PMDD POWER

BY LUCY HUTCHINGS HUNT

WORKING RESEARCH MAP

The Global PMDD Landscape

A patient-first guide to how PMDD is recognised, diagnosed and supported around the world.

46	10	24 Sep 2026
countries & health systems	regions	last reviewed

This map asks a practical question: when somebody looks for PMDD help in their country, what can they actually find?

IMPORTANT

This is a working research map, not a ranking of healthcare systems and not medical advice. ‘Not found’ means no easily discoverable evidence was identified in this search; it does not prove that care or expertise is absent.

A NOTE FROM LUCY

Research on more countries is being added to this map all the time. It is not an exhaustive resource and it is not definite — it should not be relied on. It is the result of my own unpaid work, a labour of love, shared in good faith as a guide and an entry point into doing your own research.

METHOD & LIMITATIONS

How this working map was built

The source spreadsheet maps public-facing and professional evidence across recognition, clinical guidance, prospective diagnosis, treatment, referral and operationalised care. It prioritises official health services, government sources, professional guidance and supporting academic research.

Interpretation rules

A public information page is not the same as a clinical pathway. Professional guidance can exist without being easy for patients to find. Supplying a validated tool is stronger than simply advising someone to keep a diary. Named referral criteria are stronger than ‘see a doctor’. Research activity does not guarantee accessible care.

Limitations

Search depth, language access, local and regional variation, publication timing and discoverability all affect this first-pass picture. Entries should be updated as new sources emerge. The map is descriptive, not a score of national healthcare quality or seriousness.

Suggested citation

Hutchings Hunt, Lucy. Global PMDD Landscape: working research map. PMDD Power, 24 September 2026.

This map asks a practical question: when somebody looks for PMDD help in their country, what can they actually find?

A NOTE FROM LUCY

A labour of love — please read it in that spirit.

This map began as something I wanted to understand for myself: how PMDD is recognised, advocated for and supported around the world — and how unevenly that lands. Being a menstruating person looking for support should not be a lottery of geography and nationality. Right now, it often is.

It is not an exhaustive resource, and it is never finished — research on more countries is being added all the time. It is the result of my own unpaid work: one human doing her best to collate information to the best of her capacity. It is not definite, and it should not be relied on. It is a guide, and an entry point into doing your own research.

Please treat this information in the good faith it is shared, and use it as a tool to start your own research journey. The sources listed with each country are the real evidence.

— Lucy Hutchings Hunt, pmddpower.com

START HERE

How to use this guide

Find your country, then read across four practical questions: Is PMDD publicly recognised? Is prospective symptom tracking described? Which treatments are covered? Is there a clear next step when first-line care is not enough?

Prospective tracking

Recording symptoms daily, before knowing how the cycle will unfold. Two cycles are commonly referenced.

DRSP

Daily Record of Severity of Problems — a validated daily symptom-recording tool.

PME

Premenstrual exacerbation — when an existing condition worsens premenstrually, rather than symptoms being confined to that phase.

Ovarian suppression

Treatment that temporarily suppresses ovarian cycling; specialist oversight is generally required.

Confidence

Confidence in this mapping based on source authority, clarity and search depth — not a healthcare quality score.

WHAT THIS CAN HELP YOU DO

Use the source links as a starting point for conversations with a clinician. The wording in national guidance can help you ask about daily symptom tracking, differential diagnosis, treatment options and referral. Always seek personal medical advice for decisions about your care.

AT A GLANCE

The landscape by region

Counts describe this dataset only. A country appearing here means it was mapped in this first pass; it does not imply complete coverage.

Europe	■■■■■■■■■■■■	**12**
Oceania	■■	**2**
North America	■■■	**3**
Middle East	■■	**2**
South Asia	■	**1**
East Asia	■■■■	**4**
Southeast Asia	■■■■	**4**
Africa	■■■■■■■	**7**
South America	■■■■■■■■■■	**10**
Central America	■	**1**

EUROPE · CONFIDENCE: HIGH

United Kingdom

Public recognition but patient pathway remains operationally thin

Official information	Dedicated NHS page
Diagnosis & tracking	>=2 cycles
Tracking tool	Diary advised; no validated tool linked on NHS page
PME / differential	Limited on NHS page
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Limited/public page
Referral / escalation	Partial

KEY CAVEAT

RCOG guidance exists, but the NHS public page still largely ends at GP contact and treatment categories.

SOURCES

Open source 1: https://www.nhs.uk/conditions/pmdd-premenstrual-dysphoric-disorder/

Open source 2: https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/premenstrua...

EUROPE · CONFIDENCE: HIGH

Ireland

Recognition without a dedicated national clinical pathway

Official information	Dedicated HSE page
Diagnosis & tracking	>=2 months
Tracking tool	No validated tool linked on HSE page
PME / differential	Limited
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Yes
Referral / escalation	Partial

KEY CAVEAT

HSE parliamentary response in 2026 explicitly stated no dedicated national PMDD clinical guideline.

SOURCES

Open source 1: https://www2.hse.ie/conditions/pmdd-premenstrual-dysphoric-disorder/

Open source 2: https://about.hse.ie/api/v2/download-file/file_based_publications/PQ_13927-26__13928-...

Open source 3: https://www.hrb.ie/wp-content/uploads/2024/06/Evidence_for_Policy_Guidance_Notes_FINA...

EUROPE · CONFIDENCE: MODERATE

France

Patient association appears more informative than mainstream official health information

Official information	No prominent national PMDD page found
Diagnosis & tracking	Not clearly operationalised
Tracking tool	Not found
PME / differential	Not clearly found
Treatment: SSRIs	Unclear
Hormonal treatment	Unclear
Ovarian suppression	Unclear
Referral / escalation	Not found

KEY CAVEAT

Association TDPM France is referenced in at least one French government menstrual-health guide, but not prominently integrated into mainstream official information.

SOURCES

Open source 1: https://www.assotdpmfrance.fr/

Open source 2: https://www.dilcrah.gouv.fr/files/2026-03/GUIDE-REGLES-ELEMENTAIRES-PROFESSIONNELS-SA...

OCEANIA · CONFIDENCE: HIGH

Australia

Good public explanation and direct tools, but no obvious integrated national pathway

Official information	PMDD covered on Healthdirect
Diagnosis & tracking	>=2 cycles
Tracking tool	Links to IAPMD screening resource
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Mentioned
Referral / escalation	Partial

KEY CAVEAT

PMDD is included within broader PMS information rather than as a fully separate national pathway.

SOURCES

Open source 1: https://www.healthdirect.gov.au/premenstrual-syndrome-pms

Open source 2: https://www.tga.gov.au/resources/resources/international-scientific-guidelines-adopte...

Open source 3: https://www.health.gov.au/sites/default/files/2025-04/natural-therapies-review-2024-w...

OCEANIA · CONFIDENCE: HIGH

New Zealand

One of the clearest patient-facing PMDD explanations located

Official information	Dedicated Healthify page
Diagnosis & tracking	>=2 cycles
Tracking tool	DRSP linked
PME / differential	Explicit
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Yes
Referral / escalation	Partial

KEY CAVEAT

Explains hormone sensitivity and ovarian suppression rather than presenting PMDD mainly as depression.

SOURCES

Open source 1: https://healthify.nz/health-a-z/p/premenstrual-dysphoric-disorder

EUROPE · CONFIDENCE: HIGH

Netherlands

Strong clinician infrastructure; public navigation less obvious

Official information	Limited public-facing national front door found
Diagnosis & tracking	>=2 cycles
Tracking tool	DRSP/calendar provided
PME / differential	Explicit
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Yes/diagnostic use discussed
Referral / escalation	Clear professional referral advice

KEY CAVEAT

Guideline explicitly differentiates PMDD from premenstrual exacerbation.

SOURCES

Open source 1: https://richtlijnendatabase.nl/richtlijn/premenstrueel_syndroom/startpagina_-_premens...

Open source 2: https://richtlijnendatabase.nl/richtlijn/premenstrueel_syndroom/diagnostiek_van_het_p...

EUROPE · CONFIDENCE: MODERATE

Germany

Recognised, but no dedicated patient-clinician PMDD pathway found

Official information	Federal PMS/PMDS information
Diagnosis & tracking	Prospective assessment recognised
Tracking tool	Unclear
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Unclear
Referral / escalation	Partial

KEY CAVEAT

Federal public information and depression guidance recognise PMDD/PMDS and hormone sensitivity.

SOURCES

Open source 1: https://gesund.bund.de/praemenstruelles-syndrom-pms

EUROPE · CONFIDENCE: HIGH

Greece

Sophisticated professional guidance with neuroendocrine detail

Official information	Limited national public front door found
Diagnosis & tracking	>=2 cycles
Tracking tool	DRSP included
PME / differential	Explicit
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Yes
Referral / escalation	Professional pathway

KEY CAVEAT

Guideline discusses oestrogen/progesterone sensitivity, allopregnanolone/GABA-A, and endocrine/psychiatric exclusion.

SOURCES

Open source 1: https://hsog.gr/wp-content/uploads/2025/12/78_%CE%94%CE%B9%CE%B1%CF%87%CE%B5%CE%AF%CF...

EUROPE · CONFIDENCE: HIGH

Italy

Specialist guidance stronger than public-facing national information

Official information	No prominent Ministry PMDD pathway found
Diagnosis & tracking	Prospective diaries
Tracking tool	Not clearly linked publicly
PME / differential	Explicit/clinical
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Discussed
Referral / escalation	Partial

KEY CAVEAT

Professional material places severe premenstrual disorders at the interface of gynaecology and psychiatry.

SOURCES

Open source 1: https://www.sigo.it/wp-content/uploads/2024/09/Fascicolo_SIGO_VOL_2_210x280-def-12092...

EUROPE · CONFIDENCE: MODERATE

Spain

Recognition and research are visible; national public pathway less clear

Official information	Regional/public recognition
Diagnosis & tracking	Unclear nationally
Tracking tool	Not clearly national
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Some
Ovarian suppression	Unclear
Referral / escalation	Not found nationally

KEY CAVEAT

Some regional material appears dated; do not treat it as current best practice without checking.

SOURCES

Open source 1: https://www.sanidad.gob.es/estadEstudios/estadisticas/normalizacion/CIE10/CIE10ES_201...

Open source 2: https://www.sciencedirect.com/science/article/pii/S0301211510006032

Open source 3: https://www.sciencedirect.com/science/article/pii/S030121151100399X

EUROPE · CONFIDENCE: MODERATE

Portugal

Professional recognition is now visible, but a national SNS/DGS diagnostic-referral pathway was not identified

Official information	No dedicated national page found
Diagnosis & tracking	Not found
Tracking tool	Not found
PME / differential	Not found
Treatment: SSRIs	Unclear
Hormonal treatment	Unclear
Ovarian suppression	Unclear
Referral / escalation	Not found

KEY CAVEAT

Portugal should no longer be treated as unresearched: the Ordem dos Psicólogos Portugueses published dedicated PMDD practice support in May 2026.

SOURCES

Open source 1: https://www.ordemdospsicologos.pt/pt/noticia/6278

Open source 2: https://pubmed.ncbi.nlm.nih.gov/34436653/

EUROPE · CONFIDENCE: HIGH

Norway

Public information operationalises tracking rather than merely advising it

Official information	Dedicated Helsenorge page
Diagnosis & tracking	>=2 cycles
Tracking tool	Actual symptom form provided
PME / differential	Explicit differential
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Mentioned
Referral / escalation	Clearer than UK/Ireland

KEY CAVEAT

A strong comparator for translating recognition into an actionable patient process.

SOURCES

Open source 1: https://www.helsenorge.no/sykdom/underliv/pmdd/

EUROPE · CONFIDENCE: HIGH

Sweden

Public and clinician information are unusually well connected

Official information	Dedicated 1177 public page

Diagnosis & tracking	>=2 cycles
Tracking tool	Daily ratings specified
PME / differential	Explicit
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Yes/advanced options
Referral / escalation	Clear

KEY CAVEAT

Clinician guidance explains normal hormone levels with central sensitivity to progesterone metabolites and differential diagnoses.

SOURCES

Open source 1: https://www.1177.se/sjukdomar--besvar/hormoner/pms-och-pmds/

Open source 2: https://vardpersonal.1177.se/kunskapsstod/kliniska-kunskapsstod/premenstruellt-syndro...

EUROPE · CONFIDENCE: HIGH

Denmark

Clear escalation instructions when primary-care treatment fails

Official information	National health portal coverage
Diagnosis & tracking	Prospective tracking
Tracking tool	Unclear
PME / differential	Differential diagnosis discussed
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Yes
Referral / escalation	Clear escalation

KEY CAVEAT

A useful comparator for referral architecture.

SOURCES

Open source 1: https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/gynaekologi/tilstande-og-sygdom...

NORTH AMERICA · CONFIDENCE: HIGH

Canada

Provincial variation, with some genuine specialist service infrastructure

Official information	Provincial public information
Diagnosis & tracking	Prospective tracking recognised

Tracking tool	Unclear
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Possible specialist options
Referral / escalation	Clear in some provinces

KEY CAVEAT

Canada should ultimately be mapped province by province.

SOURCES

Open source 1: https://www.healthlinkbc.ca/healthwise/premenstrual-dysphoric-disorder-pmdd

Open source 2: https://find.healthlinkbc.ca/ResourceView2.aspx?agencynum=17672933&org;=53965

Open source 3: https://pubmed.ncbi.nlm.nih.gov/39653403/

NORTH AMERICA · CONFIDENCE: HIGH

United States

Strong formal recognition and research, but public pathway remains medication-list driven

Official information	Dedicated federal women's health page
Diagnosis & tracking	Prospective diagnosis recognised
Tracking tool	Unclear on federal page
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Advanced options in professional guidance
Referral / escalation	Partial

KEY CAVEAT

Professional guidance is stronger than the federal patient page.

SOURCES

Open source 1: https://womenshealth.gov/menstrual-cycle/premenstrual-syndrome/premenstrual-dysphoric...

Open source 2: https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/...

MIDDLE EAST · CONFIDENCE: HIGH

Israel

Official recognition plus notable reproductive-psychiatry/research activity

Official information	Dedicated Ministry of Health PMDD page
Diagnosis & tracking	2 cycles

Tracking tool	Detailed symptom recording
PME / differential	Explicit
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Not prominent on public page
Referral / escalation	Partial

KEY CAVEAT

Research clusters include Hebrew University/Hadassah and Tel Aviv University/Sourasky.

SOURCES

Open source 1: https://me.health.gov.il/en/mental-health/learn-more/life-challenges/fertility-and-me...

MIDDLE EAST · CONFIDENCE: PRELIMINARY

Palestinian health systems

Research exists but no comparable national pathway identified

Official information	No dedicated national PMDD page found
Diagnosis & tracking	Not found
Tracking tool	Not found
PME / differential	Academic papers cite criteria
Treatment: SSRIs	Unclear
Hormonal treatment	Unclear
Ovarian suppression	Unclear
Referral / escalation	Not found

KEY CAVEAT

Not a like-for-like comparison with Israel because of major humanitarian and health-system constraints.

SOURCES

Open source 1: https://pmc.ncbi.nlm.nih.gov/articles/PMC8191063/

SOUTH ASIA · CONFIDENCE: MODERATE

India

Professional/research recognition stronger than national patient pathway

Official information	No dedicated central Ministry page found
Diagnosis & tracking	>=2 cycles
Tracking tool	Prospective symptom recording
PME / differential	Explicit

Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Unclear
Referral / escalation	Partial

KEY CAVEAT

Indian PMDD scale validation and meta-analytic work indicate active research.

SOURCES

Open source 1: https://www.fogsi.org/wp-content/uploads/fogsi-focus/women-health-wellness-empowermen...

EAST ASIA · CONFIDENCE: HIGH

China

Formal recognition within psychiatric guidance; limited integrated reproductive pathway found

Official information	No dedicated national patient page found
Diagnosis & tracking	Prospective research exists
Tracking tool	DRSP used in studies
PME / differential	Limited in national guidance
Treatment: SSRIs	Yes
Hormonal treatment	Limited
Ovarian suppression	Not developed in guidance found
Referral / escalation	Partial

KEY CAVEAT

National standards recognise PMDD as an independent diagnosis.

SOURCES

Open source 1: https://www.nhc.gov.cn/cms-search/downFiles/9944cdd142574ea59c541d552fe345a9.pdf

EAST ASIA · CONFIDENCE: HIGH

Japan

High-quality guidance but documented evidence-to-practice gap

Official information	Public information variable
Diagnosis & tracking	>=2 cycles preferred
Tracking tool	DRSP-J
PME / differential	Explicit
Treatment: SSRIs	Yes
Hormonal treatment	Yes/ovulation suppression

Ovarian suppression	Yes
Referral / escalation	Clear collaboration criteria

KEY CAVEAT

JSOG survey cited in guideline found only 8.4% of obstetrician-gynaecologists using prospective two-cycle diaries.

SOURCES

Open source 1: https://www.jsog.or.jp/activity/pdf/PMS_PMDDshishin.pdf

EAST ASIA · CONFIDENCE: PRELIMINARY

South Korea

Related guideline infrastructure exists but is not equivalent to a conventional national PMDD pathway

Official information	No dedicated mainstream PMDD page found
Diagnosis & tracking	Not established for PMDD
Tracking tool	Unclear
PME / differential	Unclear
Treatment: SSRIs	Some
Hormonal treatment	Some
Ovarian suppression	Unclear
Referral / escalation	Unclear

KEY CAVEAT

Needs deeper conventional obstetric/psychiatric guideline search.

SOURCES

Open source 1: https://nikom.or.kr/nckm/module/practiceGuide/view.do?guide_idx=322&menu;_idx=14

SOUTHEAST ASIA · CONFIDENCE: MODERATE

Singapore

Recognition within mental-health information, without a dedicated PMDD pathway found

Official information	National HealthHub/MindSG recognition
Diagnosis & tracking	Not clearly operationalised
Tracking tool	Not found
PME / differential	Symptom criteria listed
Treatment: SSRIs	Yes/mental-health framing
Hormonal treatment	Unclear
Ovarian suppression	Unclear

Referral / escalation	Not found

KEY CAVEAT

Further clinician-guidance search needed.

SOURCES

Open source 1: https://www.healthhub.sg/programmes/mindsg/caring-for-ourselves/understanding-depress...

EAST ASIA · CONFIDENCE: MODERATE

Taiwan

Official recognition but primarily mental-health oriented

Official information	Official Ministry e-consultation recognition
Diagnosis & tracking	Not clearly operationalised
Tracking tool	Not found
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Limited
Ovarian suppression	Unclear
Referral / escalation	Psychiatric/psychosomatic direction

KEY CAVEAT

Public advice mentions CBT, lifestyle, calcium and SSRIs.

SOURCES

Open source 1: https://sp1.hso.mohw.gov.tw/doctor/Often_question/type_detail.php?q_type=%E7%B6%93%E5...

SOUTHEAST ASIA · CONFIDENCE: MODERATE

Malaysia

Meaningful official-system recognition, but not clearly a national pathway

Official information	Official Ministry hospital PMDD page
Diagnosis & tracking	Diagnostic criteria described
Tracking tool	Not clearly linked
PME / differential	Differential incl. thyroid disease
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Unclear
Referral / escalation	Partial

KEY CAVEAT

Hospital Permai Johor Bahru provides dedicated PMDD information.

SOURCES

Open source 1: https://jknjohor.moh.gov.my/hpermai/pmdd/

SOUTHEAST ASIA · CONFIDENCE: MODERATE

Philippines

PMDD is visible in local academic/professional sources, but a national operational pathway was not identified

Official information	No dedicated national Department of Health PMDD page identified in targeted search
Diagnosis & tracking	Prospective confirmation discussed in clinical reference material, not national guidance found
Tracking tool	No national validated tool identified
PME / differential	Differential diagnosis described in clinical reference material
Treatment: SSRIs	SSRIs described in clinical reference material
Hormonal treatment	Hormonal treatment described in clinical reference material
Ovarian suppression	Ovarian suppression not identified in national guidance
Referral / escalation	No national PMDD-specific referral pathway identified

KEY CAVEAT

Targeted searches found PMDD awareness/research and clinical reference material, but no dedicated national Department of Health pathway.

SOURCES

Open source 1: https://www.mims.com/philippines/disease/premenstrual-dysphoric-disorder/references

Open source 2: https://openalex.org/W7163685952

SOUTHEAST ASIA · CONFIDENCE: MODERATE

Indonesia

Menstrual-health/PMS recognition exists, but PMDD-specific national implementation was not identified

Official information	No dedicated Ministry PMDD patient page identified
Diagnosis & tracking	PMS research/education is present; PMDD prospective confirmation not operationalised nationally
Tracking tool	No national PMDD tool identified
PME / differential	No national PMDD-vs-PME guidance identified
Treatment: SSRIs	No PMDD-specific national treatment guidance identified
Hormonal treatment	No PMDD-specific national hormonal pathway identified
Ovarian suppression	No PMDD-specific national GnRH pathway identified
Referral / escalation	No PMDD-specific referral pathway identified

KEY CAVEAT

This is a mapped negative finding after targeted Ministry searches, not an unsearched placeholder.

SOURCES

Open source 1: https://kemkes.go.id/id/media/subfolder/pedoman/pedoman-nasional-pelayanan-kedokteran...

Open source 2: https://www.badankebijakan.kemkes.go.id/perpustakaanbkpkkemkes/index.php?search=Searc...

AFRICA · CONFIDENCE: MODERATE

South Africa

Specialist awareness without obvious national operational pathway

Official information	No dedicated National DoH pathway found
Diagnosis & tracking	Prospective diagnosis discussed in literature
Tracking tool	Unclear
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Discussed in specialist literature
Referral / escalation	Not nationally clear

KEY CAVEAT

SASOP and South African clinical/pharmacy literature explicitly recognise PMDD.

SOURCES

Open source 1: https://www.sasop.co.za/post/like-pms-but-worse-the-premenstrual-disorder-that-disrup...

AFRICA · CONFIDENCE: HIGH

Ethiopia

Research activity is high, but diagnostic methodology and translation into care remain major gaps

Official information	No national PMDD public pathway identified
Diagnosis & tracking	Many studies use DSM-based cross-sectional screening rather than prospective two-cycle confirmation
Tracking tool	Screening tools vary across studies
PME / differential	Some studies assess depression/stress and menstrual factors, but PME differentiation is limited
Treatment: SSRIs	No national PMDD treatment guidance identified
Hormonal treatment	No national PMDD hormonal treatment pathway identified
Ovarian suppression	No national PMDD GnRH pathway identified
Referral / escalation	Studies call for screening/intervention in primary care; no formal national referral pathway identified

KEY CAVEAT

Very high prevalence estimates in some cross-sectional studies should not be compared directly with prospectively confirmed PMDD prevalence.

SOURCES

Open source 1: https://pubmed.ncbi.nlm.nih.gov/38784121/

Open source 2: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2024.1362118/f...

AFRICA · CONFIDENCE: MODERATE

Nigeria

Research recognition exists, but current national implementation was not identified

Official information	No national PMDD public pathway identified
Diagnosis & tracking	Published Nigerian studies have used structured psychiatric assessment; national prospective pathway not identified
Tracking tool	No national PMDD tool identified
PME / differential	Psychiatric comorbidity has been studied
Treatment: SSRIs	No national PMDD treatment guidance identified
Hormonal treatment	No national hormonal pathway identified
Ovarian suppression	No national GnRH pathway identified
Referral / escalation	No national PMDD referral pathway identified

KEY CAVEAT

The best-known Nigerian PMDD study located is older; a fresh national/provider-practice search would be valuable.

SOURCES

Open source 1: https://pubmed.ncbi.nlm.nih.gov/18278430/

AFRICA · CONFIDENCE: MODERATE

Kenya

Country-specific research exists, but national guidance and service pathways were not identified

Official information	No national PMDD public pathway identified
Diagnosis & tracking	Kenyan thesis explicitly recommends prospective daily-rating research because cross-sectional methods overestimate prevalence
Tracking tool	Prospective daily-rating tool recommended in research; not nationally implemented
PME / differential	Study discusses diagnostic limitations and comorbidity context
Treatment: SSRIs	No national PMDD treatment guidance identified
Hormonal treatment	No national hormonal pathway identified
Ovarian suppression	No national GnRH pathway identified

Referral / escalation	Study reports low medical help-seeking; no national referral pathway identified

KEY CAVEAT

The 2021 University of Nairobi work was a thesis, not a national guideline.

SOURCES

Open source 1: https://erepository.uonbi.ac.ke/items/a0142335-66da-4b86-a2e8-37fa7bb0d3a6

AFRICA · CONFIDENCE: MODERATE

Egypt

Academic recognition is clear, but national pathway evidence was not identified

Official information	No dedicated Ministry PMDD public pathway identified
Diagnosis & tracking	University studies use DSM-based screening; prospective national diagnostic process not identified
Tracking tool	No national PMDD tool identified
PME / differential	Psychiatric/menstrual factors studied
Treatment: SSRIs	No national PMDD treatment guidance identified
Hormonal treatment	No national hormonal pathway identified
Ovarian suppression	No national GnRH pathway identified
Referral / escalation	No national referral pathway identified

KEY CAVEAT

Cross-sectional DSM-based prevalence research should not be equated with prospectively confirmed PMDD prevalence.

SOURCES

Open source 1: https://pmc.ncbi.nlm.nih.gov/articles/PMC8424737/

AFRICA · CONFIDENCE: MODERATE

Morocco

Morocco has a meaningful PMDD research history, but a national operational pathway was not identified

Official information	No dedicated Ministry PMDD public pathway identified
Diagnosis & tracking	Daily symptom methods and DRSP appear in Moroccan research
Tracking tool	DRSP used in recent Moroccan research
PME / differential	Research examines diagnostic criteria and functional impact
Treatment: SSRIs	SSRIs discussed in Moroccan psychiatric literature
Hormonal treatment	Hormonal treatment discussed in broader clinical literature
Ovarian suppression	No national GnRH pathway identified

Referral / escalation	No national referral algorithm identified

KEY CAVEAT

Research spans older and newer studies; national implementation still requires direct local verification.

SOURCES

Open source 1: https://pubmed.ncbi.nlm.nih.gov/12506265/

Open source 2: https://openalex.org/W4309085714

AFRICA · CONFIDENCE: PRELIMINARY

Ghana

Broader menstrual-health research is visible, but PMDD-specific national recognition/pathways remain difficult to identify

Official information	No PMDD-specific Ghana Health Service / Ministry public pathway identified
Diagnosis & tracking	Broader PMS research exists; prospective PMDD confirmation not established nationally
Tracking tool	No national PMDD tool identified
PME / differential	Not established in national guidance found
Treatment: SSRIs	No PMDD-specific national treatment recommendation identified
Hormonal treatment	No PMDD-specific national hormonal pathway identified
Ovarian suppression	No PMDD-specific national GnRH pathway identified
Referral / escalation	No PMDD-specific national referral pathway identified

KEY CAVEAT

Mapped through targeted official and academic searches; absence of a discoverable national pathway is not proof of absent clinical knowledge.

SOURCES

Open source 1: https://onlinelibrary.wiley.com/doi/10.1155/2023/8823525

SOUTH AMERICA · CONFIDENCE: HIGH

Brazil

Professional endocrine/gynaecology engagement stronger than federal public pathway

Official information	No dedicated federal Ministry pathway found
Diagnosis & tracking	Prospective assessment recognised
Tracking tool	Unclear
PME / differential	Differential diagnosis discussed
Treatment: SSRIs	Yes
Hormonal treatment	Yes

Ovarian suppression	Some advanced options
Referral / escalation	Partial

KEY CAVEAT

FEBRASGO discusses ovarian cyclicity and estradiol/progesterone effects on serotonin and GABA.

SOURCES

Open source 1: https://www.febrasgo.org.br/noticia/tensao-pre-menstrual-criterios-para-diagnostico/

SOUTH AMERICA · CONFIDENCE: MODERATE

Argentina

Professional engagement visible; national patient pathway not identified

Official information	No dedicated national Ministry page found
Diagnosis & tracking	Not clearly national
Tracking tool	Unclear
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Some
Ovarian suppression	Unclear
Referral / escalation	Not clearly national

KEY CAVEAT

No additional country-specific caveat was recorded in this first-pass review.

SOURCES

Open source 1: https://www.fasgo.org.ar/index.php/climaterio/2786-trastornos-premenstruales-sindrome...

SOUTH AMERICA · CONFIDENCE: MODERATE

Colombia

Professional engagement visible, relying partly on international guidance

Official information	No dedicated national Ministry PMDD pathway found
Diagnosis & tracking	Not clearly national
Tracking tool	Unclear
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Yes
Ovarian suppression	Professional guidance imported
Referral / escalation	Not clearly national

KEY CAVEAT

No additional country-specific caveat was recorded in this first-pass review.

SOURCES

Open source 1: https://fecolsog.org/acog-noviembre-manejo-de-los-trastornos-menstruales/

Open source 2: https://revistas.unbosque.edu.co/index.php/RCE/article/view/1445

SOUTH AMERICA · CONFIDENCE: MODERATE

Chile

Public awareness exists; diagnostic/referral architecture is thin

Official information	Government youth-health recognition
Diagnosis & tracking	Not clearly operationalised
Tracking tool	Not found
PME / differential	Basic differentiation
Treatment: SSRIs	Unclear
Hormonal treatment	Unclear
Ovarian suppression	Unclear
Referral / escalation	Professional attention advised

KEY CAVEAT

No additional country-specific caveat was recorded in this first-pass review.

SOURCES

Open source 1: https://hablemosdetodo.injuv.gob.cl/hablemos-de-salud-sexual/hablemos-de-salud-menstr...

NORTH AMERICA · CONFIDENCE: MODERATE

Mexico

Recognition and research exist without a clearly integrated national pathway

Official information	Federal/state public recognition
Diagnosis & tracking	Prospective research exists
Tracking tool	Symptom diaries in research
PME / differential	Partial
Treatment: SSRIs	Yes
Hormonal treatment	Some
Ovarian suppression	Unclear
Referral / escalation	Not clearly national

KEY CAVEAT

No additional country-specific caveat was recorded in this first-pass review.

SOURCES

Open source 1: https://cevece.edomex.gob.mx/sites/cevece.edomex.gob.mx/files/files/docs/tripticos/20...

SOUTH AMERICA · CONFIDENCE: MODERATE

Peru

Awareness-level recognition more than an operational PMDD pathway

Official information	EsSalud public recognition
Diagnosis & tracking	Not clearly operationalised
Tracking tool	Not found
PME / differential	Partial
Treatment: SSRIs	Yes/awareness level
Hormonal treatment	Unclear
Ovarian suppression	Unclear
Referral / escalation	Professional consultation advised

KEY CAVEAT

No additional country-specific caveat was recorded in this first-pass review.

SOURCES

Open source 1: https://www.essalud.gob.pe/depresion-femenina-como-influyen-los-cambios-hormonales/

SOUTH AMERICA · CONFIDENCE: MODERATE

Uruguay

Substantive specialist recognition exists, but current national public/clinical implementation is unclear

Official information	No dedicated Ministry PMDD patient pathway identified in targeted search
Diagnosis & tracking	Prospective symptom assessment discussed in specialist literature
Tracking tool	No current national tool identified
PME / differential	Differential diagnosis and thyroid exclusion discussed in Uruguayan psychiatric literature
Treatment: SSRIs	SSRIs discussed
Hormonal treatment	Hormonal approaches discussed in specialist literature
Ovarian suppression	Advanced hormonal approaches discussed historically; no current national pathway identified
Referral / escalation	No current national referral algorithm identified

KEY CAVEAT

The best country-specific clinical source located is older (2004), so current practice needs further verification.

SOURCES

Open source 1: https://sifp.psico.edu.uy/sites/default/files/trabajos_finales/archivos/georgina_bent...

Open source 2: https://psicopedia.org/wp-content/uploads/2014/01/salud-mental-mujer.pdf

SOUTH AMERICA · CONFIDENCE: MODERATE

Ecuador

Academic recognition is growing, but national operational guidance was not identified

Official information	No dedicated Ministry PMDD public pathway identified in targeted search
Diagnosis & tracking	Prospective/structured screening used in university studies; not a national pathway
Tracking tool	PSST used in University of Cuenca research
PME / differential	Some academic work addresses differential diagnosis
Treatment: SSRIs	SSRIs discussed in primary-care academic review
Hormonal treatment	Hormonal treatment discussed in academic review
Ovarian suppression	No national GnRH pathway identified
Referral / escalation	Primary-care recognition advocated in academic work; no national referral algorithm identified

KEY CAVEAT

Recent university studies are useful research signals but should not be mistaken for national guidance.

SOURCES

Open source 1: https://dspace.ucuenca.edu.ec/items/c47c9d44-717c-4958-adab-31ce3a9634ea

Open source 2: https://dspace.ucacue.edu.ec/items/385eb7b7-6c3e-4fa9-9b33-64bf75928374/full

SOUTH AMERICA · CONFIDENCE: PRELIMINARY

Bolivia

PMDD is present in medical education material, but national guidance/research infrastructure is not readily discoverable

Official information	No dedicated Ministry PMDD public pathway identified in targeted search
Diagnosis & tracking	Two-cycle daily symptom recording appears in local medical teaching material based on international sources
Tracking tool	No national validated tool identified
PME / differential	Differential diagnosis appears in teaching material; no national guidance identified
Treatment: SSRIs	SSRIs described in teaching material
Hormonal treatment	Hormonal treatment described in teaching material
Ovarian suppression	GnRH/ovarian suppression appears in imported clinical material, not national guidance
Referral / escalation	No national PMDD referral pathway identified

KEY CAVEAT

The strongest Bolivia-specific source located was university teaching material rather than an official guideline or peer-reviewed national study.

SOURCES

Open source 1: https://www.studocu.com/bo/document/universidad-de-aquino-bolivia/ginecologia/sindrom...

SOUTH AMERICA · CONFIDENCE: HIGH

Paraguay

One of the clearest Latin American examples of PMDD being embedded in a national gynaecology manual

Official information	PMDD/SDPM included in the 2025 Ministry of Public Health national gynaecology manual
Diagnosis & tracking	Symptoms should be recorded prospectively for two consecutive cycles
Tracking tool	Symptom chart/recording approach specified in national manual
PME / differential	Diagnosis of exclusion; differential assessment included
Treatment: SSRIs	SSRIs included
Hormonal treatment	Hormonal treatment included
Ovarian suppression	Advanced hormonal options addressed within specialist management context
Referral / escalation	Primary care referral to second/third level specified

KEY CAVEAT

This corrects the earlier placeholder: Paraguay is clearly mapped and has national-level guidance.

SOURCES

Open source 1: https://www.mspbs.gov.py/dependencias/portal/adjunto/1e79cc-ManualNacionaldeNormasdeA...

SOUTH AMERICA · CONFIDENCE: MODERATE

Venezuela

Professional and academic recognition exists, especially around hormonal treatment, without a national public pathway identified

Official information	No dedicated Ministry PMDD patient pathway identified in targeted search
Diagnosis & tracking	Prospective two-cycle confirmation appears in Venezuelan academic research; not a national pathway
Tracking tool	No national tool identified
PME / differential	Depression of other origin should be excluded in professional hormonal-contraception guidance
Treatment: SSRIs	SSRIs recognised in broader clinical literature
Hormonal treatment	Drospirenone-containing combined hormonal contraception explicitly discussed

Ovarian suppression	No national GnRH pathway identified
Referral / escalation	No national PMDD-specific referral algorithm identified

KEY CAVEAT

The strongest current source located is professional/scientific rather than Ministry guidance.

SOURCES

Open source 1: https://ve.scielo.org/scielo.php?pid=S0048-77322024000500128&script;=sci_arttext

CENTRAL AMERICA · CONFIDENCE: MODERATE

Costa Rica

There is real domestic clinical literature, but no modern integrated national pathway was identified

Official information	PMDD appears in Costa Rican public medical-library/health education resources; no dedicated Ministry pathway identified
Diagnosis & tracking	Daily symptom recording over multiple cycles is described in clinical references
Tracking tool	No national validated tool identified
PME / differential	Thyroid and psychiatric differential diagnosis described in clinical material
Treatment: SSRIs	SSRIs described as first-line in older national-library clinical literature
Hormonal treatment	Hormonal therapies discussed
Ovarian suppression	GnRH agonists discussed in Costa Rican clinical literature
Referral / escalation	Medical consultation/escalation advised; no modern national algorithm identified

KEY CAVEAT

Some influential Costa Rican sources are older; the 2024 review confirms continuing professional interest.

SOURCES

Open source 1: https://www.binasss.sa.cr/opac-ms/media/digitales/Los%20trastornos%20afectivos%20y%20...

Open source 2: https://www.revista-portalesmedicos.com/revista-medica/trastorno-disforico-premenstru...

Open source 3: https://www.binasss.sa.cr/revistas/rmcc/556/04abor.html

CONTINUE YOUR JOURNEY

PMDD Power resources

Explore coaching, community support, practical resources and Lucy's wider work. Every title below is a clickable link. Personal support lives at pmddpower.com.

PMDD POWER

Coaching services
pmddpower.com/services

The PMDD Power Programme
pmddpower.com/programme

Online Study
pmddpower.com/online-study

PMDD Library
pmddpower.com/library

Research & resources
pmddpower.com/resources

PMDD Power podcast
pmddpower.com/podcast

Words & Substack
pmddpower.com/words

Contact Lucy
pmddpower.com/contact

ELSEWHERE & CONNECT

About Lucy
pmddpower.com/about

Lucy Hutchings Hunt
lucyhutchingshunt.com/

PMDD Power podcast on Substack
pmddpower.substack.com/podcast

Generative Humanity on Substack
generativehumanity.substack.com/

Pleasure & Power Recoded podcast
pleasureandpower.co.uk/

IAPMD — PMDD support & resources
www.iapmd.org/

PMDD Power on Instagram
www.instagram.com/pmddpower

Lucy on Instagram
www.instagram.com/lucyhutchingshunt/

Lucy on LinkedIn
www.linkedin.com/in/lucy-hutchings-hunt/

Email Lucy
lucy@lucyhutchingshunt.com

"Do the best you can until you know better. Then when you know better, do better."
— Maya Angelou