



Menstrual pain causes psychological distress

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ABOUT THE STUDY

Menstruation disorders are the most common psychogynecologic disorders. Pre-Menstrual Syndrome (PMS) frequently causes similar issues in females. PMS is common among reproductive-age women and can be exacerbated by emotional and physical symptoms. PMS symptoms include fatigue, pain, mood swings, food cravings, tender breasts, irritability, and depression, which tend to reoccur in a predictable pattern. Individuals suffering from premenstrual syndrome may experience mild to severe physical and emotional changes. It is estimated that nearly three out of every four menstruating women have experienced some form of premenstrual syndrome. 20%-32% of women report moderate to severe symptoms that interfere with daily life; additionally, 3%-8% report Premenstrual Dysphoric Disorder (PMDD). The severity of symptoms varies depending on the individual and the month. PMS symptoms typically appear 5 to 11 days before menstruation and disappear once menstruation begins. Physical pain and psychological distress are severe enough for most women to interfere with their daily lives.

According to studies, pain is the most common complaint among menstruating women; it presents some unique challenges for them; for example, many women frequently self-prescribe in order to relieve pain caused by PMS. In general, PMS increases women's perceived pain and significantly increases the risk of pain medication abuse. PMS is associated with a significant increase in the general population of women, causing them to incur direct medical costs as well as a significant increase in indirect costs. Pain intensity has been found to be affected by psychosocial variables such as pain catastrophizing, pain beliefs, coping skills, perceived social support, and learning about pain from important others.

It has been reported that psychological distress is another major symptom that women experience before

and during menstruation. Following complaints of pain, psychological distress is the most common symptom that leads women to seek the advice of a mental health professional. Years ago, it was assumed that psychological distress was solely caused by physiological changes, but research has revealed that premenstrual and menstrual psychological distress can be predicted by psychosocial factors and cultural instructions.

As a result, (PMS) has a multifactorial etiology and may be influenced by hormonal, genetic, environmental, and psycho-socio-cultural factors. A history of depression or mood disorders, such as postpartum depression or bipolar disorder, a family history of PMS, physical trauma, emotional trauma, domestic violence, substance abuse, a family history of depression, major depressive disorder, seasonal affective disorder, dysmenorrhea, generalized anxiety disorder, and schizophrenia are some common repetitive risk factors for premenstrual syndrome.

Among psychological factors, suggestibility is the state in which a subject is inclined (and willing to accept) the actions or suggestions of others. Suggestibility can cause selective attention and increase psychological distress. The suggestibility level has been defined as an index that can predict the intensity of psychogenic pain.

In this way, it was discovered that there was a negative significant relationship between menstrual attitude, viewing menstruation as a debilitating event, and complaining about the severity and symptoms of PMS. Individuals with negative attitudes toward menstruation, viewing menstruation as a debilitating event, and failing to predict the effects of menstruation on themselves had a higher rate of complaining about the severity and symptoms of PMS.

It should be noted that (PMS) can impair menstruating women's quality of life and social life. (PMS) can impair physical and social activities, as well as interfere with interpersonal relationships and work productivity, ultimately affecting one's quality of life. PMS is a

significant problem that lowers women's self-esteem, impairs physical, social, and mental health, causes labour loss, negatively affects daily life, social activities, and family relationships, sleep quality, attendance on lessons, and academic achievement, and thus lowers quality of life.

Thus, detecting women with (PMS), determining their frequent symptoms, and defining relevant variables that increase these symptoms can guide interventions such as psycho education, developing positive attitudes, and increasing coping mechanisms related to the menstrual

cycle and (PMS) to be planned in order to reduce (PMS)-induced problems.

In terms of the significance of detecting effective psychosocial factors on the intensity of premenstrual syndromes (perceived pain and psychological distress), the purpose of this study was to assess the predictability of pain intensity and psychological distress by suggestibility and attitude toward menstruation among women. Our findings show that suggestibility and attitude toward menstruation can predict pain intensity and psychological distress in women before and during menstruation.