MENSTRUAL PHASE AND PSYCHOTIC SYMPTOMS

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BACKGROUND

Estrogen has a significant impact on the psychological state of women, and it may contribute to psychiatric symptoms fluctuation.

During the premenstrual phase of the cycle (late luteal), the levels of estrogen, progesterone and their metabolites fall, remaining low during the menstrual phase (early follicular). These hormones modulate central neurotransmitter function of serotonin, dopamine, norepinephrine, and GABA and may therefore influence psychiatric symptoms as their levels vary across the menstrual cycle.

OBJECTIVES:

To assess the correlation between the menstrual phase and psychotic symptoms, in schizophrenic women.

MATERIALS AND METHODS:

Literature review; research using the key words/expressions “schizophrenia”, “psychosis”, "psychotic symptoms", “menstrual exacerbation”, “menstrual phase”.

RESULTS AND CONCLUSIONS:

Admissions to psychiatric units are reported to be **more common in the low-estrogen menstrual phases**, and lowest in the high estradiol ovulatory phase.

Psychotic exacerbations have been described during low-estrogen phases of the menstrual cycle.

Estrogen has been postulated to protect against psychosis - higher estradiol levels were closely associated with less severe positive symptoms of psychosis.

It has been purposed that dopamine receptors develop increased sensitivity to estrogens or progestins during the luteal phase of the menstrual cycle.

If there is a frequent worsening of psychotic symptoms associated with the menstrual cycle, it may be effective to boost antipsychotic doses for 3-5 days before menstruation. Treatment with estrogen, estrogen/progesterone combinations, or raloxifene were also described as effective. Antipsychotic medication that raises prolactin levels and inhibits ovulation should be avoided.

Clinicians involved in the treatment and care of women with schizophrenia should be aware of the menstrual cycle changes.

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