Disorder: The Carolina Premenstrual Assessment Scoring System (C-PASS). *The American journal of psychiatry*, 2017;174(1), 51–59. <https://doi.org/10.1176/appi.ajp.2016.15121510>
3. Schmalenberger KM, Tauseef HA, Barone JC, et al. How to study the menstrual cycle: Practical tools and recommendations. *Psychoneuroendocrinology*. 2021;123:104895. <https://doi.org/10.1016/j.psyneuen.2020.104895>
4. Green, LJ, O'Brien, PMS, Panay, N, Craig, M on behalf of the Royal College of Obstetricians and Gynaecologists. Management of premenstrual syndrome. *BJOG*, 2017; 124: e73– e105. <https://doi.org/10.1111/1471-0528.14260>
5. Eisenlohr-Moul TA, Kaiser G, Weise C, et al. Are there temporal subtypes of premenstrual dysphoric disorder?: using group-based trajectory modeling to identify individual differences in symptom change. *Psychol Med*. 2020;50(6):964-972. <https://doi.org/10.1017/s0033291719000849>