



RESEARCH ARTICLE

INCIDENCE OF PREMENSTRUAL SYNDROME AMONG PARAMEDICAL STUDENTS.

Dr. L. Santhanalakshmi.

Manuscript Info

Manuscript History

Received: 22 April 2017

Final Accepted: 24 May 2017

Published: June 2017

Key words:-

Premenstrual syndrome, Premenstrual tension.

Abstract

Premenstrual Syndrome or tension is a symptom complex characterised by cyclical changes with ovulatory cycles encountered in middle aged women. It is prevalent in 5% of women. The symptoms are responsible for socioeconomic loss associated with legal and women's rights.

Copy Right, IJAR, 2017., All rights reserved.

Introduction:-

The average duration of a menstrual cycle is 28 days but any cycle length between 21 and 34 days is considered normal. The average duration of menstrual blood flow is 4 days but anything from 2-7 days is considered normal.

There are 5 major hormones involved in menstrual cycle---Gonadotropic Releasing Hormone (GnRH), Follicle Stimulating Hormone (FSH), Luteinising Hormone (LH), Estrogen and Progesterone. As the cycle progresses, lining of the uterus grows under the influence of hormones. During a typical 28 days cycle, ovulation occurs on 14th day.

If pregnancy occurs following ovulation, then hormone production continues and periods will not occur. If pregnancy does not occur hormone production decreases and menstruation begins. During periods, the uterine lining is sloughed off and comes as blood flow.

Premenstrual Syndrome is characterised by a range of physical and psychological symptoms that occur from several days to weeks before the period and disappear after the periods begin.

Premenstrual symptoms usually occurs towards the end of menstrual cycle ie., few days before periods. Some women experience symptoms in midcycle at the time of ovulation and then later again just before periods.

Severe PMS may start at the time of ovulation and continue for 2 weeks till the periods. The most severely affected women have symptoms throughout the cycle and they are symptom free for only one week a month at the time when they are having periods.

Aim:-

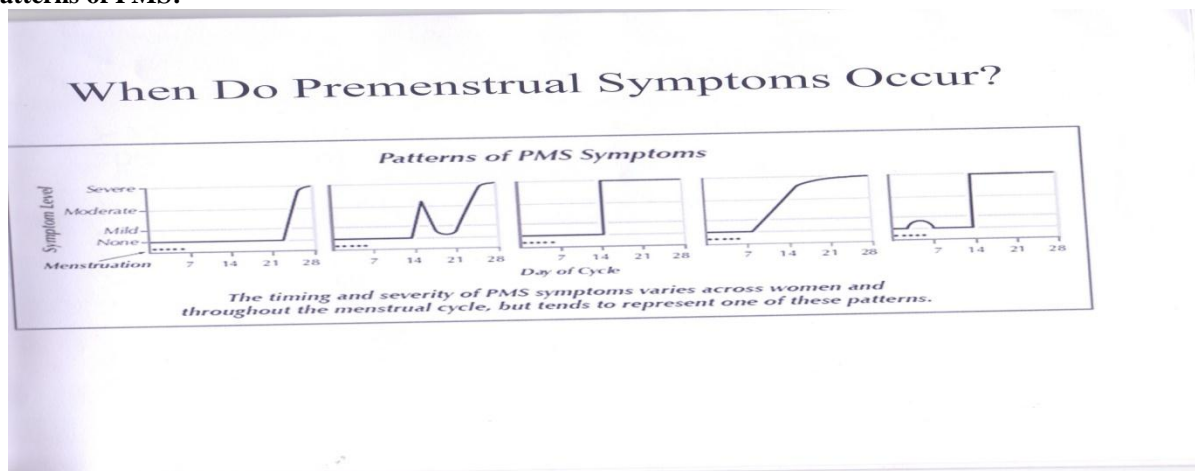
To assess the severity of Premenstrual symptoms among students.

Materials and methods:-

Around 200 volunteers studying paramedical courses were preinformed about the study. After getting Ethical Committee's approval, the study was carried out. Maintaining regular PMS diary for atleast 2 consecutive cycles to note the target symptoms. Diagnosis depends on history and careful questioning as no organic pelvic lesion is detected and no definite test is available to confirm the diagnosis.

Discussion:-

Patterns of PMS:-



Milder symptoms are believed to occur in about 30 %-80 % of women. Around 5% of women have severe PMS. It occurs more often in women between their late 20s and 40s. It is estimated that only 6-10 % women seek medical help for their symptoms.

Cause of PMS:-

Changes in hormonal levels during the menstrual cycle are an important cause for PMS. Psychological /emotional stress is one of the reasons contributing to hormonal imbalance with social consequences. As it is linked to menstrual cycles, it does not occur before puberty, in pregnancy or after menopause.

Oestrogen excess or progesterone deficiency and increased carbohydrate intolerance in the luteal phase, pyridoxine deficiency, increased production of vasopressin, aldosterone, prolactin, prostaglandins which adversely affect renal function contribute to fluid retention and bloating. Low levels of β endorphins in the brain and serotonin are probably responsible for psychiatric disorders.

Physical symptoms include

Mastalgia, Headache, Oedema, Abdominal bloating, Joint and muscle pain.

Psychological symptoms include

Irritability, Lethargy, Depression, Forgetfulness, Confusion etc.,

Results and Analysis:-

1.Irritable 30%, Anger 3%, Anxious-12.5%, Depressed- 10%, Tired-30%, Insomnia-5%, Food cravings-5%, Difficulty in concentrating-9 %, Headache-10%, Mastalgia-45%,Backpain-60%, Abdominal pain 50%, Muscle and joint pain40%, Weight gain10%, Nausea 2.5%

Around 50-60% had physical symptoms and 15-20% had psychological symptoms in our study.

Grading of PMS:-

Mild PMS will not interfere with personal, social and professional life.

Moderate PMS- It will interfere. Daily functioning is possible, but to the usual level.

Severe PMS- There is withdrawal from social and professional activities. Daily functioning is impaired.

Prevention of PMS:-

1. Eating healthy foods, such as fruits and vegetables
2. Vitamin B6, calcium with vitamin D supplements
3. Better sleep habits relieves stress
4. Regular exercise helps to keep physically and mentally fit
5. Yoga
6. Don't consume alcohol which acts as a depressant
7. Caffeine increases irritability, nervousness and sleeplessness
8. Nicotine increases restlessness and irritability
9. Junk foods, Salt increases water retention and bloating

Conclusion:-

Complex carbohydrates like whole grains-wheat, maize, barley and vegetables eases depression. They increase blood levels of Tryptophan and Serotonin which increases feeling of well being.

High quality calcium foods like low fat milk, cheese, yogurt, fortified orange juice or soy milk relieve depression and anxiety.

Consuming plenty of water and eating fruits may help prevent bloating.

To conclude, it may be stated that reassurance, counselling, psychotherapy and selective use of drugs help to control these symptoms.

Proforma:-

Name: _____ Month: _____

Write the date in the first row, starting with today. Circle the days of your menstrual period.

Each day, rate the severity of your symptoms: 1 = no symptoms; 2 = mild symptoms; 3 = moderate symptoms; 4 = severe symptoms.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Irritability or tension																															
Anger or short temper																															
Anxiety or nervousness																															
Depression or sadness																															
Crying or tearfulness																															
Relationship problems																															
Tiredness or lack of energy																															
Insomnia																															
Changes in sexual interest																															
Food cravings or overeating																															
Difficulty concentrating																															
Feeling overwhelmed																															
Headaches																															
Breast tenderness or swelling																															
Back pain																															
Abdominal pain																															
Muscle and joint pain																															
Weight gain																															
Nausea																															
Other (please specify)																															
Other (please specify)																															

Bibliography:-

1. Shaw's Textbook of Gynaecology -16th edition by VG Padubidri and SN Daftary. Page no 473-474.