Negative Effects During Premenstrual Syndrome

Sneh Datta, A. Rangnekar, Sushila Gaur, R.P. Bhargava

Department of Physiology and Gynaecology and Obstetrics, Gandhi Medical College, Bhopal

Summary

Symptoms due to Negative effects during premenstrual syndrome (PMS) were studied in [illegible] medical students and staff. They were given a questionnaire in which psychological symptoms were [illegible] and accordingly if they strongly agree, agree, disagree, strongly disagree or undecided. 76.8% agreed that there is decrease in general moral, 52.8% felt tension, 67.2% had depressed feeling while 36.6% experienced irritability during premenstrual period. 17.4% agree that there is emotional and [illegible] mood swings, mood swattering, and strained intrafamilial relationship was also reported.

Introduction

Most women are aware of mild behavioural changes occuring in relation to the menstrual cycle, while positive moods occur in the follicular phase and mid cycle, it is the distressing negative changes associated with the premenstrual tension, (PMS) which is the cause of concern.

It has been known since Frank (1931) first described that women become irritable, tense or depressed in the premenstrual week with a temporary deterioration in their inter-personal relationship. PMS is no longer a taboo in western countries where lot of publicity, self help books (Lark 1984) and specialised clinics highlights the importance of premenstrual syndrome to general public and help women to overcome this [illegible] problem. The aim of the study was to find out intensity of psychological symptoms in Indian women especially working women and to see if there is any exacerbation during PMS in them and subsequently to help these subjects in the [illegible] stress. Autonomic Reaction [illegible] physiological changes. Different [illegible] premenstrual syndrome [illegible] authors.

Material and Methods

Five hundred female medical [illegible] were included in this study. The age of the [illegible] students was between 18-22 years and that of medical staff (Teachers) between 25-40 years [illegible] 5% of the total). Marital status was not comprehended was not included in the preliminary survey. They were given a questionnaire in which symptoms of PMS showing five points self rating scale. Labile and [illegible] of negative effects were classified as if they [illegible] agree, disagree, strongly disagree or undecided. Other symptoms like insomnia and increase in burst of [illegible] and energy which are included in this study are [illegible] II) classified on four points grading scale and seven

Table I
Percentage of Women with Negative Effects Related to Premenstrual Syndrome
Grading scale percentage

Symptoms	Strongly Agree	Agree	Disagree	Strongly disagree	Undecided
1. Depressed feelings	10.8	67.2	6.8	3.6	11.6
2. Feelings of tension	17.6	52.8	14.0	4.8	10.8
3. Irritability	8.2	54.6	21.8	6.2	9.2
4. Decrease in general moral	9.6	36.8	13.2	12.0	28.4
5. Resentment and hostility	8.4	16.4	28.0	22.0	25.2
6. Emotional and crying spells	3.4	17.4	25.6	26.8	26.8
7. Baby battering	4.4	5.8	22.0	25.0	42.8

Table – II
Percentage of Women with Other Symptoms

	Four Points grading scale percentage			
Symptoms	Mild	Moderate	Severe	Not present
Insomnia	8.2	4.8	3.6	83.4
Increased burst of activity and energy	8.8	4.8	0.8	85.6
Work Efficiency		Increased 6.8	Decreased 86.0	No change 7.2
Intrafamilial relationship	-	-	Strained 26	Normal 74

reported by subjects as mild, moderate, severe and normal.

All the subjects were explained the correct definition of the syndrome and great emphasis was laid on the fact that only those symptoms should be reported which occurred two weeks before menstruation. The completed questionnaire were tabulated and analysed.

Discussion

The cause of Negative effects during PMS is known and many theories have been proposed, the most popular being psycho-social and biological (Dennerstein 1984) water retention, deficiency or alteration in CNS neurotransmitters (Havens Carol, 1985) Shaw DAVID (1982) believed that sex steroids and aminergic neuronal activity may be involved in PMS. Lower ACTH levels of PMS subjects may be related to lack of mood elevating actions of ACTH and thus there is depression, anxiety and other negative effects in the premenstrual phase.

Premenstrual syndrome is no longer solely a subject of anecdote and taboo but is recognised by both doctors and general public as a definite entity in western countries, so as to prevent devasting impact on both personal and professional lives of women. There is an increase incidence of a woman acting violently towards her family and children i.e. when women become irritable, tense or depressed in the premenstrual week, a temporary deterioration in their personal relationship frequently developed which is implicated in marital discord, strained intrafamilial relationship and baby battering.

In the present study 17.8% strongly agree and 52.8% agree that they had depressed feeling. Depression could be due to some sort of emotional pain comparable in some way to somatic pain (Moos 1968, Dennerstein 1984 and Freeman et al 1985). 9.6% subjects in the present study strongly agree while 36.8% just agree that there is decrease in general morale. Decrease in general morale can be troublesome as this could lead to intellectual impairment, increase number of psychiatric admission, (Patel 1985) and alcohol use (Lachmayer H.H. et al 1982). 8.4% subjects strongly agree and 16.4% just agree that

there is increase resentment and hostility during premenstrual period. It is a violent behaviour and this could lead to suicidal attempts (Lachmayer 1982) but a lower rate than male. Women become more emotional during PMS and increased crying spells have been observed in 7.4% and increase baby battering in 5.8% have also been observed along with strained intra-familial relationship in 26% during premenstrual period, similar negative effects were also reported by other authors (Moos 1968, Freeman et al 1985).

Insomnia has been clustered by (Moos 1968) under impaired concentration, while burst of activity and energy in 8.8% under arousal, it is a positive premenstrual change. In general, premenstrual changes reflect physical symptoms and negative effect, predominantly pain, weight gain, irritability, tension and depression (Logue and Moos 1988) and is also associated with enhanced Mood and performance among some women and reduction of work efficiency in 86%.

Subjects in the present study is a cause of concern in changing trends of modern times as more and more women are leaving home and taking up work. This decreased efficiency might be due to anemia and poor nutritional status of our subjects. Moos (1968) also reported loss of efficiency in 63% subjects during premenstrual period to change in behavioural complex. In European trials PMS has been even used as a mitigating factor in sentencing and some women have received lighter sentence for crimes if they have received, continous treatment for premenstrual syndrome (Dalton 1984), but in India there is not much awareness about the syndrome and the stress which is closely related. Only introversion has been reported among Indian women (Chattopadhyaya and Das 1980).

Where numerous behavioural, emotional and somatic symptoms are associated with PMS, but emotional symptoms of depression, anxiety and hostility along with decrease in work efficiency appear predominantly with physical symptoms, premenstrual tension can be reduced by reducing stress, by encouraging members of the family to be more supporting, to help them in household duties, to alter women's confidence by Yoga or relaxation therapy.

This is a part of preliminary work and also a controversial field and more carefully planned prospective studies need to be carried out to find out specific cause and its treatment.

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