



## Original Article

## Impact of Premenstrual Syndrome on Quality of Life of Working Women

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## ABSTRACT

The premenstrual disorder is a typical psychosomatic disorder for women of reproductive age. It is an array of emotional, behavioral, and physical signs that happen all through the late luteal phase of the menstrual cycle and vanishes by its beginning. **Objective:** To investigate the effect of premenstrual syndrome on the life of working women and their experience of tiredness and insight about the causes, effect and controlling of symptoms. **Methods:** This cross-sectional study included 170 working females and was completed in 6 months from July 2021-December 2021. Inclusion Criteria included the age of 20 to 40 years. Exclusion Criteria included housewives and females having a systematic illness and autoimmune disorders. Premenstrual Syndrome (PMS) Scale and SF-36 were used. All patients were chosen using the purposive sampling technique. **Results:** Working women with PMS have decreased levels of work-related quality of life in their professional lives. The PMS score in working women 7.82% mild symptoms, 22.32% moderate, 16.13% severe symptoms, 3.17% very severe symptoms. **Conclusions:** PMS significantly influenced daily activities related to professional and personal lives. Valid conclusions were drawn that PMS had a great impact on working women with behavioral and psychological symptoms.

## INTRODUCTION

Premenstrual Syndrome (PMS) an array of emotional, behavioral, and physical signs that happen all through the late luteal phase of the menstrual cycle and vanishes by the beginning of menstruation [1]. It is a multi-indicative disorder described by the cyclic rehash of side effects for the span of the luteal period of the menstrual cycle and resolves swiftly at or sooner or later of a few days of the commencement of the feminine cycle. The monthly cycle is a distinctive wonder which is a crucial marker of female's wellbeing [2]. PMS is a common complaint and is typically predominant in premenopausal and women of the reproductive phase. It impacts the working class socially, emotionally, functionally, and mentally. Symptoms and impacts of PMS vary across cultures and sampling differences and diagnostic criteria. Signs include stress,

anxiety, depression irritability joint, and muscle pain however abdominal pain and mental symptoms are more prevalent. These cyclic symptoms' severity varies before every cycle. Numerous symptoms and uneasiness were reported and more than 90% of women have a complaint of at least two or three symptoms. Sometimes, it is also referred as Premenstrual Tension (PMT). Approximately 1 of every 3 endures discomforting signs and side effects inside the days prior to their length. For one out of ten, the side effects are necessarily undesirable to all the more genuinely upset their lives [3,4]. There are more noticeable than one hundred valuable signs and side effects identified with PMS, yet most females' best experience a cluster of their side effects can be psychological and real. The most extensively recognized are psychological PMS indications

bad temper, loss of self-reliance, feeling furious, feeling frustrated and enthusiastic, disheartened, tearfulness, pressure, exhaustion, negative fixation, and restlessness [5,6]. Physical PMS side effects are weight gain, gut swelling, smooth and knotty bosoms, swollen lower legs, misperceptions, backaches, pores, and skin changes and pimples, disillusioned stomach, restlessness, tiredness, joint throbs, and dizziness. Conduct PMS indications, dinner longings, and gorging, loss of keenness for intercourse. PMS signs ordinarily start up to a week or so sooner than a length is expected and fade when the length starts, or a couple of days subsequently [7,8]. Dietary and lifestyle factors such as consumption of sweets and lack of physical activity are associated with the presence of PMS [9]. Women's premenstrual syndrome increases tension, anxiety, and conflict proneness reduces productive capacity and leads to social maladjustment. Syndrome medicalization is required based on personal quality of life markers [10]. As compared to women without PMS, women with Premenstrual Dysphoric Disorder (PMDD) have all the earmarks of being 2 to 3 times most presumably to answer to have an extended stretch of time to consider suicides [11-13]. Employers and line managers should be trained to better understand women's experiences with premenstrual symptoms, be able to communicate effectively with women, and give targeted help and resources to those who need it, among other recommendations and ideas [14]. Make self-destructive arrangements and endeavors, major depressive disorder, tension issues, substance utilization confusion, and statistic trademark. Although several studies have examined PMS, the association of PMS with the work-related quality of life of working women has not been studied well [15]. Therefore, we decided to conduct the study in order to examine whether PMS impacts the quality of life of working-class females.

**METHODS**

A cross-sectional survey was conducted and data was collected from teachers, bankers, health workers, and doctors of Lahore. Working women at age of 18 to 40 years were included. Females having the systematic disorder, Systemic lupus erythematosus (SLE) and autoimmune conditions were excluded. The diagnosis was done by using the PMS Scale consisting of diagnostic questions. It was used to diagnose the indicators and severity of physical, psychological, and behavioral. Analyzed data by (SPSS).

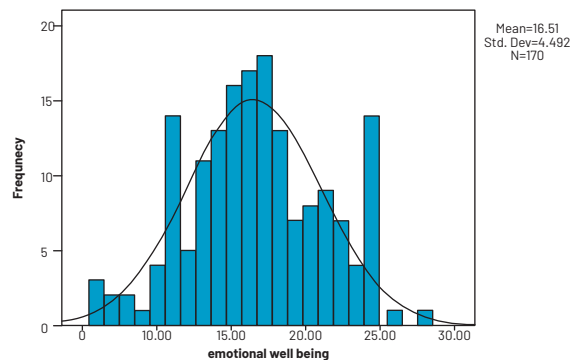
**RESULTS**

Total 170 participants with a mean ± standard deviation of the age of 28.69 years. Table 1 shows that out of 170 female patients having PMS, 7.82% had mild symptoms, 22.32% had moderate symptoms, 16.13% had severe symptoms and

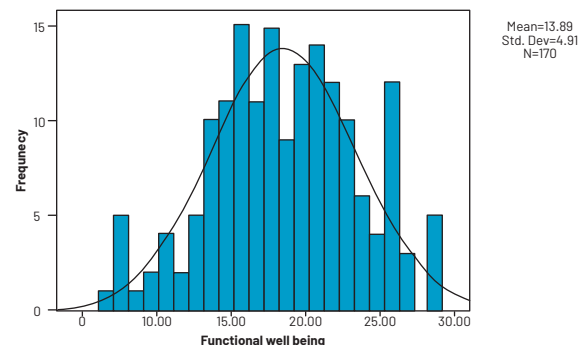
3.17% had very severe symptoms. Figure 1 shows that the mean score of emotional wellbeing is 16.51, which is less than the total score of emotional wellbeing. Mean shows that females having PMS signs suffer emotionally (Figure 1). Figure 2 shows that the mean score for functional wellbeing is 13.89, which is less than the total score of functional wellbeing. The mean value shows that females having PMS signs have a functional limitation. Figure 3 shows that the mean score of physical wellbeing is 19.20, which is less than the total score of physical wellbeing. The mean value shows that females having PMS signs had lack of energy and suffer physically. Figure 4 shows that the mean score for physical wellbeing is 19.20, which is less than the total score of social wellbeing. The mean value shows that females having PMS signs suffer socially as well.

PMS SCORE	Mild symptoms	Moderate symptoms	Severe symptoms	Very Severe symptoms
Working women having PMS	7.82%	22.32%	16.13%	3.17%

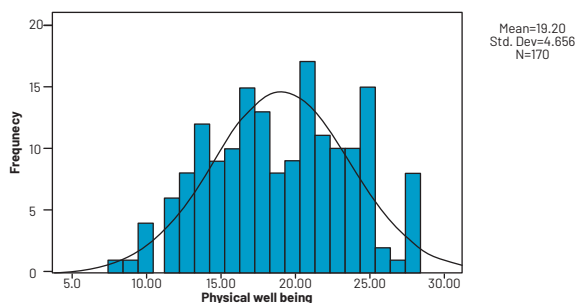
**Table 1:** Premenstrual Syndrome Scale Scoring



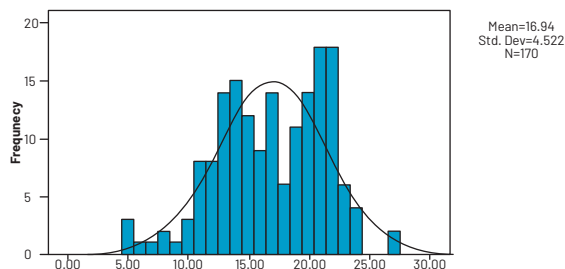
**Figure 1:** Histogram showing mean score of emotional wellbeing in PMS females



**Figure 2:** Histogram showing mean score for functional wellbeing in PMS females



**Figure 3:** Histogram showing mean score for physical well-being in PMS females



**Figure 4:** Histogram showing mean score for social well-being in PMS females

## DISCUSSION

The purpose of this study was to define the impact of premenstrual syndrome and its special effects on the physical, functional and emotional, and social well-being of working women. To know the effect of PMS on quality of life PMS scale was used. A cross-sectional survey was conducted and 170 working women having PMS symptoms were studied. Erstwhile investigations explored that in the luteal period females can experience different and lot of indications. Females' daily schedules are usually affected because of these warning signs [16,17]. Different women can experience diverse symptoms. A lot of the female population doesn't know about the ailment and despite of management availability doesn't get any treatment which can upset both individuals and their family's life. The current study shows the almost same result and percentage of PMS symptoms in both populations. But the previous study by Arbabi M et al., in 2008 shows that as compared with healthy adolescents, those with PMS had a lower score of SF-36 in all the scales. PMS is associated with a significant burden on QOL in adolescents [18]. These symptoms can be enhanced with some reasonable workout and yoga exercises. The aerobics exercise helps to improve venous blood return which can lessen pain and uneasiness. A study done by SY Tsai in 2016 stated the importance of yoga in females and the positive impact it has on PMS symptoms. Nearly 80% of females had fewer symptoms of PMS [19]. The study found differences in PMS prevalence among groups with diverse physical activity levels and residences. The study also states that other than interventions related to PMS the interventions which are

not related to PMS should be reflected to improve [20]. According to this study, different symptoms which are commonly seen in females with PMS are depression, anger, rejection sensitivity, headache, muscle pain, joint pains, hypersomnia or hyposomnia, bloating, breast pain, and swelling were common among the working women.

## CONCLUSIONS

PMS significantly influenced daily activities related to professional and personal lives. Valid conclusions were drawn that PMS had a great impact on working women with behavioral and psychological symptoms.

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