Nursing intervention for pre menstrual syndrome (pms)

The physical and emotional symptoms of PMS are common but it doesn't mean that all girls will develop PMS. The symptoms start about a week or two weeks prior to the period for most of the girls who experience PMS. Life style changes including dietary modifications are the commonly used to treat the symptoms (www. youngwomenshealth. org)

The cause of PMS is explained with list of given biological theories. It including conditions likes deficiency of progesterone in the luteal phase of menstrual cycle and deficiencies of vitamin. As per the researchers 70% to 90% of women experience PMS during child bearing years at some time, it usually happens at the age of 25 to 45. (http/nhs. us/conditions/pms)

Estrogen and progesterone are two essential hormones involved during ovulation and menstruation . There are certain hormonal changes namely rise in estrogen and fall in progesterone during PMS. When estrogen / progesterone ratio is high it interferes with brain neurotransmitters which control the basic unit of mood and pain. Regular menstrual cycle among women is natural process PMS is included as a part of it. The incidences of PMS are caused by other factors also. The other factors identified are hereditary, caffeine, stress, aging, medical history, tobacco, family history and diet plays a vital role (www. goodeveningworld. com)

The environmental play a important role in influences on PMS causing different other symptoms. Some researchers categorized four types of PMS. Some of the women may present with only one type of PMS, some can have 2 or 3 types, and few women have all four types. PMS-A is related with anxiousness and tension of the muscles. PMS-C includes cravings for sweets,

dark chocolates and carbohydrate rich diet. PMS-D refers to emotional problems prior to menstruation. PMS-H includes tenderness in the breast and gain in weight because of retention of water. (http/www. individualizednutrition. com)

There are different types of supplements naturally done which can highly cause reduction of the symptoms of PMS. Continuously using fish oil for two months is beneficial in reducing PMS symptoms. Fatigue, irritability, tenderness of breast and extremities swelling can be relieved by using evening primrose oil (http/www. individualizednutrition. com)

NEED FOR THE STUDY

PMS usually happens one week or 2 weeks prior to periods. Totally 150 symptoms are actually found which occurs during PMS. The identified common symptoms are mood disturbances, tenderness of breast, bloating of the abdomen, acne, cravings for certain foods, increased appetite and thirsty feeling and fatigue. Other symptoms included are difficulty in passing stools and loose stools, feeling irritated, mood change and feeling down. (www. pmsfacts. com)

As there is no specific laboratory test to diagnose PMS, in order to establish a pattern, a gynecologist ask the patient to record her symptoms at least for two menstrual cycles. This will help to establish if the symptoms are truly premenstrual and predictably recurring. If symptoms increase in 30% in six days before menstruation, then it is identified case of pre menstrual syndrome needs treatment (www. goodevening world. com)

The premenstrual symptom is a complex one. Many women experience this symptoms ranging from moderate to severe. To manage PMS the initial step is daily regular exercise and change in diet. A life style changes is sufficient to control symptoms for women with mild symptoms. (www. about. com)

The treatment of PMS varies from woman to woman; the patient is advised on various treatment modalities like diet, home remedies, contraceptives, exercise, herbal treatment, dietary supplements, and diuretics. (www. goodeveningworld. com)

Studies revealed that many foods including soy, green leafy vegetables and fresh fruit, nuts and seeds are really effective in balancing the hormone. The women who sufferers with PMS are advised to make changes in diet such as consumption of fresh fruits, green leafy vegetables, cereals and whole grains, dairy products of low fat and sea foods. It is recommended that having frequent meals in small quantity each day helps to reduce fullness and abdominal bloating.(www. faqs. org/nutrition)

Research in this area can be given high priority since these symptoms will affect female's daily routine activity. Several studies highlighted that the symptoms can be improved with plenty of sleep, vitamin supplements and exercise. Even non- pharmacological measure like healthy diet, life style changes, some home remedies which indirectly contribute to reduce the symptoms. These aspects impressed the researcher, thereby felt the need do a study in this same area and to find the effectiveness on Planned Nursing Intervention on management of PMS among college students who has been experiencing pre menstrual syndrome.

STATEMENT OF THE PROBLEM

" A study to evaluate the effectiveness of Planned Nursing Intervention on management of Pre Menstrual Syndrome (PMS) in terms of intensity of symptoms, knowledge and attitude among college girls in a selected educational institution, Salem".

OBJECTIVES

To prepare and validate the Planned Nursing Intervention on management of PMS among samples.

To assess and compare the mean pre-test and mean post-test intensity of PMS among samples.

To assess and compare mean pre-test and mean post-test knowledge score on management of PMS among samples.

To assess and compare mean pre-test and mean post-test attitude score on PMS among samples.

To find association between the pre-test level of knowledge on management of PMS among samples and their selected demographic variables- age at menarche and family history of PMS.

HYPOTHESES: (Level of significance p <0. 05)

H1: The mean post-test level of intensity on PMS will be lower than mean pre-test level of intensity of PMS among samples.

H2: The mean post-test knowledge score on management of PMS will be higher than the mean pre-test knowledge score among samples

H3: The mean post-test attitude score on PMS will be higher than the mean pre-test attitude score among samples.

H4: There will be a significant association between the pre-test level of knowledge on PMS among samples with their selected demographic variables.

H4 (a): There will be a significant association between the level of pre-test knowledge of PMS among samples and their age at menarche

H4 (b): There will be a significant association between the level of pre-test knowledge of PMS among samples and their family history of PMS.

OPERATIONAL DEFINITIONS

1. Effectiveness:

It refers to the measurement of difference between the mean pre-test and post-test scores. In this study, it refers to the difference in the mean pre-test score and the mean post-test score on intensity of pre menstrual symptoms, knowledge and attitude on management of PMS among samples.

Intensity of premenstrual symptoms:

These are either physical, emotional and behavioural symptoms experienced by samples 7-15 days before menstruation including no of symptoms and their intensity. This was measured with checklist by self reported method. Each identified symptoms were further mark probed in the (0 – 10) numerical rating scale. Individual scores were interpreted as 0 (no pain), 1-3(mild), 4-6(moderate), 7-9(severe) and 10(intolerable).

b) Knowledge towards management of PMS:

It refers to known information about PMS. It was measured by structured knowledge questionnaire. It consists of 20 multiple choice questions with single correct answer for each of them. Total scores were converted into percentage and were interpreted as follows: â‰¥ 75%-adequate knowledge, 51-74% moderately adequate knowledge and â‰¤ 50% inadequate knowledge.

c) Attitude towards management of PMS:

It is the state of adopting and practices some healthy measures in their daily life. In this study it refers to the beliefs and perceptions of samples towards management of PMS and which was measured by (5 points) Likert's scale. It includes scores from (+2, +1, 0,-1,-2) Total scores were interpreted as follows: 21to 40 strong positive, 0 to 20 positive attitude, (0) to (-20) negative attitude, (-21) to (-40) strongly negative.

2. Planned Nursing Intervention on management of pre menstrual syndrome:

Planned Nursing Intervention includes the teaching programme, follow up visits, reinforcement and encouragement given by researcher on management of PMS. The various aspects of PMS included were incidence, etiology, symptoms, diagnosis, management, myths and facts about PMS. This was taught to college girls in groups (5 members) in their class room by lecture cum discussion method with visual aids (flash cards) for about 20 – 30 minutes. Pamphlet focusing on specific measures on management of PMS was distributed to all the samples. Clarification of doubts was made at the end of the class. A pocket dairy was given to note down the symptoms

during PMS for 3 consecutive months to record occurrence and severity of symptoms.

3. Demographic Variables:

a. Age at menarche:

This is the age in which menarche was attained. In this study girl who attained menarche irrespective of any age group were included.

b. Family history of PMS:

It refers to any previous incidence of PMS among blood related family members. In this study it includes (mother, sister and aunt)

ASSUMPTION

College girls may have unique knowledge on management of PMS.

Planned Nursing Intervention may help to develop or modify the attitude and improve knowledge on the management of PMS among college girls.

Dietary supplementation may help to reduce the intensity of PMS.

The level of knowledge on the management of PMS will be associated with age at menarche and family history of PMS.

ETHICAL CONSIDERATION

Written permission was obtained from the concerned authority of the colleges where the study was conducted.

Informed written consent was obtained from the individual samples after explaining the purpose of study.

DELIMITATIONS

The total period of data collection was delimited only for 6 weeks.

The study is delimited to 30 samples.

The study was delimited to selected college at Salem.

All the Pre-menstrual symptoms were not considered for comparison.

SUMMARY

This chapter dealt with the contents of introduction about pre menstrual syndrome and need for the study, statement of problem, objectives of the study, hypotheses, operational definitions, assumptions, delimitations and ethical consideration.