Premenstrual syndrome: the differences of symptomatic expression according to the cultures

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Introduction. Premenstrual syndrome (PMS) currently represents the most common functional disorder. Its prevalence could reach up to 70 % of women of childbearing age. It is apprehended as a complex psycho-neuro-endocrine disorder, of universal distribution, but variable in its frequency and symptomatic expression depending on the cultures [1].

Purposes. Describe the severity and symptomatic expression of premenstrual syndrome and identify cultural aspects among Tunisian women.

Materials and Methods. It is a cross-sectional study including 200 women : students and paramedical staff of childbearing age, who have given their consent. For the data collection, a general questionnaire and two validated scales were used : the short Premenstrual Assessment Form (sPAF) and the Menstrual Attitude Questionnaire (MAQ).

Results

A- Severity of PMS

- The prevalence of premenstrual syndrome was 85%.
- The mean age was 28.65± 0.6 years.

Fig. 1: Distribution according to the severity of the SPM evaluated by the PAF

B- Symptomatic manifestations of PMS

Items	Prevalence	Severity
Lumbar, muscular and joint pain	65.9%	28.2%
Feeling of permanent tension	63.5%	29.4%
Irritability access	61.8%	28.2%
Annoyance or abdominal pain	59.4%	23.5%
Breast pain and swelling	56.5%	22.4%
Sadness	43.5%	15.9%

Discussion

Authors	Year	Country	The most common PMS symptoms
Our study	2005	Tunisia	feeling of permanent tension, irritability, lumbar, abdominal and mastodynia.
Warner and Bancroft [2]	1990	United Kingdom	psychological symptoms> physical symptoms
Chang and al.[3]	1995	Hong Kong	Fatigue algia and negative affects
Shershah and al. [4]	1991	Pakistan	Pain in lower abdomen, cramps
Cenac, Maikibi and Develoux [5]	1987	Niger	sore breasts, abdominal pain and irritability
Montero and al. [6]	1999	Maroc	premenstrual pain
Mchichi alami and al.[7]	2002	Maroc	lethargy and fatigue +++ mastalgia, headache, arthralgia, weight gain++ depressive mood +/-,dysomnias + / -
Moawed [8]	2001	Saudi Arabia	cramps+++, lumbalgia ++, fatigue ++, chest pain +, and headaches +
Shye and Jaffe [9]	19991	Israel	premenstrual pain +++
Sinanovic and al. [10]	2003	Bosnia	Physical> psychological symptoms
Bridou and al. [11]	2013	France	Bellyache ++, low back pain, irritability, physical anhedonia

► In Each culture, the affective symptomatology of PMS differs according to the nature and frequency of reported symptoms [1-9]. Premenstrual symptoms are more severe among cultured and active women. Urban women reported more severe psychological symptomatology than rural ones [12].

Through this review, it is clear that the predominance of psychological symptoms were associated with women in developed, western countries. While somatic symptoms were reported more frequently by women in emerging countries and rural environment with a low level of education.

► This somatization is explained by psychoanalytic theories as a process of somatization of an intra-psychic conflicts (femininity, sexuality, reproductive choices) and their conversion into a more symbolic physical symptoms [13].

► Elsewhere, culture plays an important role in shaping the meaning, expression, and attitudes towards menstruation. In some cultures, the symbolic polluting power of menstruation was considered as the basis of women's negative sensations. Whereas in other cultures, due to the fact that menstrual blood is associated with fertility and prosperity, women experienced less premenstrual syndrome.

► In Arab-Muslim societies, menstruation is especially associated with a sense of vulnerability according to the muslim religion: they are then allowed to stop the prayers, to take a break from fasting, and to stop sexual activities. For some [14], in the Arab world, the body appears valued, as evidenced by tales and poetry, and everything that touches certain moments of social life, such as childbirth or menstruations. This investment of the body is reflected in particular by the frequency of aspects of somatization in Arab women.

Conclusion. These findings highlight the symptomatic variability and the cultural significance and repercussions of the premenstrual syndrome and invite to implement a personalized approach in its evaluation, its prevention and its treatment.

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