Prevalence of Premenstrual Tension Syndrome among Students in Ninevah College of Medicine
Supervisor:
Dr. Dhukaa' Al-Jawadi
Premenstrual syndrome (PMS)

- Is a disturbing physical and/or mood-related symptoms.
- It occurs during the late luteal phase of the menstrual cycle.
- It disappears shortly before or after the onset of menstruation in women during a reproductive years.
Etiology

- Is still ill defined, and it is proposed to be multifactorial.

- Includes an underlying genetic predisposition (although no genes have yet been identified).

- Also these hormones interact with neurotransmitters and neurohormonal systems, resulting in symptoms that occur only in the luteal phase of the menstrual cycle.
Symptoms:

More than 200 complaints were claimed to be associated with PMS, but the major symptoms include:

1 – Irritability,
2 – Transient depression,
3 – Dysphoria.
Aim
Is to compute the prevalence and clinical characteristics of premenstrual tension syndrome (PMS) among students in Ninevah College of Medicine

Objectives
- To calculate the prevalence of the (PMS) among students in Ninevah College of Medicine during the screening period of present study.
- To classify the frequency of (PMS) according to the age of participants in the current study.
- To signify the clinical criteria related to the presence of (PMS) in the study sample.
Participants and Methods

- A cross sectional study.
- Simple random sampling of 149 females at childbearing age from the whole students of Ninevah College of Medicine was taken.
- Data collection was made by designed questionnaire.
- The information include the clinical characteristics of the study subjects.
- Statistical analysis:
  - The chi square test was used for assessing significance.
  - If the probability (p) value was < 0.05 it will be considered statistically significant.\(^{(15)}\)
Table 1: The Distribution of PMS according to the age of study sample

<table>
<thead>
<tr>
<th>Age</th>
<th>+Ve</th>
<th>- Ve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>18-19</td>
<td>15</td>
<td>32%</td>
<td>32</td>
</tr>
<tr>
<td>20-21</td>
<td>10</td>
<td>30%</td>
<td>23</td>
</tr>
<tr>
<td>22-24</td>
<td>32</td>
<td>46%</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>38%</td>
<td>92</td>
</tr>
</tbody>
</table>
By using chi square test

- There is significant difference between +ve and –ve at P value <0.05.
- There is correlation between PMS and age at P value <0.05.
Fig. (1) Distribution of symptoms of PMS according to the positive cases
Fig. 2: Onset of PMS symptoms related to the onset of menstrual cycle in positive PMS cases
Fig. 3: The relation between PMS and family history among positive cases

(There is significant difference between +ve and –ve at P value < 0.05)
There is significant difference between +ve and -ve at P value < 0.05

Fig. 4: The relation between PMS and impaired daily activity among positive cases
Fig. 5: The frequency of doctor consultation and self treatment among the study sample
The prevalence of the (PMS) among students in Ninevah College of Medicine during the period of present study was (38%).

The highest frequency of the positive symptoms was seen in the age group (22–24 years), which is (46%) of the cases, and the least age group is (20–21) years, that show 30% with positive symptoms.

A strong family history (62%) was detected in the symptomatic groups.

The study population show a more effect on their daily activity and more cases that don't seek a medical advice.
Management of PMS need more supportive strategy from health providers and society.

Health education and life style modification are necessary to manage PMS.

Further population based studies needed to verify this problem in our locality.
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Our appreciation and thanks to our colleagues, who share, and accomplish this study, and to all people who helped us in this study.
Thank You