Premenstrual Syndrome (PMS) in the Girls of Age Groups 13 to 23 years - A Study *Dholakia Arun. H. and Shah Nehal. D.

Abstract: In every woman of reproductive age mild subjective and objective change is observed before mens

When these changes aggravate and are seen consistently during every cycle to an extent of interfering daily routine of the woman, it is known as Premenstrual Stress or Syndrome or tension (PMS/PMT). The form of PMS is premenstrual diasphoric disorder (PMDD). The exact cause for this bundle of symptom not definitely known neither the exact cure is known. Out of 150-200 symptoms if a woman experience = to 6 symptoms consistently for many cycles, before the onset of her menses, she is considered to 🌬 🖃 sufferer. There have been a number of research studies trying to explain different aspects of PMS. The paper attempts to highlight the physical symptoms observed during PMS in the age groups 13 to 23 years 🙉 It tries to focus the most commonly observed somatic symptoms of PMS in the respondents of these age = The significant result that emerges from the survey of 110 respondents are acne, change in appetite, above pain, headache, backache and change in urination aggravate. Also, calf muscle pain was reported to be see a the most prominent features particularly in Indian girls. Data also reveal that each respondent of any age from 13 to 23 do suffer from PMS with varied degree of intensity. Keywords: Premenstrual Syndrome or Premenstrual Stress, physical symptoms of PMS, abdominal became endometrium.

Introduction: It's a laid down fact that large number of women all over the world complain and suffer different needs problems before and during uterine cycle that is Menstrual Cycle. Menstruation (derived from Greek and

men= month) is the monthly vaginal bleeding coming at interval of about 28 days from the estrogen - progester or primed uterine endometrium (Dawn, 1980). This occurs during the reproductive period (from menarche all

menopause) of a woman except during pregnancy and lactation. The most common among the discrete associated with menses are a) Absence of menstruation i.e. Amenorrhea b) Profuse or heavy loss with person i.e. Menorrhagia c) Irregular or unusual bleeding i.e. Metrorrhagia d) Painful periods i.e. Dysmenorrhoes 📶 Exaggeration of general body changes which occur prior to menses, the Premenstrual tension syndrome Face Premenstrual syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in around 90% of women all over the second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS) is found to be a disturbing factor in a second syndrome (PMS). world. PMS is a group of physical, psychological, emotional and behavioural symptoms that occur during luteal phase of menses and goes off with the onset of menstrual bleeding. It should not be mistaken with the the pain or cramps observed during dysmenorrhoea. The term PMS was first used in 1931 when American Gynecologist Robert Frank described 15 patients and

the "syndrome" of irritability, anxiety, depression and edema in the days before menstruation or in the first the days of the flow (Sloane, 1980). Around 200-150 physical-behavioural symptoms have been recognized un today. The exact etiology and cause of PMS are still unknown even though PMS got medical recognition as a disorder since 1931. Extracelluar water and salt retention in the body or imbalanced levels of progesterone and estrogen are believed to be responsible for such a state (www.forumhealthcare4women.com).

Various studies undertaken for PMS drew contradictory results and conclusions, for this is not a well delined disease and it varies from one woman to other and from month to month in the same women. The preservation paper gives a comparative view about the most commonly observed physical symptoms and their intensity and between different age groups of girls of Surat city. The present investigation, it is envisaged, will emphatically prove that PMS is not a vague phenomenon but is observed significantly in menstruating groups. *Department of Zoology, Sir P. T. Sarvajanik College Of Science, Athwalines, Surat-1

Journal of Veer Narmad South Gujarat University Vol. V - 198 to 203 (2007) Materials & Method:

A survey was undertaken to gather the symptomatic information related to PMS from the girls of age group 13 to 23 years. 10 subjects per age group that is in total 110 subjects were considered for the survey randomly from different educational institutes and residential areas of Surat city. These respondents were questioned in person and their health, socio-economic status and physical problems prior to menses were noted in the following

Name: Miss/Mrs. Weight: Age: School's name / office address: Edu. Qua. :

Caste:

Profession:

(O/S) Phone no : (R) (O) (M)

Address: (R)

Profession:

Religion:

Hobbies:

Marital status:

Major disease /s :

Major surgery/operation(s):

(A) General Profile:

Questionnaire:

Nature: Extrovert / Introvert / Mix Addiction: Hb: Year: Bl. Grp.:

Sub caste:

Addiction/s:

Total Income:

Height:

Health Status:

Edu.qua. : Subject

Sister / Brother

(B) Family details:

Joint family/ Nuclear family: Family History for: 1) Depression 2) Cardiac problems 3) Addiction 4) Obesity 5) Reproductive problems 6)

(1)(2)

(3)

(6)

(8)

(9)

Mother Father

> Abdominal bloating (AB)/ Water retention (WR) Breast swelling (BS)/ breast tenderness Vaginal spotting (VS)

Skin disorders (SD)/ acne (AC)/ exacerbation of dermatological diseases (ED) (4) (5) Exacerbations of Epilepsy (EP)/ Migraine (EMG)/ asthma (EA)/ Mantis (EMN)

(C) Physical Symptoms:

Journal of Veer Narmad South Gujarat University Vol. V - 198 to 203 (2007) Constipation (CO)/ diarrhea (D)/ gastro-intestinal upset (GI)/ bowel motion changes (BM)

Diabetes 7) Cancers (Vaginal, Cervical, Endometrial & breast) 8) Genetical Disorders.

(12) Nausea (N) (13) Mastalgia (MST) (14) Weight gain (WG)

(11) Abdominal fullness (AF)/ feeling gaseous (FG)/ swollen abdomen (SWA)

(16) Change in appetite (CAP) - increased (INC)/ decreased (DEC)/ NIL (17) Headache (HA)/ backache (BA)/ Body ache (BAC)

(18) Puffiness of face (PF)/ abdomen (PA)/ fingers (PFG) (19) Muscle pain or spasm (MP/MS)/ joint pain (JP)

Cramps (CR) / spasm (SP)/ abdominal pain (AP)

Frequent Urticaria (FURT)

Capillary fragility (CAP)

(10) Hypoglycemia (HPG)

(15) Increased acidity (ACD)

- (20) Urination (UR) increased (INC)/ decreased (DEC) (21) Hot flush (HF) (22) Eye complaints (EYC)
- (23) Edema (ED) (24) Recurrent cold sores (RC) (25) Dizziness (DZ)

(29) Fever (F)

Results & Discussion :

(26) Weakness (WK)/ fatigue (FA) (27) Calf muscle pain (CMP) (28) Giddiness (GND)

24.54%) and back pain(47.27%) are observed to be the highest in all age groups (Tables 1 and 3), along with symptoms like dizziness (38.18%) and headache(18.18%). The high degree of acne reported by us (Table 1). during premenstrual tension supports the observation of Sloane (1980), who reported them to be experienced by one third women during this state. Clinical features like abdominal bloating, weight gain, joint pain and

amongst the respondents (Sloane, 1980; Howkins and Bourne, 1971, Table 2 and 4). Breast swelling or tenderness. cramps and spasms, fever, vaginal spotting, constipation, eye complains, diarrhea, puffiness and skin disorders were found very less to negligible in almost all the studied age groups. According to ACOG guidelines, breast tenderness, swelling of extremities, abdominal bloating & headache are the somatic symptoms of PMS when observed five days prior to menses. One must however note that edema, water retention capillary fragility, urticuria and exacerbation of different health problems (Tables 1, 2 and 4) were not observed at all in any of the subjects studied per age groups although they are cited as common symptoms in the world. The data clearly justify the fact that all the clinical features considered as PMS symptoms are not observed in all girls or women

during all of their cycles (Israel, 1967; Chaturvedi et al., 1993; www.aafg.org). The study ascertains that, though the occurrence of PMS is of universal type they vary considerably in kinds and degrees. Indian women show additional symptoms of calf pains along with major complains about backache, abdominal pain and change in

AC

Physical symptoms of PMS - Table 1

ED/EMN/EMG/EE/EA

10.9

CR/SP

7.27

F

GDN

4.54 13.63

AP

CO

Journal of Veer Narmad South Gujarat University Vol. V - 198 to 203 (2007)

SD

VS

- Michard et al., (1988) defines PMS as having group of symptoms that generally include headache, breast swelling and tenderness, abdominal bloating, swelling of hands & feets, fatigue, depression, tension, irritability and increased appetite especially for sweet and salty things In concurrence with the above definition and as per the data gathered, abdominal pain (50.9%), acne(47.27%), change in appetite (increase is 17.27%, decrease is
- acidity were also found almost in all age groups except one or two. The girls (36 out of 110 subjects) complaining of calf muscle pain (32.72%) during PMS was novel and at the same time surprising. This may be due to the physiological and anatomical status of the Indian girls! It was noticed that swollen abdomen and feeling of abdominal fullness, nausea, mastalgia, body ache, recurrent cold sores and weakness were moderate to less

Total (110)

Percentage

13.63

5.45

appetite.

Total (110) Percentage 3.63 5.45 1.81 47.27 3.63 50.9 3.63 Physical symptoms of PMS - Table 2 *Age Groups D GI/BM FURT CFR **HPG** AF/FG N MST WG

* Each age group has 10 respondents. Journal of Veer Narmad South Gujarat University Vol. V - 198 to 203 (2007) Physical symptoms of PMS - Table 3 CAP UR ACD INC DEC NIL PF/PA/PFG *Age Groups HA BA BAC MP/MS JP INC DER Total (110) 17.27 24.54 15.45 18.18 47.27 1.81 11.81 5.45 13.63 Percentage 8.18

HF EYC *Age Groups

Wiley Med: Pub., John Wiley and sons.

(* Each age group has 10 subjects)

14	2	0	0	3	3	0	3	0	0
15	3	0	0	1	3.	2	3	4	0
16	1	0	0	1	4	0	4	1	0
17	0	0	0	0	3	1	1	0	0
18	0	0	0	3	4	1	2	1	0
19	1	1	0	0	4	1	4	1	0
20	1	0	0	0	5	0	2	0	0
21	1	0	0	2	3	2	7	1	1
22	0	1	0	3	8	1	3	1	0
23	0	0	0	0	2	0	5	0	0
Total (110)	11	4	0	13	42	8	38	9	2
Percentage	10	3.63	0	11.81	38.18	7.27	32.72	8.18	1,8

RC

Physical symptoms of PMS - Table 4

DZ

Wk/FA

CMP

ED

Chaturvedi SK, Chandra PS, Issac MK, Sudarshan CY, Beena MB, Sarmukkadam SB, et al., (1993) Premenstrual experiences: the four profiles and patterns. J Psychosom Obstet Gynaecol. 14,223-35. Dawn, C. S. (1980) Physiology: Reproduction Endocrinology, Physiology of Menstruation, Textbook of Gynaecology, 6th edi., pg102, chap.3, Dawn Pub., Calcutta.

ACOG Practice Bulletin (2000) Premenstrual syndrome. Obstetric Gynecology, 95: End of Issue 4.

Farrer, H. (1987) Disorders associated with menses, Gyneacological Care, pg97, chap. 12, Churchill Livingstone, NY, Med. Division of Longman grp., UK Ltd.

Body,pg 332, chap. 14, Rajendra Pub House, Pvt. Ltd., Bombay.

Israel, S. L. (1967) Premenstrual tension- as an abnormal manifestation of the menstrual cycle, Menstrual disorders and sterility, 5th edi., pg152, chap.7, Hoeber Medical division, Harper and Raw Pub., NY. Michard, E.; Anastas, L. L. and the editors of Prevention Magazine (1988) Reproductive System, Listen to Your

Sloane, E. (1980) The menstrual cycle and its hormonal interrelationships, Biology of Women, pg 82, chap.3, A