mation of the corpus luteum, which is essential for the
symptoms of PMS. Dietary modification with high-
carbohydrate diet, calcium supplementation, and
decreased caffeine could be helpful in preventing PMS.
Depending on the type of PMS the patient has, appro-
priate therapy could be initiated.

The use of selective serotonin reuptake inhibitors
(SSRIs) has been investigated in PMS treatment. Tiemstra
did not mention periodic and continuous
therapy as an option. In our practice we find that PMS with
aura can often be treated with a periodic use of
SSRI about 10 days before the menstrual period or during
the luteal phase. Patients with no aura can be cycled
on the SSRI to coincide with the luteal phase. Continuous
use of SSRI is warranted if depressive symptoms persist
4 days after onset of menstrual bleeding.

The patient can derive most benefit from appropri-
ate use of diagnostic skills combined with individual-
ized therapy.

Niharika Khanna, MD
University of Maryland
School of Medicine
Baltimore

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somatic symptoms, the pitfalls of injudicious use of specialists, and the unconscious impact of other current and previous relationships on the relationship between the physician and the patient. The essential outcome of a successful Balint group is a reconceptualization of the physician-patient relationship that opens the door for new physician behavior. This new physician behavior, or manner of interacting with patients, is the primary product of Balint work.

Unfortunately, support is commonly misunderstood as the most important outcome of Balint groups. Brock and Stock\(^1\) discovered in a national survey of family medicine residency programs that “provide support for residents” was defined as the most important objective for their Balint group activities. Perhaps this results from support being both a necessary ingredient and a byproduct of the Balint process. A supportive environment is necessary to foster sharing of difficult cases and to invite creative input from the group. In a specific Balint group session, support might result from a physician’s realization that other physicians would have similar struggles in attempting to treat their patient. Finally, by enabling the physician to address the needs of patients more effectively, physician discomfort and stress are reduced.

In summary, we believe the benefits of Balint’s methods extend far beyond support and continue to provide a method for opening a new depth of understanding of the physician-patient relationship.

Donald E. Nease, Jr, MD  
University of Michigan, Ann Arbor  
Geoffrey Margo, MD  
Harrisburg Family Practice, Harrisburg, Pa  
Alan H. Johnson, PhD  
Clive D. Brock, MD  
Medical University of South Carolina, Charleston  
Council Members of the American Balint Society

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