

Prevalence of Premenstrual Dysphoric Disorder (PMDD) in the Community

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ABSTRACT

Background: Premenstrual syndrome, a widespread recurring disarray of young and middle-aged women, is illustrated by emotional and physical symptoms that every time happens during the luteal phase of the menstrual cycle. Women having rigorous sentimental symptoms are categorized PMDD. There is few epidemiological data that provide the prevalence PMDD in the community regardless of plenty of clinical research on premenstrual symptoms.

Aim: To illustrate the prevalence PMDD in a community.

Methodology: The study was carried out in Bakhatawar Amin Medical College and Hospital Multan from May 2018 to October 2018. 400 women aged 15–45 years were interviewed on a semi structured developed Performa after taking their consents who were documented over a period of 06 months. All data entered on SPSS and analytic evaluations were based from the Interviews.

Results: Out of 400 interviewers', the baseline 06 months prevalence of PMDD was 80 (20%). Out of 80 interviewer's having PMDD, the co-morbidity rate also elevated in tension/anxiety disorders (23%), mood disorders (16%) and somatoform (affect liability, irritability/anger, decreased interest, difficulty concentrating, fatigability, appetite/craving, sleep-disturbance, feeling overwhelmed, Physical complaints) 41%. Suicide attempts were also high alarming found.

Conclusion: There is high alarming prevalence of premenstrual Dysphoric disorder in the community.

Keywords: Premenstrual Syndromes (PMS), Premenstrual Dysphoric Disorder (PMDD)

INTRODUCTION

Premenstrual syndrome (PMS) a widespread recurring disarray of young and middle-aged women is illustrated by emotional and physical symptoms that every time occurs during the luteal phase of the menstrual cycle^{1,2}. Women with more rigorous sentimental symptoms are categorized as PMDD³⁻⁵. The exact cause of these disorders is not known. However Research advocate that distorted regulation of neurohormones and neurotransmitters are the main cause^{6,7}. PMS and PMDD can apparent with a large diversity of symptoms such as affect liability, irritability/anger, decreased interest, difficulty concentrating, fatigability, appetite/craving, sleep-disturbance, feeling overwhelmed, Physical complaints^{8,9}. Women with serene symptoms should be educated about healthy life style and life practices. The treatment includes both medication and lifestyle modifications in women with moderate symptoms. At present it is anticipated that 4–12% of women of reproductive age gather severe criterion for PMDD⁵. Evaluation of research reports shows that the prevalence PMDD is more clinically. Proper identification and diagnosis of the PMD and its impact on family, society and economy disorder can be reduced as effective treatments are available⁷.

The continuation of cyclic chronic premenstrual symptoms of clinical importance has been identified since decades¹⁰ and has been labeled as PMDD. These are the depression mood, anxiety/tension, affect liability, irritability/anger, decreased interest, difficulty concentrating,

fatigability, appetite/craving, sleep disturbance, feeling overwhelmed and physical complaints¹¹⁻¹³.

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There is few epidemiological data which provide the prevalence of PMDD in the community regardless of plenty of clinical research on premenstrual symptoms,

The objective of the study was to illustrate the prevalence PMDD in a community.

METHODOLOGY

The study was carried out in Bakhatawar Amin Medical College and Hospital Multan from May 2018 to October 2018. 400 women aged 15–45 years were interviewed on a semi structured developed Performa after taking their consents who were documented over a period of 06 months. All data entered on SPSS and analytic evaluations were based from the Interviews.

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RESULTS

Out of 400 interviewer's, the baseline 06 months prevalence of PMDD was 80 (20%).

A total of 400 interviewer's were interviewed, majority belongs to age group 20-25 with range of 15-40 years (Table 1).

Out of 400, majority lived in posh area, while 80 lived in urban area and 80 lived in rural area (Table 2).

Out of 400, 200 were graduate, 80 were matric while 120 were under matric (Table 3).

Out of 400, 280 were house wife and 120 were in the government service (Table 4).

Out of 80 interviewer's having PMDD, the co-morbidity rate also elevated in tension/anxiety disorders (23%), mood disorders (16%) and somatoform (affect liability, irritability/anger, decreased interest, difficulty concentrating, fatigability, appetite/craving, sleep-disturbance, feeling overwhelmed, Physical complaints) 41% as in Table 4 and 5. Suicide attempts were also high alarming found.

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Table-1: Frequency distribution of interviewer's according to age:

Age	Frequency	%age
15-20	80	20
20-25	200	50
25-30	40	10
30-35	40	10
35-40	40	10
Total	400	100

Table-2: Frequency distribution of interviewer's according to locality of residence.

Locality	Frequency	%age
Posh area	240	60
Urban	80	20
Rural	80	20
Total	400	100

Table-3: Frequency distribution of interviewer's according to their education (Table-3).

Education Level	Frequency	%age
Graduate	280	70
Matric	80	20
Under Matric	40	10
Total	400	100

Table-4: Frequency distribution of interviewer's according to their occupation.

Occupation	Frequency	%age
House wife	280	70
Govt. Servants	120	30
Total	400	100

Table 5: Frequency distribution interviewer's having PMDD symptoms/ No PMDD symptoms

Interviewer' no.	Frequency	%age
PMDD symptoms	80	20
No PMDD symptoms	320	80
Total No.	400	100

Table 6: Frequency distribution of PMDD symptoms

PMDD Symptoms	Frequency	%age
Depressed Mood	16	20
Anxiety/Tension	23	28.7
Affect liability	3	3.6
Irritability/anger	3	3.6
Decreased interest	3	3.6
Difficulty concentrating	2	2.5
Fatigability	6	8
Appetite/craving	2	2.5
Sleep disturbance	8	10
Feeling overwhelmed	4	5
Physical complaints	10	12.5
Total	80	100

DISCUSSION

This is, to our knowledge, the first epidemiological study on PMDD using the DSM-IV criteria in a large community study, based on standardized diagnostic interviews, instead of PMS questionnaires, that also included a wider range of mental disorder. Further strengths of the study are its prospective-longitudinal design allowing the determination of incidence rates and measures of stability as well as of co-morbidity rates with other mental disorders and correlates.

PMS is widespread by a little different symptom list from previous PMS-related studies, tailored strictly according to DSM-IVs mandatory symptom criteria, we first verify the results of previous studies^{12,13} that PMS symptoms in general and particularly among adolescents are prevalent.

The study was carried out in Bakhatawar Amin Medical College and Hospital Multan from May 2018 to October 2018. 400 women aged 15–45 years were interviewed on a semi structured developed Performa after taking their consents that were documented over a period of 06 months. All data entered on SPSS and analytic evaluations were based from the Interviews. Out of 400 women interviewer's of age 15-45 years, the baseline 06 months prevalence of PMDD was 80 (20%). A total of 400 interviewer's were interviewed, majority belongs to age group 20-25 with range of 15-40 years. Out of 400, majority lived in posh area, while 80 lived in urban area and 80 lived in rural areas. Out of 400, 200 were graduate, 80 were matric while 120 were under matric. Out of 400, 280 were house wife and 120 were in the government service. Out of 400 interviewer's, the baseline 06 months prevalence of PMDD was 80(20%). Out of 80 interviewer's having PMDD, the morbidity rates were also elevated in anxiety disorders (23%); mood disorders (16%); somatoform-41% (affect liability-3%, irritability/anger-3%, decreased interest-3%, difficulty concentrating-2%, fatigability- 6%, appetite/craving-2%, sleep-disturbance-8%, feeling overwhelmed-4%, Physical complaints 10%) Suicide attempts were also high alarming found.

CONCLUSION

There is high alarming prevalence of premenstrual Dysphoric disorder in the community.

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