

Premenstrual Syndrome among Female University Students in Thailand

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Abstract

This paper presents the results of research of premenstrual syndrome (PMS) among female students at Assumption University in Bangkok, Thailand. A cross sectional descriptive survey, including a total of 266 female students between the ages of 16 and 35, was utilized. The subjects were selected using a simple random sampling technique. The mean age of the respondents was 20 years, and they represented all faculties at Assumption University, including the graduate school. The most common symptoms were breast discomfort / swelling, lower abdominal cramp, stress, irritability, depression, confusion, headache, sadness, weight gain, irritability, ineffective coping and conflicts with friends. Various drug and non-drug treatments were used for PMS including acetaminophen, sleep, exercise, vitamins and dietary changes. Age, sleep, stressful lifestyle and caffeine consumption were the most common factors associated with PMS symptom and severity. Although symptoms, severity and treatment strategies differ among women, it is clear that it affects their quality of life. Understanding the severity of PMS in reproductive age women is important in order to explore premenstrual dysphoric disorder (PMDD) and create treatment options. A suggestion for future study is to develop a prospective reporting method of PMS symptoms in Thailand.

Keywords: Breast discomfort, lower abdominal cramp, stress, irritability, depression, confusion, headache, sadness, weight gain, irritability, ineffective coping, lifestyle, socio-demographics.

Introduction

Premenstrual syndrome (PMS) is the name given to a collection of physical and psychological symptoms that some women experience during the late luteal phase of each menstrual cycle (7 to 14 days prior to menstruation). Symptoms seem to worsen as menstruation approaches and subside at the onset or after several days of menstruation. A symptom-free phase usually occurs following menses. The exact causes of PMS are not clearly understood but have been attributed to hormonal changes, neurotransmitters, prostaglandins, diet, drugs, and lifestyle. The PMS symptoms reported in the literature fall into three domains: emotional, physical, and behavioral. The most common emotional and mood-related symptoms of PMS include depression, irritability, tension, crying, over sensitivity (hypersensitivity), and mood swings

with alternating sadness and anger. Physical discomforts include abdominal cramps, fatigue, bloating, breast tenderness (mastalgia), acne and weight gain. Behaviorally, symptoms include food cravings, poor concentration, social withdrawal, forgetfulness and decreased motivation. Research studies have reported up to 200 premenstrual symptoms of varying degrees of severity (Henderson 2000).

The severity of premenstrual symptoms varies widely from person to person. When premenstrual dysphoric disorder (PMDD), symptoms become severe they can interfere with daily life and cause severe disability. According to research, severe symptoms can affect work, school performance, and lead to problems/conflicts in interpersonal relationships. It has been found that mild to moderate symptoms can be relieved by various lifestyle changes. However, severe symptoms often require more aggressive treatment that requires