Errata:

Page 3, Fig 1: The directions of the arrows from oral contraceptive to premenstrual symptoms and from normal hormonal variation to premenstrual symptoms are incorrect,

Should be:

Page 24, 2.7: Females are reported to have a three- to six-fold higher incidence of sustaining a traumatic knee injury (Boden et al., 2000; Huston et al., 2000 review; Myklebust et al., 1997; Åman et al., 2016).  
Should be: Females are reported to have a three- to six-fold higher incidence of sustaining a traumatic knee injury (Boden et al., 2000; Huston et al., 2000 review; Myklebust et al., 1997).

Page 33, 4.7.1: The two latter occasions were then calculated together as one OC phase since the hormonal status is equal in the OC phase.

Should be: The last test session in the active OC treatment was analysed in the results.

Page 33, 4.7.2: A significant increase in at least one negative mood symptom and/or somatic symptom during the cycle during the premenstrual days, days 24–28 and days 1–2, compared with cycle days 4–10, indicates PMS (referens).

Should be: A significant increase in at least one negative mood symptom and/or somatic symptom during the cycle during the premenstrual days, days 24–28 and days 1–2, compared with cycle days 4–10, indicates PMS (Bäckström et al., 1992; Pearlstein et al., 2005).

Page 52: The formation of the corpus luteum fails, which results in a reduced plasma concentration of neurosteroids in the brain (REF). Still, a subset of women on OCs experience negative mood symptoms, hypothetically due to a similar effect of the progestagens in the brain (REF).

Should be: The formation of the corpus luteum fails, which results in a reduced plasma concentration of neurosteroids in the brain (Rapkin et al., 2006). Still, a subset of women on OCs experience negative mood symptoms, hypothetically due to a similar effect of the progestagens in the brain (Larsson et al., 1997).