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The Prevalence of Premenstrual Syndrome (PMS) and its Severity among Female

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Abstract

A variety of behavioral, mental and physical symptoms make up premenstrual syndrome (PMS). Goals: A randomised controlled experiment was conducted to ascertain the impact of online learning on students' general health. Methods: A total of 104 PMS-afflicted women took part in the study and were divided into two groups at random. A questionnaire served as the data gathering tool. Results: Following intervention, the experimental group significantly improved their overall health as well as the emotional, behavioural, and physical aspects of their PMS symptoms. The online training can help relieve PMS in female university students and improve general health after the intervention.

Keywords: Premenstrual syndrome (PMS); General Health; Web Based Education.

Introduction

Studies show that premenstrual symptoms (PMS) are experienced by women quite frequently. According to epidemiological research, up to 60% to 90% of Iranian women may have PMS. A variety of behavioural, emotional, and physical characteristics are part of PMS. The signs of poor overall health and a decline in quality of life related to health. PMS is still not well understood, and it is frequently poorly handled. Numerous remedies have been proposed as potential treatments for PMS due to its unidentified cause. Lifestyle changes are one of the many successful therapy methods [1]. The lifestyle therapies, such as getting enough sleep, moving around and exercising, and taking regular hot baths Women with PMS are advised to follow nutritional recommendations (lower intake of sugar, salt, and alcohol) as well as calcium and magnesium intake and a reduction in elements that cause excessive stress, The effectiveness of the treatments hasn't yet been reported, though. We have not yet seen any publications of systematic reviews of randomised controlled trials (RCTs) of lifestyle counselling for managing PMS symptoms in women. This randomised controlled trial study aims to assess whether our web-based lifestyle intervention can help female university students' general health and lessen the severity of PMS symptoms [2].

Method

This study used a prospective, randomised controlled trial design to allocate the control and experimental groups, have an equal chance of selection, and reduce bias. All female university students with PMS who are of reproductive age made up the study's population. Graduate and postgraduate students in non-medical sciences universities recruited potential subjects. When the power, effect size, and alpha were set to 0.80, 0.20, and 0.5, respectively, the minimum valid sample size was calculated to be 104 women who were university students, taking into account a normal distribution for the primary dependent variables [3]. Consequently, 104 students in all will receive anticipated daily scores for two complete menstrual cycles included in a controlled trial with a confirmed diagnosis of PMS were randomly assigned to one of two experimental or control groups. Out of 104 participants, 21 were eliminated for failing to finish the experiment, leaving 83 pupils in the research for data analysis.

Using self-administered questionnaires, data were gathered. Pre- and post-intervention questionnaires measuring healthy habits, general health, and severity of PMS symptoms were completed by the participants in both groups. The researchers created the personal form using menstrual history and everyday situations. A validated lifestyle questionnaire with and 28 items on a Likert-type scale was used to assess the participants' health behaviours with reference to nutrition, activity, and overall health. The items about exercise and a healthy diet were on a 5-point Likert scale, with scores ranging from 0 to 4 with ranges of (0-56) and (0-36), respectively [4]. On a 4-point Likert scale, general health responses ranged from never to always including, respectively, four aspects of physical, emotional, social, and mental health. A team of Iranian academics and specialists evaluated the questionnaire's face validity and substance to look for any questions that would be confusing, deceptive, or overly sensitive. The researchers tweaked the questionnaire's phrasing slightly in response to their suggestions. The internal consistency of the categories of a healthy diet, physical activity, and overall health was, respectively, 0.70, 0.73, and 0.78. There are numerous techniques for diagnosing PMS that are applied in various studies. The diagnosis of PMS was made using the premenstrual syndrome diary, a self-assessment symptom rating scale that offers useful tools for evaluating PMS symptoms [5].

Results

Daily ratings for at least two consecutive cycles are advised to prospectively validate the PMS symptoms. Therefore, two cycles of the PMSD were administered to eligible subjects before the intervention. Studies on have made use of the questionnaire. The Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for evaluating PMS are broken down into 17 items that make up the short PMSD questionnaire, which was created by the American Psychiatric Association. Statements describing diverse emotional, behavioural, and physical symptoms made up the PMSD. Statements were graded on a

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4-point scale of increasing severity on a single page of the questionnaire. Based on a modified version of the PMS-screening tool created by Di Carlo (2001) and Shinohara, the Visual Analogue Scale (VAS) was used in this study to assess the severity of disabling global PMS symptoms [6]. The pre-post intervention VAS of overall PMS symptoms from the most recent menstrual cycle was completed by the students in both groups. The accuracy and validity of VASs in measuring symptoms have received much research. Additionally, VASs have been proved to be a useful tool for tracking changes in symptoms over time, particularly emotional PMS symptoms.

Discussion

The research team used Internet technology to carry out the project's teaching component between July 2008 and November 2009. The study's participants were assigned at random to experimental or control groups after being determined to be eligible and having PMS [7]. The following criteria were required for eligibility: 1) understanding and agreement with the study's objectives; 2) healthy women between the ages of 18 and 30 who were in fertile years; 3) a diagnosis of PMDD as determined by the Diagnostic and Statistical Manual, Fourth Edition, or DSM-IV; 4) had prior Internet usage knowledge 5) demonstrated a strong commitment to seeing this project through. 6) No recent history of food, drug, or alcohol use issues; 7) No use of an oral contraceptive pill [8].

Conclusion

All 104 students have signed the consent form to participate in this study. The individuals attended the informative meetings held in their institutions at predetermined time. The orientation was given to students enrolled in the study to explain the study design and protocol for diagnosis of PMS prospectively [9]. The orientation session was performed as a single session of 50-60 min guided participants through the process of PMS diagnosis in two cycles prospectively. During the session, the individuals were informed about the website and how they were Participants who completed the orientation session were given PMS form and sent individual e-mails as well as cell phone messages containing an assigned username and password to be used for the duration of the study and a link providing access to the online pretest [10]. The education program was given to the experimental group after the collection of the pretest data and receiving another orientation on an overview of the web-based learning as well as a direction for using a web browser. Participants in the control group did not receive any form of educational intervention. Though, after the posttest, the control group was trained and accessed to the web based lifestyle education for four weeks, because of ethical considerations. The intervention was designed by the principal investigator, a midwife and a software engineer. The on line educational contents were available at over the server hired for one year from the Hostiran Company in Iran. The fundamental information on the website was available with the scope and contents of the training consisted of essential knowledge about PMS and healthy lifestyle. All study procedures were approved.

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