

Original Research Article

Prevalence of Psychosomatic Manifestations in Pre-Menstrual Syndrome

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Abstract: Premenstrual syndrome (PMS) includes an array of behavioral, psychological and physical symptoms in child bearing age. It is estimated to affect upto 40% of women with no organic disorder. The aim is to find out the prevalence of psychosomatic manifestations in PMS in women both working & housewives. Convenience sample of 562 women (295 working women and 267 housewives) was taken after written consent. Pre-tested self-administered Likert-type questionnaire were distributed among subjects. Filled up questionnaire were coded for analysis. Survey response rate was 88.97%. Forty three and half percent working women had PMS and 43% of housewives had PMS. Low pelvic pain, irritability, headache and depressed feeling were common perceived symptoms among both groups. Psychosomatic manifestations in PMS are common in both working women and housewives. It can affect both professional and personal life. Active intervention by lifestyle modification may help in reducing PMS.

Keywords: premenstrual symptoms, psychosomatic manifestation, working women, housewives

INTRODUCTION

Pre-menstrual Syndrome (PMS) first described by Frank (1931) includes an array of behavioral, psychological and physical symptoms in child bearing age which recur cyclically during luteal phase resulting in loss of work or social impairment [1]. It is estimated to affect up to 40% of women and characterized by the absence of an organic disease [2-4]. In Western countries specialized clinics are there to highlight the importance of PMS to general public and help women to overcome the problem [5]. In developing country like India it has not gained any specific importance over health related problems [6,7]. With this background, the study was designed to find out the prevalence of psychosomatic manifestations in PMS among working women and housewives of Berhampur, Odisha.

MATERIALS AND METHODS

For the present study 562 females in the age group of 18-40 years (child bearing age) were included in the initial study. Out of which, 295 were working women and 267 were housewives. Study group were selected randomly from all the section of the people.

Marital status was not compared. All the subjects were given a pre-tested questionnaire which measure perceived symptoms of PMS in 4 point Likert-type grading and degree of severity is reported by subjects as mild, moderate, severe and no symptoms. Before administration of the questionnaire all the subjects were explained about the features and time of onset of PMS. Verbal consent was taken for participation in the study. At the end 62 women from both the groups were dropped from the study. A total of 500 women (265 working group and 235 housewives) were included in the final study. The instrument was self-administered. Data were entered in Microsoft Excel and expressed in percentage.

RESULT

Out of 562 women 500 returned the Questionnaire (265 working group and 235 housewives) indicating survey response rate 88.96 %.(89.83% in working group & 88% in Housewives). Out of the two groups 115 subjects (43.5%) showed symptoms of PMS from the working group & 101 subjects (43%) from Housewives.

Table 1: Distribution of Study subjects with or without symptoms of PMS

Subjects	With Symptoms of PMS	No Symptoms of PMS
Working group (n=265)	115 (43.5%)	150 (56.5%)
Housewives (n= 235)	101 (43.0%)	134 (57.0%)

Table 2: Pattern of psychosomatic symptoms related to PMS in working women expressed in percentage

Symptoms	Mild	Moderate	Severe	Not Present
Depressed feeling	13.2	27.8	4.0	55.0
Irritability	17.5	32.3	4.2	46.0
Insomnia	6.0	4.8	3.2	86.0
Headache	21.0	31.4	9.3	38.3
Decreased work efficiency	19.7	12.3	3.6	64.4
Painful breast	23.0	15.6	4.2	57.2
Low pelvic pain	29.0	22.4	9.8	38.8
Abdominal bloating	21.4	8.7	3.6	66.3

In mild degree low pelvic pain was maximum with 29%, Irritability was most common followed by headache & depressed feeling in moderate degree & in

severe degree again the low pelvic pain was most common feature.

Table 3: Pattern of psychosomatic symptoms related to PMS in housewives expressed in percentage

Symptoms	Mild	Moderate	Severe	Not Present
Depressed feeling	16.2	34.4	4.8	37.6
Irritability	14.3	21.6	2.8	61.3
Insomnia	12.2	9.3	4.5	74.0
Headache	19.8	27.6	9.5	43.1
Decreased work efficiency	12.2	8.0	2.0	77.8
Painful breast	21.9	13.2	4.5	60.4
Low pelvic pain	30.2	20.6	11.2	38.0
Abdominal bloating	16.0	10.2	6.1	67.7

Most common symptom in mild degree was low pelvic pain (30.2%) and Depressed feeling was maximum followed by headache , Irritability in moderate degree (34.4%) . low pelvic pain was the most common feature in severe degree .

DISCUSSION

The exact cause of premenstrual syndrome is not known. There are some postulated hypotheses which point towards the multi-factorial etiology of PMS, the most important being the alteration in the level of estrogen and progesterone in luteal phase. There is either altered estrogen progesterone ratio or diminished progesterone level. Neuroendocrine factors like decreased serotonin in this phase have also been implicated as one of the causes of PMS. Endorphins and GABA levels are also decreased during luteal phase which may be attributed to PMS [3]. Apart from these Physical and psychological factors also play important role in accentuation of symptoms during premenstrual tension [1]. In our study 43.5% of working women were found to suffer from PMS followed by house wives with 43%, which is little higher side than the established value . Low pelvic pain was most common in both the group. Hypotonic GUT and gaseous distension in luteal phase may be the factors responsible

for low pelvic pain and abdominal bloating [9]. Prevalence of irritability , depressed feeling & headache which were more marked in moderate degree in both groups maybe due to stress & fluid retention during the luteal phase [6,8]. With the changing trends of modern time as more and more women are opting out for working they have to come up with the mounting work pressure inside and outside the home. The house wives are also subjected to more stress with no physical or emotional support from the family members. So the brunt of the modernization has its effect both on the working group and house wives alike.

CONCLUSION

Prevalence of Premenstrual syndrome is almost equally present in the working group and housewives though the symptoms may vary. These symptoms when severe may have devastating effect on both personal and professional lives of women. Emotional disturbances like depression, irritability, and headache appear predominantly with physical symptoms. This can be reduced by life style modification with a positive attitude and adequate rest. Encouraging family members to be more supportive during this period may have some impact. Dietary

modification like low fat, fiber, with vitamin and mineral supplements has also been advocated.

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