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Research Article

THE INCIDENCE OF PREMENSTRUAL SYNDROME IN PROFESSIONAL MOTHERS AND HOUSEWIVES AND ITS RELATION TO RELATED ISSUES

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Abstract:

Objective: To analyze the recurrence of premenstrual disorder (PMS) in working ladies and housewives and its relationship with related elements.

Methods: A similar cross sectional investigation having subjective attributes, was directed in Mayo Hospital, Lahore structure May 2019 to April 2020. Working ladies in the examination were from Abbasi Shaheed Hospital and-house spouses from Federal B Area Karachi. Hundred ladies were incorporated matured between 20-40 years having a place with two gatherings of 50 each. The primary gathering involved working ladies from a medical clinic, going from profoundly instructed specialists to janitors. The other gathering included non-working housewives of center and low pay gathering. In the two gatherings rejections were made for the individuals who had sporadic period, on preventative pills, craving pregnancy, were lactating or had known major mental or clinical issues. Results were gathered after three successive monthly cycles utilizing survey.

Results: The outcomes showed that PMS is altogether higher in working ladies than housewives (half versus 30%). Measurable investigation demonstrated that it is all the more regularly present in the age scope of 26-35 years, in single ladies or ladies with low equality and the accomplished. Touchiness, wretchedness and loss of interest are most regular grievances in working ladies. General discomfort, stomach issues and dysmenorrhea are more normal in house spouses. Working ladies show more noteworthy ten-deny to utilize analgesics.

Conclusion: PMS was more normal in working ladies contrasted with housewives. There is a need to distinguish ladies with PMS and to set up an intercession that would assist with easing the side effects so their work execution stays unaltered.

Keywords: premenstrual syndrome, professional mothers, Housewives.

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INTRODUCTION:

The term Premenstrual syndrome (PMS) is defined in Tenth Revision of the international classification of disease (ICD 10) as: 'Physiological emotional, and mental stress related to the period of time immediately preceding menstruation [1]. 'Premenstrual dysphonic disorder (PMDD) is the extreme predominantly psychological end of them spectrum estimated to occur in 3-9% of women. The principal cause of PMS is uncertain it is strongly considered that the cyclical endogenous progesterone produced in the luteal phase of the cycle is responsible for symptoms in women who are usually sensitive to normal progesterone levels. Indeed, no differences have been demonstrated in progesterone levels between women wither without PMSA wide range of symptoms has been described but it is the timing and severity that are most important, more so than the specific character [2]. Depression, irritability, anxiety. Tension, aggression inability to cope and feeling out of control are typical psychological symptoms [3]. Bloating, mastalgia and headache are the classical physical symptoms. The confirmation of luteal phase timing with the relief of symptoms by the end of menstruation is diagnostic, provided the symptoms are of such severity to impact on patient's normal functioning [4]. Validated assessment instrument included the calendar of premenstrual experiences (COPE) and the daily rating of severity of symptoms (DRSP) form This study was carried out to determine the exact frequency of premenstrual syndrome in working women and house wives so that an intervention can be established that would help alleviate their premenstrual symptoms, signs and discomforts [5].

METHODOLOGY:

A comparative cross sectional study having qualitative characteristics, was conducted in Mayo Hospital, Lahore form May 2019 to April 2020. Working women included were from Abbasi Shaheed Hospital and house wives were from Federal B Area, Karachi. Prior to embarking on the final study, a pilot study comprising of 10 patients was carried out this enabled various study characteristic to be identified and helped in the final editing of the questionnaire. The patients of the pilot study were not included in the final study, the data of which is presented in this paper For the final study, sample size was calculated using the WHO Sample Size Calculator women were selected and divided in to two groups First group comprised of working women at Abbasi Shaheed Hospital Karachi and these included doctors, paramedics, support and janitorial staff. The other group included non-working housewives residing in the community of Federal B Area, Karachi They belonged to middle and lower

income group. Equal numbers i.e. 50 for each group were selected with age ranging between 20-40 years Care was taken to exclude those women who had irregular menstrual cycle, on contraceptive pills, desiring pregnancy, were lactating or had known major psychiatric or medical disorders. The approach to working women group was not too difficult-being at their workplace i.e. Abbasi Shaheed Hospital For the housewives group, author visited in person to complete the sample size of this group Door to door approach was adopted by visiting around 30 residential compounds, personally convincing and counseling the participants to volunteer for this study. All the women who fulfilled inclusion criteria were selected based on convenient approach for follow-up the methodology tool was a structured questionnaire designed to assess the demographic characteristics, physical, behavioral and psychological symptoms of PMS experienced by the subjects included in the study. The given questionnaire was printed in Urdu and words used were easy to comprehend and understand all the females were given the questionnaire and they followed it for three consecutive menstrual cycles following which the questionnaire was collected in person and results compiled and evaluated. Chi square test was applied to compare the two groups i.e. housewives and working women... All descriptive and inferential calculations were done by SPSS Version-14

RESULTS:

Results were compiled and it showed that 50% of working women and 30% of house wives were diagnosed cases of PMS. Results showed significant difference in frequency of PMS in workingwomen and house wives ($p=0.041$). Among working women diagnosed with PMS, 20% were doctors, 16% were nurses, 8% laboratory technicians and 6% were from support and janitorial staff. Thus suggesting that PMS is significantly higher in educated working women ($p=0.1666$). Highest frequency of PMS was observed between 25 to 35 years of age ($p<0.019$), with prevalence of 30% in working class and 16% in-house wives. (Table 1). The level of education of women included in the study ranged from under matric to post graduate. Considering relationship of education levels with PMS, it was found to be more prevalent in educated women due to increased degree of awareness. Overall PMS was 20% in post graduate working class, 16% in post graduate house wives whereas the figure was 12% and 10% in graduate working women and housewives respectively. Results showed that PMS is significantly higher in more educated women than less educated one in both groups ($p=0.000$) (Table 1). PMS was more frequently found in singles in-cluding unmarried, divorced, and separated women Frequency

of 30% and 4% was found in workingwomen and housewives respectively. This revealed significant association of PMS with single marital status. ($p=0.040$) (Table 1). The overall results show that PMS is more frequent in nulliparous and prim parous women than multiparous. Observed values were 20% in nulliparous and 16% in prim parous working women whereas it was 8% in nullipara and 12% in primiparous housewives. Thus showing significant association of PMS with low parity ($p= 0.010$) (Table 1). The most common symptom of PMS in working women was irritability, followed by depression and loss of interest. In housewives generalized malaise and abdominal

cramps were the most significant complaints. Comparison of the three categories of symptoms between the two groups gave the following values; $p=0.008$ for physical symptom, $p=0.229$ for behavioral symptoms and $p0.0000$ for psychological symptoms. (Tables 2,3and 4). Thirty percent of working women and 18% of house wives were found to use painkillers for relief of their premenstrual discomforts. It revealed significant difference between analgesics intake in working women and housewives. ($p=0.000$) Dysmenorrhea which is a separate medical entity was observed in 44% of working women and 54%of house wives. ($p=0.317$).

Table 1.

Demographic characteristics among working women And housewives diagnosed with PMS.

Variables working women Housewives

(n=25) (n %) (n=15) (n%)

Age of Women (yrs.)

18-25 7(28) 5(33)

26-35 15(60) * 8(53)*

36-40 3(12) 2(13)

Education

Under Matric 1(4) —

Matric 2(8) 1(6)

Inter 4(16) 1(6)

Graduate 8(32) 5(33)

Post Graduate 10(40) * 8(53)

Marital Status

Married 10(40) 3(20)

Singles 15(60) ** 12(80)

Parity of women

Para 0 10(40) ** 4(26.6)

Para 1 8(32) 6(40)

Para 2 3(12) 3(20)

Para 3 2(8)

Para 4 1(4) 1(6)

Para 5 and above 1(4) 1(6)

* $p < 0.05$ and ** $p < 0.01$

Table 2.

Comparison of frequency of physical symptoms of PMS in the two study groups

of PMS (n = 25) (n %) (n = 15) (n %)

1 Headache/Migraine 6 (24) 6 (40)

2 Belatedness 2 (8) 4(16.6)

3 Backache 4 (16) 8 (53)

4 Breast tenderness 2 (8) 4(16.6)

5 General Malaise 8 (32) 10(66) *

6 Abd Cramps 6 (24) 10(66) *

7 Altered bowel habits 1 (4) 1(6)

8 Altered appetites 1 (4) 2(6)

* $p < 0.05$

Physical Symptoms Working Women Housewives

Table:

Comparison of frequency of behavioral symptoms of PMS in the two study groups.

Physical Symptoms Working Women Housewives of PMS (n = 25) (n %) (n = 15) (n %)

- 1 Loss of interest 12(48) * 8(53)
 - 2 Wants to be alone 2 (8) 4(16.6)
 - 3 Loss of concentration 6 (24) 4(16.6)
 - 4 Poor Judgment 4 (16) 2(13)
 - 5 Slow muddled thinking 2 (8) 2(13)
- * p < 0.05

Table 4.

Comparison of frequency of psychological symptoms of PMS in the two study groups.

Psychological Symptoms Working Women Housewives of PMS (n = 25) (n %) (n = 15) (n %)

- 1 Irritability 15(60) 6(40)
- 2 Depression 10(40) 8(53)
- 3 Unpleasant thoughts 6(24) 2(13)
- 4 Sleep disturbances 4(16) 4(16.6)
- 5 Low self-esteems 8(32) 2(13)

DISCUSSION:

PMS is said to be a psych neuroendocrine disorder with biological, psychological and social parameters, not caused by organic disease. It occurs regularly during same phase of menstrual (ovarian) cycle and disappears during remainder of the cycle [6]. The condition is called "ovarian cycle syndrome" "This study was conducted as an effort to compare the frequency of PMS in working women with housewives of same type of population sample. The result showed that ratio of PMS in working women to housewives was 50%:30% [7]. The main objective of this study was to determine whether workingwomen suffer more from this syndrome than housewife's PMS is an unusual entity since the women usually present themselves with a wide variety of premenstrual symptoms and it is the role of the clinician to determine the validity of this syndrome. Its diagnosed on the basis of history of women, format least three menstrual cycles with all other abnormalities excluded In past studies on PMS, the emphasis was omits greater frequency in working women and interference with job and social performance but this study was conducted to compare its frequency n housewives also study conducted in the University of California concluded that PMS significantly effects health related quality of life, occupational productivity and increases healthcare utilization [8]. Another study conducted by the same group of researchers stated that PMS in working women reported high absenteeism rates (p < 0.006) and less productivity per month A study conducted at Post graduate Medical Institute Peshawar, concluded that the frequency and severity of PMS is more common in workingwomen as compared to housewives, probably

due to more stressful life [4]. In working women, the predominant symptoms were tension and irritability(45.28%) followed by fatigue (41.5%) and depression (39.62%), while in housewives' fatigue was at the top i.e. 76%, followed by depression (52% and anxiety (36%) [10].

CONCLUSION:

Premenstrual symptoms are among the most common disorders of women. PMS is not a western syndrome alone, its frequency is global including eastern and Pakistani women.

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