The Experience and Severity of Premenstrual Syndrome among a Saudi Sample using a newly Developed Arabic Language Scale

Haifa Mohammad Algahtani, Haitham Ali Jahrami

شيوع وحدةَ أعراض متلازمة ما قبل الطمث باستخدام مقياس عربي جديد على شريحة سعودية

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Abstract

Background: Premenstrual Syndrome (PMS) has been described widely in the medical literature with limited reports on its prevalence and severity in the Arabian Gulf region. **Method:** The present study is a cross-sectional study conducted between 1st July 2013 and 5th August 2013. An Arabic scale was developed according to DSM-IV-TR criteria for PMS with the aim of evaluating PMS experience and severity among a Saudi sample. The scale has 23 items evaluating psychological symptoms, physiological symptoms, and impairment of functioning. The scale was distributed to 350 women in the following cities of Saudi Arabia: Dammam, Dhahran, Safwa, Jeddah, and Riyadh. Only 278 women completed the scale. **Result:** Cronbach alpha coefficients were greater than 0.8 indicating excellent internal consistency. Convergent and discriminant validity were measured using the cross correlation approach and items defining each domain significantly correlated with each other. The majority of the sample had mild to moderate psychological and physical symptoms with some mild impairment in functioning (mainly daily routine and relationships). Psychological symptoms were more prevalent than physical symptoms, but the difference was not major. **Conclusion:** Results indicate that 99% of the sample was found to suffer from PMS symptoms with the majority of women experiencing mild symptoms (48.9%). The rates of moderate and severe PMS were 44.6% and 5.6% respectively.

Key words: Premenstrual Symptoms, Saudi Arabia, Arabic scale

Disclosure: None.

Introduction

Premenstrual Syndrome (PMS) has been described as early as the 11th Century. Trotula of Salerno, a female gynecologist, remarked in The Diseases of Women, "There are young women who are relieved when the menses are called forth"[1].

The definition of PMS has evolved overtime; in most reports it is a cluster of cyclical physical and emotional symptoms that occur in the second half (luteal phase) of the menstrual cycle and stops with the start or after a few days of menses (follicular phase)[2]. Some of the common physical and emotional symptoms include: abdominal bloating, headache, breast tenderness, irritability, anxiety, anger and depressed mood [3,4].

Epidemiological studies have shown that the prevalence of PMS varies with the methods and measuring instruments used[5,15]. Studies that survey the broad and general PMS symptoms found the highest prevalence of premenstrual dysphoric women[6].

As per ICD-10, the presence of one premenstrual symptom, whether physical or emotional, would qualify for a diagnosis of PMS with no emphasis on functional impairment[7] while DSM-IV-TR require five out of 11 symptoms resulting in functional impairment to diagnose the more severe form of PMS - premenstrual dysphoric disorder(PMDD)[8].

Mild premenstrual symptoms are experienced by approximately 80% of women while only 3-8% of women experience PMDD[3,6]. Initially, PMDD was a research criterion in the DSM-IV-TR appendix. Only recently was it included as a diagnostic category under mood disorder in DSM-5 after an expert panel found enough criteria to satisfy that inclusion[1].

The vast majority of the epidemiological studies of PMS were done on Western subjects. No Arabic language tool existed to date to evaluate the prevalence and severity of PMS in Arab women. This study was therefore planned to develop a comprehensive screening tool to identify women who might suffer from premenstrual disorders and to assess severity and impact of PMS and PMDD in Saudi women.

Method

The present study is a cross-sectional study aimed at assessing the experience and severity of PMS among a sample of Saudi women using a newly developed Arabic tool. Medline search was utilized to find Arabic PMS measuring tools and look for PMS prevalence studies in the Arabian Gulf. There was no Arabic language scale designed to examine PMS symptoms; therefore the first researcher developed the Arabic Premenstrual Syndrome Scale (A-PMS) to screen and evaluate severity of PMS among Arabic speaking women. Data were collected between 1 July 2013 to 5 August 2013 from a sample of women aged 15 years and older, living in Dammam, Dhahran Safwa, Jeddah and Riyadh, in the Kingdom of Saudi Arabia. We assumed that our participants had regular menstrual cycles, but this was not validated with each participant.

The A-PMS translated the DSM-IV-TR criteria into a four point Likert-like scale with degrees of severity. The APMS stated that "…within the past three months or so you have experienced the following premenstrual symptoms one week before menses." Together 23 items were listed, including: depressed mood, feeling helpless or hopeless, feeling guilty, anxiety or worry, mood fluctuation, increased sensitivity toward others, anger, easily tempered, decrease or lack of interest, difficulty concentrating, lethargy, feeling tired or decreased energy, increased appetite, craving for certain foods like chocolate, hypersomnia, insomnia, sense of loss of control, feeling overwhelmed, breast tenderness, breast engorgement or weight gain, headache, muscle or joint or back pain, and acne. Item 23 focused on functional impairment in three subcategories: "relationships," "school or work," and "daily routine." Throughout the questionnaire symptoms were classified as "None", "Mild", "Moderate" and "Severe".

 The 23 items were divided into three domains: physical symptoms, psychological symptoms and impairment of functioning. The physical symptoms include items 11 through 15 and 18 through 22; the psychological symptoms include items 1 through 10, 16 and 17. The APMS took about 15 to 20 minutes to complete and about five minutes to score and interpret.

A total of 350 copies of the scale were distributed in different geographical locations in the Kingdom of Saudi Arabia. In each region a data collection coordinator was used to facilitate the data collection process. The survey took place during the month of Ramadan so the survey coordinators were instructed to collect about 120 questionnaires from random women in mosques, charity organizations, malls and summer student centers using one set of procedures for data collection. The purpose of the survey and instructions for its completion and return were also explained using simple language on a cover letter attached to the scale. The cover letter clearly stated that participation was strictly voluntary and, by submitting the returns, participants consented to their data to be used for research purposes. No identification information was collected to ensure confidentiality and anonymity of the participants. The authors designed the present study in accordance with principles listed in the Declaration of Helsinki. The study was approved by the Saudi Aramco Medical Services Organization (SAMSO).

Data Analysis

Questionnaires were coded, entered and analyzed using the Statistical Package for Social Sciences (SPSS 18). Transformation procedure was used to compute the score of each domain using the function of "average score". The research was exploratory in nature; descriptive statistics including mean, standard deviation and frequencies were then calculated.

Reporting reliability is very important for any newly developed tool. Reliability is defined simply as the instrument ability to be coherent with itself. Two main approaches are usually measured in reliability. First, internal consistency: defined as the degree to which responses to individual items in a multiple-item measure are consistent with each other. Second, test-retest reliability: defined as the measurement ability to produce same results over time under the same conditions. In the present research study, internal consistency approach was used by computing the coefficients of items defining on single domain in premenstrual syndrome. The test-retest reliability was not computed for two main reasons: (1) that there is evidence that each menstrual cycle is different from another for the same woman and therefore violating the assumption that "same conditions" or same symptoms are applied; and, (2) asking a large number of

women (278 participants) to fill the questionnaire and then complete it again is practically difficult and will result in yielding a very low response rate. Nonetheless, the authors acknowledge that multiple point scales are notorious for poor test-retest reliability and therefore future studies by the research team should standardize the test for test-retest reliability.

Psychometric properties of the A-PMS were also examined as it was a new research tool. The coefficient of reliability or internal consistency was computed using the standard procedure of Cronbach alpha. Alpha coefficients were computed for the sum of items that comprised a domain. Discriminant validity was judged via crosscorrelation approach in measuring validity whereby within each domain each item was correlated with every other item. Chi square test performed to examine the differences between participants' age and severity of symptoms; Chi square test was also performed to examine the differences between participants' age of menarche and severity of symptoms. A third Chi square test was performed to examine the differences between participants' occupation and severity of symptoms.

Results

A total of 278 women completed the A-PMS. Participants were aged between 15 and 54 years of age with a mean age of 23.40(SD 8.50) years. Age of menarche ranged from 8 to 15 years. The majority of participants (152, 54.7%) were students in high school or university and were single. Results revealed that psychological and physical symptoms were mostly mild to moderate with a mean score of 1.23 (SD 0.65) for the psychological symptoms and a mean score of 1.19 (SD 0.60) for the physical symptoms. Assessment of functional impairment revealed very slight impairment with a mean score of 0.70 (SD 0.70). Table 1 presents the descriptive results of the A-PMS dimensions. Psychological symptoms were slightly more prevalent than physical symptoms. Results of the Cronbach alpha procedure were, respectively, 0.90, 0.80 and 0.80 for the psychological symptoms, physical symptoms and measurement of functional impairment.

Table 1: Descriptive results of the A-PMS, N=278

	Cronbach Alpha	Minimum	Maximum	Mean	Std. Deviation
Psychological symptoms	0.90	0.00	3.00	1.23	0.65
Physical symptoms	0.80	0.00	3.00	1.19	0.60
Assessment of functional impairment	0.80	0.00	3.00	0.70	0.70

The rate of prevalence of each premenstrual symptom (classified according to severity) is shown in detail in Table 2. Approximately 90 percent reported depressed mood (88.5%), feelings of anger (89.6%), lethargy (89.9%), and muscle, joint, and back pain (86.7%) as key symptoms. These symptoms impaired relationships (48.6%), work or school productivity (37.4%) and daily routine (62.6%). Some missing values were encountered during the analyses, but these were very minimal to be reported.

Table 2: Prevalence rates of premenstrual symptoms according to the level of severity N=278

Symptom N (%)	None	Mild	Moderate	Severe
1. Depressed mood	32 (11.5)	111 (39.9)	105 (37.8)	29 (10.4)
2. Hopelessness	144 (51.8)	85 (30.6)	36 (12.9)	11 (4.0)
3. Guilt feeling	190 (68.3)	55 (19.8)	23 (8.3)	7 (2.5)
4. Anxiety/worry	49 (17.6)	94 (33.8)	91 (32.7)	41 (14.7)
5. Affective labiality	81 (29.1)	88 (31.7)	62 (22.3)	41 (14.7)
6. Increased sensitivity	67 (24.1)	85 (30.6)	84 (30.2)	41 (14.7)
7. Feelings of anger	29 (10.4)	86 (30.9)	104 (37.4)	54 (19.4)

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Symptom N (%)	None	Mild	Moderate	Severe
8. Easily tempered	64 (23.0)	91 (32.7)	81 (29.1)	38 (13.7)
9. Lack of interest	75 (27.0)	97 (34.9)	74 (26.6)	30 (10.8)
10. Difficulty concentrating	118 (42.4)	108 (38.8)	33 (11.9)	16 (5.8)
11.Lethargy/fatigue/decreased energy	28 (10.1)	91 (32.7)	103 (37.1)	52 (18.7)
12. Increased appetite	129 (46.4)	81 (29.1)	39 (14.0)	25 (9.0)
13. Craving for certain food	90 (32.4)	77 (27.7)	61 (21.9)	45 (16.2)
14. Hypersomnia	93 (33.5)	72 (25.9)	76 (27.3)	33 (11.9)
15. Insomnia	117 (42.1)	82 (29.5)	55 (19.8)	19 (6.8)
16. Loss of control	63 (22.7)	94 (33.8)	80 (28.8)	38 (13.7)
17. Feeling overwhelmed	65 (23.4)	100 (36.0)	73 (26.3)	35 (12.6)
18. Breast tenderness	109 (39.2)	71 (25.5)	49 (17.6)	46 (16.5)
19. Breast engorgement or weight gain	101 (36.3)	63 (22.7)	62 (22.3)	47 (16.9)
20. Headache	98 (35.3)	94 (33.8)	45 (16.2)	37 (13.3)
21. Muscle, joint, or back pain	37 (13.3)	64 (23.0)	89 (32.0)	83 (29.9)
22. Acne	77 (27.7)	96 (34.5)	62 (22.3)	38 (13.7)
23. Symptoms interfering with:				
a. Relationships	143 (51.4)	84 (30.2)	26 (9.4)	11 (4.0)
b. Work or school	174 (62.6)	58 (20.9)	27 (9.7)	6 (2.2)
c. Daily routine	104 (37.4)	90 (32.4)	53 (19.1)	19 (6.8)

We categorized women with premenstrual symptoms into four groups according to symptoms severity: no symptoms, mild symptoms, moderate symptoms and severe symptoms. Table 3 presents the prevalence of symptom dimensions according to severity..

Table 3: Prevalence rates of premenstrual symptoms according to the level of severity N=278

	No Symptoms	Mild	Moderate	Severe
Psychological symptoms	8 (2.9)	98 (35.3)	141 (50.7)	31(11.2)
Physical symptoms	6 (2.2)	119 (42.8)	125 (45.0)	28 (10.1)
Assessment of functional impairment	91(32.7)	127 (45.7)	51 (18.3)	9 (3.2)
Overall PMS experience	3 (1.1)	136 (48.9)	124 (44.6)	15 (5.4)

According to Table 3, 139 women (50%) reported no or mild symptoms. The remaining 124 (44.6%) reported moderate symptoms and only 15 (5.4%) reported severe symptoms.

Three sets of Chi square tests performed to examine the differences between:

1. Participants' age and severity of symptoms
2. Participants' age of menarche and severity of symptoms
3. Participants' occupation and severity of symptoms.

The severities of symptoms were not different among groups when tested according to the above variable.

Discussion

The objective of the present study was to evaluate the experience and severity of PMS symptoms among a sample of Saudi women using a newly designed Arabic language tool. The Arabic Premenstrual Syndrome scale (A-PMS) translates the DSM-IV-TR criteria into a rating scale with degrees of severity. The A-PMS lists 23 items divided into three domains; psychological; physical and impairment of functioning. A score of 0 was given to symptoms rated none, score of 1 to symptoms rated mild, score of 2 to symptoms rated moderate and 3 to symptoms rated severe. A total of 139 women (50%) reported no

or mild symptoms. The remaining 124 women (44.6%) reported moderate symptoms and 15 women (5.4%) reported severe symptoms. Among the psychological symptoms, the scores were highest for depressed mood, anxiety and worry, and lack of interest while for physical symptoms the lethargy/fatigue score was the highest followed by muscle and joint pain. Women with severe symptoms experienced impairment in activity of daily living, relationship, study and work.

Our results are in accordance with the majority of PMS prevalence studies. One particular study has developed a premenstrual symptom screening tool according to DSMIV criteria and the results show mild PMS in 65%, moderate in 26% and PMDD in 5.9%[5,15]. Another Saudi study used a self-administered questionnaire to examine the prevalence and predictors of PMS among college-age Saudi women, and the prevalence of mild PMS was 60%, while moderate and severe were 40%[9]. This study did not specify the cutoff point for moderate versus severe.

The above results are in contrast to a Turkish study that used Premenstrual Tension Syndrome Scale that contained 44 items (PMSS) and reported moderate to severe PMS in 79% of their participants with physical symptoms scoring higher in relation to psychological symptoms[10]. This difference could be related to inclusion of more physical items in their scale in addition to cultural variation in reporting of symptoms.

Results of retrospective and self-report studies have shown higher rates, in general, of PMS in comparison to prospective study[9] yet an observational prospective study done on medical students in Pakistan, using a daily record of severity of symptoms, has shown similar results to retrospective studies; with mild PMS in 59.5% of participants, moderate in 29.2%, severe in 11.2% and PMDD in 5.8%[11]. Similar results were shown in an Iranian study that used a translated version of premenstrual symptoms screening tool[12].

Only 5.6% of our sample reported severe symptoms of PMS leading to some impairment of their functioning, while the prevalence of severe PMS in other studies has ranged between 1.2 to 12.9 %[11,14]. As we stated earlier, this variation is in light of different methodologies, samples studied and instrumentation implemented.

To diagnose PMDD, one should satisfy the criteria stated in DSM-IV with the presence of five PMS symptoms experienced in the luteal phase of most menstrual cycles over the past year; confirmed by prospective daily charting in two symptomatic cycles, causing disturbance to daily functioning, and not a result of other psychiatric conditions. Prospective charting of symptoms in at least two consecutive cycles has shown to give more accurate indication of severity. With this in mind we cannot assume that those who report severe PMS in our study suffer from PMDD.

This study has a few limitations. The major limitation was that we evaluated PMS by retrospective reports. In the retrospective design, women are likely to recall only their last experience. Another limitation of this study is the absence of an assessment of possible concurrent physical or psychiatric illnesses that might have interfered with the results. Also variables like parity and use of contraceptive that might affect the severity of symptoms were not included. Finally, the small sample size combined with sampling could be debated for bias in the findings, results are therefore neither population-representative nor generalizable; nonetheless, the results of this study can be considered as preliminary findings for future research. We suggest that data gathering for future research should include larger sample sizes.

Conclusion

The A-PMS scale was sensitive enough to produce results similar to published literature.

Results indicate that 99% of the sample was found to suffer from PMS symptoms. Psychological and physical symptoms were equally presented with no major functional impairment. As a research tool, the scale showed high internal consistency and high validity properties. The current research developed the A-PMS for the screening of premenstrual symptoms of Arabic speaking women. This fast, simple and cost-effective scale is an effective tool that will contribute to future research of PMS in the Arab world.

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الملخص

خلفية الدراسة: تم وصف متلازمة ما قبل الطمث بشكل واسع في الدراسات الطبية الا أن هناك عدد محدود من التقارير عن شيوع وحدَّة أعراضها في منطقة الخليج العربي. **الطريقة:** اعتمدت هذه الدراسة الاستراجعية على اعداد مقياس باللغة العربية مستمد من الدليل التشخيصي التصنيفي الرابع للطب النفسي. يهدف هذا المقياس الى تقييم مدى انتشار وحدة أعراض متلازمة ماقبل الطمث على شريحة سعودية. يحتوي المقياس على 23 فقرة مقسمة الى ثلاثة أقسام رئيسة، أعراض نفسية وأعراض جسمانيه والخلل الوظيفي الذي قد ينتج عن هذه الأعراض. تم توزيع المقياس في العاشر من يوليو عام 2013 على 350 امرأة في كل من مدينة الدمام والظهران وصفوه بالمنطقة الشرقية ومدينة جدة بالمنطقة الغربية ومدينة الرياض في المنطقة الوسطى من المملكة العربية السعودية، وقد تم إكمال التقييم من قبل 278 امرأة في اول أغسطس 2013. **النتائج:** تشير معامل كرونباش

الفا الى نتيجة تفوق الـ 0.8 في الثلاث الاقسام الرئيسية مما يعني درجة ثبات عالية. تم التحقق من مصداقية الاستبيان باستخدام طريقة جاسكي حيث تم احتساب درجة الارتباط بين جميع الاسئلة التي تنمي لبند معين، اشارت النتائج لدرجة ثبات عالية. معظم الشريحه تعاني من أعراض جسمانيه ونفسيه بسيطه الى متوسطة مع اضطرابات وظيفية بسيطة خصوص أ في الروتين اليومي والعلاقات. على الرغم من الأعراض النفسية كانت أكثر شيوع أ بالمقارنة مع الأعراض الجسمانيية إلا أن الفارق كان بسيط أ. **خاتمة:** تشير النتائج الى انه 99% من النساء في العينة يعانون من متلازمة ما قبل الطمث. غالبية النساء (48.9%) تعاني من اعراض بسيطة. تم رصد شيوع الاعراض المتوسطة بنسبة 44.6% والاعراض الشديدة بنسبة 5.6%.

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The Experience and Severity of Premenstrual Syndrome among a Saudi Sample

<u>مقياس التوتر الذي يسبق الطمث (الدوره الشهريه)</u>

<u>A-PMSS</u>

تاريخ اليوم.:...............................

في أي سن بدأت معك الدورة الشهرية..................................:

العمر: .... المستوى التعليمي: .... المهنة: ....

متى كانت اخر دورة:................................

في أي يوم من الدورة أنت حاليا، الرجاء وضع دائرة على الرقم المناسب:

15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
30	29	28	27	26	25	24	23	22	21	20	19	18	17	16

يحتوي التقييم التالي على بعض الاعراض النفسيه والجسمانيه التي قد تصاحب الدوره الشهريه،عند إجابتك على الأسئله التاليه حاولي التركيز على فترة الأسبوع أو الأسبوعين التي سبقت دورتك الشهريه خلال الأشهر القليلة الماضية (3–4 شهور):

3	2	1	0	بعض الاعراض النفسيه والجسمانيه التي قد تصاحب الدوره الشهريه	#
أعاني منها قبل كل دوره بشكل عائق جدا	في اغلب الأحيان بشكل ملحوظ	أحيانا بشكل بسيط	لم أعاني منها أبدا		
				الشعور بالضيق أو الحزن	1
				الشعور باليأس/فقدان الامل	2
				الشعور بالذنب	3
				الشعور بالقلق والتوتر	4
				تقلبات في المزاج)بكاء بشكل مفاجئ(	5
				حساسية زائدة بخصوص الآخرين	6
				الشعور بالغضب	7
				سهولة في التشاجر مع الآخرين	8
				نقص أو انعدام الرغبة في عمل نشاطات مهمه)كممارسة الهوايات والدراسة أو لقاء الأصدقاء(	9
				صعوبة في التركيز	10
				الشعور بالتعب والخمول أو قلة في النشاط	11
				زيادة الشهية والأكل بشراهة	12
				الشعور برغبة قويه في تناول أطعمه معينه كالشوكولا والموالح	13
				زيادة في مدة النوم أو صعوبة في الاستيقاظ	14
				صعوبة في الخلود إلى النوم أو الاستمرار في النوم	15
				الشعور بفقدان السيطرة وسرعة الانفعال	16
				الشعور بعدم القدرة على التحمل	17
				الام في الثديين	18
				انتفاخ الثديين أو الشعور بثقل وزيادة في الوزن	19
				الشعور بصداع	20
				آلام في العضلات والمفاصل أو أسفل الظهر	21
				ظهور حب الشباب	22
				هل أثرت أي من الإعراض التي بالأعلى على أي من التالي: 1. علاقتك بالآخرين 2. تحصيلك الدراسي/العملي 3. روتينك اليومي	23