

# Prevalence of Pre-Menstrual Syndrome in Young Girls

N AKMAL N AKHTAR G E RAANA R ATTIQUE

Department of Obstetrics & Gynaecology, Sir Ganga Ram Hospital/Fatima Jinnah Medical College, Lahore  
Correspondence to Dr. Noreen Akmal, Assistant Professor EMAIL:- [noreenakmal@hotmail.com](mailto:noreenakmal@hotmail.com)

Prevalence of pre-menstrual syndrome(PMS) was determined in 100 girls in age group 16-22 years, belonging to a medical college. Out of total 66.66% had PMS. Major complaints were aches & pains, pre-menstrual dysmenorrhoea and mood swings.

**Key Words:** Pre-menstrual syndrome, pre-menstrual dysmenorrhoea.

PMS is a recurring cyclic disorders in the luteal phase of menstrual cycle involving behavioral, psychological and physical changes resulting in loss of work or social impairment<sup>1</sup>. Reported prevalence of PMS ranges from 1% to 90%<sup>2</sup>. Symptoms of PMS are varied and non-specific, broadly classified as physical, psychological and behavioral symptoms. Common physical symptoms are breast tenderness and swelling, bloating, oedema and weight gain. Psychological symptoms include depression, tension, irritability, anxiety, tiredness, loss of libido, disturbed sleeping and eating patterns. The behavioral changes include absenteeism from work and decrease in cognitive function<sup>3</sup>. The precise pathophysiology of PMS is still unknown, but it is believed that it is due to altered equilibrium between sex steroids and central neuro transmitters<sup>4</sup>.

This study was conducted to find out the frequency of symptoms of PMS in young girls.

## Patients and Methods:

A total of 150 girls were included in the study. Purposive sampling was applied to select 100 girls between 16-22 years of age, among the students of Fatima Jinnah Medical College & Nursing School of Sir Ganga Ram Hospital. Girls with history of some medical and psychological disorders were not included in the study.. A specially designed questionnaire which included patients particulars & symptoms of PMS under three major headings i.e. physical, psychological, and behavioral symptoms was given to these girls. Questionnaire was filled at the spot after explaining, taking consent Statistical Analysis was done by use of SPSS version 10. It was computer based analysis of frequency and percentage.

## Results:

This observational study was conducted on 150 girls in age group of 16-22 years. Out of these 100 girls showed some symptoms of PMS thus giving a frequency of 66.66%. Table I shows frequency distribution of various physical symptoms, aches and pain (58%) and dysmenorrhoea (56%) were the most common physical symptoms.

Table I Frequency of Physical Symptoms (n=100)

Symptoms	=n	%age
Breast Tenderness	36	36
Weight Gain	29	29
Change in Bowel Habits	38	38
Pelvic Discomfort	48	48
Headache	33	33
Aches & Pains	58	58
Premenstrual dysmenorrhoea	56	56

Table II shows frequency of various psychological symptoms with mood swings (62%) being the most common symptom. Regarding the frequency of behavioral symptoms loss of concentration was present in 45% followed by absenteeism in 23%.

Table II Frequency of Psychological Symptoms (n=100)

Symptoms	=n	%age
Tension	50	50
Anxiety	54	54
Tiredness & fatigue	32	32
Sleep Disturbance	30	30
Craving for sweet food	12	12
Mood Swings	68	68

## Discussion:

This study showed a high (66.66%) prevalence of PMS with aches & pains, pre-menstrual dysmenorrhoea, anxiety and mood swings as symptoms reported by majority of girls. A study conducted in America<sup>5</sup> showed 76% prevalence of PMS with a very high frequency of psychological symptoms. In a study conducted at Karachi in various socio-economic groups' prevalence of PMS was found to be 33%<sup>6</sup>. This low incidence maybe due to difference in the study population as our subjects was medical students and they understood the symptoms clearly. In our society topics like PMS and menstruation are rarely discussed openly and people feel embarrassed to discuss the psychological problems. 45% girls complained of loss of concentration and 23% had to take leave during

time thus affecting their studies. Treatment of PMS with NSAIDS, anxiolytics and hormones may reduce the severity of symptoms and improve the quality of life<sup>5</sup>.

**Conclusion:**

PMS is a common problem in young girls. Majority of the girls cannot do their routine work very well during this phase. Teachers, physicians and gynecologists should play a role by making young girls aware about the symptoms of PMS and various treatment options so that their quality of life may be improved.

**References:**

1. Reid RL & Yen SS (1981) Pre-menstrual syndrome. *Am J Obstet Gynecol* 139, 85-104.
2. Freeman E (1992) PMS: recent views and treatments. *Women's psychiatr health* 2, 3-5
3. Steiner M: Pre-menstrual syndrome and pre-menstrual dysphoric disorder. *J Psychiatry Neuro* 2000; 25:459
4. Frank RT (1991) The hormonal causes of pre-menstrual tension. *Arch Neurol Psychiatr* 26, 1053-7.
5. Faratein B, O'Brien (1994) Pre-menstrual syndrome, weight, abdominal swelling, and perceived body image. *Am J Obstet Gynaecol* 150, 200-4
6. Shershah S, Morrison JJ, Jaffery S (1991), Premenstrual Syndrome in Pakistani women *J Pak Med Assoc*, 1991 May; 41(5); 101-3.