



## **A STUDY ON PREMENSTRUAL SYNDROME AMONG ASSIUT UNIVERSITY STUDENTS**

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### **ABSTRACT :**

The aim of this study is to assess the prevalence of premenstrual syndrome (PMS.) and to find out the relationship between the severity of symptoms with different variables among Assiut University students of five faculties by using cross sectional study.

The samples included 800 students, from 18-24 years age, the study carried out in the Faculty of Science, Commerce, Agriculture, Education and Physical Education. A modified version of the Menstrual Distress questionnaire (MDQ) designed by Moos<sup>[10]</sup>. was used to assess the prevalence and severity of PMS. Results revealed that, the prevalence of PMS was detected in 74 % of the students. There is a highly significance relationship between consuming hot drinks before and / or during the menstrual cycle, daily activities, taking medication and the prevalence of PMS.

In conclusion study recommend that the students should be informed about PMS symptom, their causes and proper management. This information can be transmitted to the students through health classes and special programs for exchange of ideas and enhancing health habits that can reduce PMS.

### **INTRODUCTION**

Menstruation is a normal physiologic process that allows for the continuation of life. This natural cycle occurs when the ovum that is released has not become fertilized. Each cycle occur every month.

The average around 28 days; the days are counted from first day of bleeding to the day before the next period<sup>[1]</sup>. Variation in the length of cycle is a result of a slower or more rapid build-up of the endometrium and follicle during the follicular or proliferative phase<sup>[2]</sup>.

PMS is a common problem with varying degree of severity. It negatively affects attention,

memory and concentration abilities<sup>[3]</sup>. Approximately 95% of American women in their reproductive years report mild to moderate discomfort during the week prior to menstruation as their hormonal levels drop<sup>[4]</sup>.

According to O'Brien<sup>[5]</sup>, many symptoms have been attributed to PMS. These may be in the form of psychological or somatic symptoms. psychological symptoms include tension, anxiety, depression, irritability, aggression, insomnia, lethargy, fatigue, loss of concentration, poor coordination, change in libido-increased or decreased, thirst and craving for sweet or salty foods. Somatic symptoms may be in the form of bloatedness, especially

abdominal, sensation of weight increase, breast swelling and tenderness, edema of extremities, pelvic pain, headache, Hyperphagia, urinary frequency and constipation.

Many of these symptoms could be prevented with adequate preparation and health education. By adequately preparing the child for the process of menstruation, the development of a healthy attitude toward menstruation will prevent minor symptoms from progressing into a major problem. Exercise during the premenstrual phase decreases undesirable symptoms. The elimination of stress, fear, and tension can positively improve the extent of premenstrual symptoms<sup>[6]</sup>.

Nurses are in a strategic position and can play an instructive and supportive role to help female coping with PMS and its potential problems. The nursing role in PMS involve helping the women and her family to understand the possible cause of the symptoms, specific symptoms and the rational for any planned treatments<sup>[7]</sup>. Information given by the nurse should provide a balanced view of what the women can do independently to select possible changes that she can put into effect<sup>[8]</sup>.

Varny<sup>[9]</sup> explained that management care starts with an understanding caring approach that acknowledges the reality of what is happening to the women who is suffering. The goals of treatment should include building self-esteem and self control, reduction of stress, relief of symptoms and facilitating the body natural healthy processes to increase feelings of wellbeing. In order to overcome premenstrual symptoms, it is important for the girls to make sure that these symptoms are due to this syndrome.

The aim of this study. To determine the prevalence of premenstrual syndrome among

students in Assiut University, to find out the relationship between the severity of symptoms and different variable and to assess the practice of relief measures taken by students regarding the premenstrual syndrome.

## SUBJECTS AND METHODS :

A total of 800 students were recruited in the period from the first February 2000, to the end of April 2000, according to the following criteria; regular cycle, age 18-24 years, free from medical disease. Five faculties were selected for data collection, which included the faculty of science (120), commerce (160), agriculture (160), Education (174), and physical education(174).

The questionnaire sheet included the following items :

### 1-General data :

Covering faculty's name and year of study.

### 2-Socioeconomic data:

It includes information about the student's age family residence, level of education and type of occupation of their parent's.

### 3- Data about menstrual characteristics:

It includes information about the age of menarche, menstrual duration, interval and regularity of menstruation, the number of pads used daily to determine the amount of menstrual blood flow and the sources of knowledge about menstruation.

### 4-Data about menstrual habits:

It includes information about the student's habits before and during menstruation, this included.

- Types of hot drinks taken before and during menstruation.
- Different medications taken during menstruation.
- Different hygienic practices during menstruation such as: exercise activities and bathing.

### 5-Menstrual distress data (PMS Symptoms):

A modified version of the Menstrual Distress Questionnaire (MDQ) designed by Moos<sup>[10]</sup> was used to assess the PMS status and severity.

A modified version of MDQ employed in the present study included 54 symptoms each symptom was scored a long 4 point according to the degree of severity of the syndrome experienced by the study.

Scores given by the researcher for PMS symptoms.

Level	Score
No symptoms	0<0.5
Mild	0.5<1.0
Moderate	1.0<1.5
Severe	1.5-2.5

The total score was 162 points, who obtained a score below 27 points were considered to have a no symptoms and those who scored below 54 points were considered to have a mid symptoms, while a moderate symptoms have scored below 81 points and finally, those who scored more than 81 points were considered to have a severe symptoms.

For the purpose of simplicity and clarity of the questionnaire, the most common of which were categorized into.

**a-Somatic manifestations:** Pain, autonomic reactions, water retention, dermatological changes and also general manifestation.

**b-Psychological symptoms:** Behavioral changes, concentration and Negative effects.

### 6- Duration of PMS :

The student in this point must record the period of suffering from previous PMS symptoms.

### RESULTS :

Table (1): Shows the distribution of the students according their academic study. As regards academic study, the majority of the chosen students 22% were from the faculty of Physical education, 21.7% of the students were from the faculty of Education, while 21.3% and 20% were from the faculty of Agriculture and Commerce, while the faculty of *Science* represented only 15% of the students.

The prevalence of PMS was 73.9%. Symptoms of PMS were found to be mild in 40.7% of the students, moderate in (25.3), and severe in 7.9% of the students. The duration of PMS ranged from 1 to 10 days with a mean of  $5.5 \pm 3.02$ .

Table (2) shows the distribution of the students according to their menstrual characteristics. As regards the students age of menarche, the age ranged between 11 to 18 years. The mean age was  $13.5 \pm 1.2$ . Students who reported having their first menstrual period between 11 and 12 years were 22.7%, while more than half of the students 56 % had their menarche between 13 and 14 years of age. Those who had their menarche at the age of 15 or more were 21.3 %. According to the duration of the students' menstrual periods, it is clear that the duration ranged from 2 to 9 days with a mean of  $5.10 \pm 1.24$ . The majority of the students 65.1% their menstrual period were 5-7 days, while more than one quarter of the students constituted 31.9% had a period 2-4 days. Those who had their menstrual period lasting 8 days or more only reported only 3%.

**Table (1): Distribution of the students according their academic study in Assiut University.**

Academic study	1 <sup>st</sup> year		2 <sup>nd</sup> year		3 <sup>rd</sup> year		4 <sup>th</sup> year		Total	
	No	%	No	%	No	%	No	%	No	%
Faculty of Science	30	25.0	30	25.0	30	25.0	30	25.0	120	15.0
Faculty of Commerce	40	25.0	40	25.0	40	25.0	40	25.0	160	20.0
Faculty of Agriculture	40	23.5	40	23.5	40	23.5	50	29.4	170	21.3
Faculty of Education	42	24.1	50	28.7	40	23.0	42	24.1	174	21.7
Faculty of Physical Education	40	22.7	50	28.4	47	26.7	39	22.2	176	22.0
<b>Total</b>	<b>192</b>	<b>24.0</b>	<b>210</b>	<b>26.3</b>	<b>197</b>	<b>24.6</b>	<b>201</b>	<b>25.1</b>	<b>800</b>	<b>100</b>

**Table (2): Distribution of the students according to their menstrual characteristics in Assiut University**

Items	No	%
<b>1) Age of Menarche (years): mean age = (13.5 ± 1.2)</b>		
11-	182	22.7
13-	448	56.0
15 or more	170	21.3
<b>2) Menstrual duration (days) : mean duration = (5.10 ± 1.24)</b>		
2-4	255	31.9
5-7	521	65.1
8 or more	24	3.0
<b>3) Number of pads used daily:</b>		
1-	417	52.1
3-	361	45.1
5 or more	22	2.8
<b>4) Rhythm of Menstruation:</b>		
Regular	536	67.0
Irregular	264	33.0
<b>5) Interval of Menstruation (days)</b>		
20-24	95	11.9
25-29	318	39.7
30 or more	123	15.4
<b>6) Source of information about menstruation:</b>		
Family members	499	62.4
Peer Group	171	21.4
**Others	130	16.2

\*\* Others = study books, teachers and mass media.

As regards the number of pads used daily, it was observed that more than half of the students 52.1% used less than 3 pads daily during menstruation, while 45.1% of the students used from 3 to 4 pads daily. 2.8 % used 5 pads daily or more during menstruation, the majority 67% of the students had regular pattern of menstruation. Of those who reported regular menstruation almost two third 39.7% reported a menstrual interval from 25 to less than 30 days, while 11.9% of them reported an interval from 20 to less than 25 days and the

rest of the students 15.4% reported an interval of 30 days or more. Concerning the source of information about menstruation, it was found that the majority of students 62.4% acquired information in general from their family members, while 21.4% acquired them from peer group. The rest of the students 16.2% gained their information from other sources including study books, teachers and mass media

Table (3): illustrates the distribution of the students according to their reported physical and psychological symptoms. Among the

physical changes with pain, it was observed that more than one third of the students 33.1% suffered from mild fatigue, and 21.3 % suffered from mild breast tenderness, while 28.8% complained of severe backache, 5% suffered from sever cramps.

Regarding to autonomic reactions, it was observed that 20% of the students suffered from hot flushes and dizziness in a mild form, while only 3% and 7.4% suffered from severe cold sweat and vaginal discharge.

As regards to water retention, dermatological changes and general manifestations, it was observed that only 2.4% and 2.1% suffered from severe weight gain and ringing in ears, while 16.4% and 14.6% suffered from moderate acne and hair loss. 24.6% and 20.7% suffered from abdominal bloating and suffocation.

Among the psychological symptoms, it was observed that the most severe psychological symptoms reported by the students were irritability 26.9%, mood swings 21.4%, restlessness 17.5% and poor impulse control 15.4% while (24.6% and 24.3%) suffered from moderate anxiety and insomnia. The majority of the students suffered from difficult concentration 32.9% decreased efficiency 32%, poor performance 30.5% and low motor coordination 28.5% in a mild form.

The different PMS symptoms were arranged according to their rank orders of frequency in the student responses to the modified version questionnaire of Moos (1968). It is clear that the most frequent physical symptoms were backache 79.1%, fatigue 73.5%, general aches & pain 71.5%, pelvic pain 70.3%, headache 57.8%, vaginal discharge 51.8%, breast tenderness 49.8%, hair loss 47.8%, muscles stiffness 44.8%, suffocation 44%, abdominal bloating 43.9%, foot pain 43.4% and acne 41%.

The most frequent psychological symptoms were anxiety 74.3%, irritability 74.1%, restlessness 69.9%, mood swings 69.5%, stay in bed 67.3%, depression 63.9%, difficult concentration 63.4%, stay at home 61.5%, confusion 61.3%, both of them poor performance and crying 61.1%, decreased efficiency 59.1%, altered appetite 57.9% and tension 55.5.

Table (4) revealed that 57% of the students included in the study used domestic hot drinks before the cycle to reduce PMS, of those 25.1% drank fenugreek, 11.8% preferred tea, while 9.6% and 4% drank peppermint and canella, the rest 6.5% used other drinks in the from of "Yanson", "Sahlap", coffee and natural herbage. The most common reasons 27.4% for taking drinks before the cycle due to relief pain, while 16.1% for habits, 7.5% and 6% of the student due to drain & menstrual blood and to promote health.

The same table also indicates that 67.1% of the students used domestic hot drinks during the cycle, of those 34% drank fenugreek, 14.2% preferred peppermint, 5.4% and 5.1% drank canella and tea, while 8.4 % used other drinks in the form of "Yanson", "Sahlap", coffee and natural herbage. Most of them 43.7% preferred took drinks the cycle due to relief pain, while 14.5% due to drain menstrual blood, the rest 5.6% and 3.3% due to habits and to promote health for the students.

Regarding medication, it was observed that 22.9% of the students used some medications , 15.3% used medications in the form of anti-inflammatory, 4.5% anti-spasmodic, 2.1% analgesic, and only 1% used medications in the form of anti-inflammatory together with 84 analgesic. Most of them 22.5% used medications to relief pain, while 0.4% of the students used medication for habits.

Table (3): Distribution of the students (800) according to their reported physical and psychological premenstrual symptoms in Assiut University.

Symptoms	Mild		Moderate		Severe	
	No	%	No	%	No	%
<b>Physical symptoms:</b>						
<b>Pain</b>						
Muscle stiffness (n= 358)	162	20.2	134	16.7	62	7.8
Cramp (n= 270)	156	19.5	74	9.3	40	5.0
Fatigue (n= 633)	265	33.1	214	26.8	109	13.6
Headache (n= 562)	214	26.8	163	20.4	85	10.6
Pelvic pain (n= 562)	170	21.3	233	29.1	230	28.8
Backache (n= 462)	205	25.6	176	22.0	181	22.6
General aches & pain (n= 572)	216	27.0	223	27.9	133	16.6
Breast tenderness (n= 398)	170	21.3	138	17.2	90	11.3
Thigh pain (n= 313)	150	18.7	108	13.5	55	6.9
Foot pain (n= 347)	154	19.2	119	14.9	74	9.3
<b>Autonomic Reactions :</b>						
Dizziness (n= 269)	160	20.0	79	9.9	30	3.8
Nausea (n= 248)	146	18.2	70	8.8	32	4.0
Vomiting (n= 215)	117	14.6	64	8.0	34	4.3
Cold sweat (n= 230)	151	18.9	55	6.9	24	3.0
Hot flushes (n= 263)	167	20.9	60	7.5	36	4.5
Altered bowel (n= 282)	145	18.1	98	12.3	39	4.9
Vaginal discharge (n=414)	208	26.0	147	18.4	59	7.4
Chill (n= 274)	154	19.3	89	11.1	31	3.9
<b>Water Retention :</b>						
Weight gain (n= 167)	89	11.1	59	7.4	19	2.4
Abdominal bloating (n= 351)	197	24.6	96	12.0	58	7.3
Edema (n= 122)	71	8.9	32	4.0	19	2.4
<b>Dermatological changes :</b>						
Acne (n= 328)	146	18.2	131	16.4	51	6.4
Greasy hair (n= 264)	143	17.8	87	10.9	34	4.3
Dry hair (n= 309)	149	18.6	98	12.3	62	7.8
<b>General manifestations :</b>						
Suffocation (n= 352)	166	20.7	115	14.4	71	8.9
ringing (n= 174)	102	12.8	55	6.9	17	2.1
Chest pain (n= 244)	142	17.7	80	10.0	22	2.8
Blind spot (n= 193)	117	14.6	56	7.0	20	2.5
Heart bounding (n= 258)	161	20.1	76	9.5	21	2.6
Numbness (n= 224)	129	16.1	63	7.9	32	4.0
<b>Psychological symptoms:</b>						
<b>Behavioral change</b>						
Poor performance (n= 489)	244	30.5	170	21.3	75	9.4
Stay in bed (n= 538)	268	33.5	177	22.1	93	11.6
Stay at home (n=492)	229	28.6	169	21.1	94	11.8
Avoid social activity (n= 408)	217	27.1	122	15.3	69	8.6
Decrease efficiency (n= 473)	256	32.0	156	19.5	61	7.6
Altered appetite (n= 463)	197	24.6	152	19.0	114	14.3
Decreased motivation (n= 437)	228	28.5	131	16.4	78	9.8
Poor impulse control (n= 428)	171	21.3	134	16.8	123	15.4
<b>Concentration :</b>						
Insomnia (n= 207)	192	24.0	194	24.3	121	15.1
Confusion (n= 490)	235	29.4	165	20.6	90	11.3
Difficult concentration (n= 507)	263	32.9	156	19.5	88	11.0
Accidents (n= 235)	146	18.2	67	8.4	22	2.8
Low motor coordination (n= 357)	228	28.5	88	11.0	41	5.1
Lower judgment (n= 262)	151	18.9	71	8.9	40	5.0
Distractible (n= 372)	193	24.1	103	12.9	76	9.5
<b>Negative effect</b>						
Crying (n= 489)	201	25.1	182	22.8	106	13.3
Anxiety (n= 594)	263	32.9	197	24.6	134	16.8
Irritability (n= 593)	219	27.4	159	19.9	215	26.9
Depression (n= 511)	192	24.0	151	18.9	168	21.0
Loneliness (n= 403)	168	21.0	122	15.3	113	14.1
Restlessness (n= 559)	236	29.5	183	22.9	140	17.5
Tension (n= 444)	184	23.0	138	17.2	122	15.3
Mood swings (n= 556)	202	25.2	183	22.9	171	21.4

Table (4) cont.

Items	No	%
<b>(C) Exercises :</b>		
Performed	486	60.7
Not Performed	314	39.3
<b>Types of Exercises :</b>	(n=486)	
Walking or Running	269	33.6
Domestic cleaning	180	22.5
** Other	37	4.6
<b>Reasons for practicing exercises :</b>	(n=486)	
Habits	168	21.0
To relief pain	74	9.3
To promote health	244	30.5
<b>Reasons for avoiding exercises :</b>	(n=314)	
Habits	67	8.4
Not having enough time	40	5.0
Avoiding increasing pain	71	8.9
Fear from bleedin	31	3.9
Feeling of exhaustion	105	13.1
<b>(D)Takin Rest :</b>		
Yes	261	32.6
No	539	67.4
<b>Reasons for taking rest :</b>	(n=261)	
Habits	46	5.8
Decreasing pain with menstruation	183	22.9
Fear from bleeding	32	3.9
<b>Reasone for taken rest :</b>	(n=539)	
Habits	84	10.5
For a completing imporant duties	209	26.1
To relief pain with menstruation	246	30.8
<b>(E) Bathing :</b>		
Taken	684	85.5
Not taken	116	14.5
<b>Reasons for not taking rest :</b>	(n=684)	
Habits	56	7.0
Help to dring menstrual blood	259	32.4
Getting rid of microbes	243	30.4
Cleaning & improving circulation	45	5.6
All of the above	81	10.1
<b>Reasons for not taking hot both :</b>	(n=116)	
Habits	39	4.9
Cause falling of hair	36	4.5
Increasing menstrual blood	38	4.7
All of the above	3	0.4

It was of interest to note that the majority of students 60.7% performed certain physical activities. Walking & running was practiced by 33.6% as a relief measure, while 22.5% of the students practiced domestic cleaning. Other sports such as basketball or volleyball practiced by 4.6% of the students. Most of them 30.5% practiced exercises to promote health, while 21% for habits, the rest 9.3% to relief pain with menstruation.

On the other hand 32.6% of the students included in the study just rested or stay in bed. Most of them 22.9% rested to decreasing pain with menstruation, while (5.8% and 3.9%) of the students rested due to habits and fear from bleeding. It is also shown that the majority of the students 85.5% took complete hot baths. Most of them 32.4% regarding to drain menstrual blood, while 30.4% regarding to getting rid of microbes. The rest 7% and 5.6% for habits and improve circulation.

## DISCUSSION :

The present study revealed that the prevalence rate of PMS in university students was found to be high 74% with a varied degree of severity. More than one third of them 40.7% suffered from mild PMS, 25.3% from moderate, while the remaining 7.9% had severe PMS. This nearly agree with the findings of a study conducted by Amasha<sup>[11]</sup>, to assess the prevalence of premenstrual tension syndrome among nursing students in port said City. The prevalence of PMS was detected in 77.2% or girls, 39.3% suffered from mild PMS, 24% from moderate while the remaining 13.9% had severe PMS. Another study in Suez Canal area reported a prevalence rate of PMS were 69.6%<sup>[12]</sup>.

The present findings revealed that physical symptoms were the most encountered symptoms. The most frequent physical complaints reported by the students were: backache, fatigue, general aches, pelvic pain, headache, vaginal discharge and breast tenderness. This agree with the findings of Alvir & Thys-Jacobs<sup>[13]</sup>; Rizkalla<sup>[3]</sup>. Found by Ghonamy<sup>[14]</sup> among Egyptian Cairo University females and reported that the most commonly somatic symptoms reported among students were abdominal cramps, fatigue, backache, headache, painful breast and skin disorder (acne).

Lower incidence of psychological symptoms observed in this study might be due their young age as supported<sup>[15]</sup>.

On the other hand, the most common psychological symptoms observed in the present study are: anxiety, irritability, restlessness, mood swings, stay in bed, depression, difficult concentration, poor performance and tension. These findings coincide with those of Lee & Rittenhouse<sup>[16]</sup>, Atwood<sup>[17]</sup>, of these students who suffered from psychological symptoms in the present study, 74.1% mentioned irritability, 69.5% mood swing, while 63.4 reported difficult concentration. Hylan<sup>[18]</sup>, Angst<sup>[19]</sup> and Alters & Schiff<sup>[4]</sup> reported that up to 40% of American women with PMS reported psychological symptoms such as depression, anxiety, irritability, tension, nervousness and mood sewing.

Such finding may lead to undesirable consequences and may have implication in scholastic performance, that may affect teaching abilities, memory, concentration inability to answer their question or even absence from classes too frequent. Moreover they can be extended to influence productively, accidents and social life. Thus nurse midwives can have



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## دراسة الأعراض المترامنة التي تسبق حدوث الدورة الشهرية بين طالبات جامعة أسيوط

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الأعراض المترامنة للدورة الشهرية، لفظ يطلق على مجموعة من الأعراض والعلامات الجسمانية والنفسية التي تحدث في النصف الأخير من الدورة الشهرية للفتيات، وتزول بمجرد حدوث الطمث.

تهدف هذه الدراسة إلى معرفة وقياس معدل انتشار هذه الأعراض بين طالبات جامعة أسيوط، وأيضاً تحديد العلاقة بين هذه الظاهرة وعدة عوامل مختلفة مثل السن، التعليم... إلخ.

وقد أجرى هذا البحث على ٨٠٠ طالبة بكليات العلوم والتجارة والزراعة والتربية والتربية الرياضية وتتراوح أعمارهن بين ١٨-٢٤ سنة، وقد وجد أن ٧٤٪ من الطالبات يعانين من هذه الأعراض، كما وجدت علاقة بين الطالبات اللاتي يتناولن مشروبات دافئة، ومزاولة الأنشطة اليومية، وأخذ حمام دافئ قبل الدورة، وبين حدوث هذه الأعراض.

وتخلص هذه الدراسة إلى ضرورة نشر المعلومات الخاصة بحدوث الدورة الشهرية مع التوصية بعقد العديد من الندوات العلمية وتصميم بعض البرامج التي يتم التخطيط لها لتشجيع العادات الصحية السليمة والتغلب على الأعراض المصاحبة لها.