APPLICATION ATTESTATION FORM (AAF) STS 2019

STS Reference ID: 2019-02406

Name of the Student: Shreya Singh

Name of the Guide:

Name of Medical/Dental College: MGM Medical College, Navi Mumbai.

Title of the STS Proposal: Prevalence of PMS and PMDD along with its knowledge, practice, attitude and effect on Quality of life in medical and Paramedical Students.

SHREYA SINGH
2017-2023

Certificate to be signed by the Student

       I certify that I am an MBBS/BDS student and am here by providing true information in the online application form for STS 2019 best to my knowledge. I am submitting only one application for STS 2019. In the event any information is found to be false, my studentship may be cancelled. I also certify that the research proposal is an original work prepared under the guidance of my Guide. I confirm that I have not committed 'plagiarism' in preparing this proposal. I understand that after evaluation of my proposal, I may or may not be selected and I shall abide by the decision of ICMR.

If selected, I shall follow all instructions provided on ICMR website for carrying out the research, preparation and submission of STS report. I also understand that if I am unable to complete my project & submit the report before the last date, no certificate or stipend will be awarded to me. I have gone through all the Instructions and Terms & Conditions for STS 2019 provided on ICMR website and will abide by them.

Signature of Student: Shreya   Name of the Student: Shreya Singh

Date: _____

Certificate to be signed by the Guide

       I agree to accept the applicant Mr./Ms. SHREYA SINGH. studying in MBBS/BDS-I/II/III/IV (tick appropriate). I certify that he/she is not an intern or student of other courses and I will offer him/her all facilities and guidance for carrying out STS research. I also certify that the proposal is an original submission prepared by the student under my guidance. I confirm that neither me and nor my student have committed 'plagiarism' in preparing this proposal. I am forwarding only one STS 2019 student application. If my student is selected, I shall provide required facilities to enable early completion of research work, so that the report is submitted before the last date.

Signature of Guide: _____

Name: DR. SHUBHANGI S. DERE

Designation: ASSISTANT PROFESSOR

Department: PSYCHIATRY.

Attested By

Signature of Head of Department

DR. RAKESH GHILDIYAL.

Dr. RAKESH GHILDIYAL
M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

(Name in Block letters with seal)

Signature of Head of Medical/Dental College

Dr G S Narshetty
Dean.

M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209

(Name in Block letters with seal)

Stamp: M.G.M. MEDICAL COLLEGE, NEW MUMBAI 410209, KAMOTHE

ill form completely & check it before submission.

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PROTOCOL

TITLE: Prevalence of PMS and PMDD along with its knowledge, practice, attitude and effect on Quality of Life in medical & paramedical students.

ABSTRACT:

Premenstrual Syndrome, commonly referred to as 'PMS,' is a broader term that typically refers to a general pattern of physical, emotional and behavioral symptoms occurring 1-2 weeks before menses and remitting with the onset of menses. PMS is common, affecting from 30-80% of women of reproductive age.[1] Psychological symptoms include anger, anxiety, depression, irritability, sense of feeling overwhelmed, sensitivity to rejection and social withdrawl. Physical symptoms include Abdominal bloating , Appetite disturbance (usually increased), Breast tenderness, Headaches, Lethargy or fatigue ,Muscle aches and/or joint pain ,Sleep disturbance (usually hypersomnia) , Swelling of extremities. PMS is also associated with some behavioural symptoms such as fatigue, forgetfulness and poor concentration.

Premenstrual Dysphoric Disorder (PMDD) is a more severe form of premenstrual syndrome characterized by significant premenstrual mood disturbance, often with prominent mood reactivity and irritability. Symptoms of PMDD can emerge 1-2 weeks preceding menses and typically resolve with the onset of menses. By definition, this mood disturbance results in marked social or occupational impairment, with its most prominent effects in interpersonal functioning. PMDD affects 3-8% of women in their reproductive years symptoms usually emerging during a woman's 20's.[1] These symptoms may worsen over time; for example, it has been observed that some women may experience worsening premenstrual symptoms as they enter into menopause. Less commonly, PMDD may begin during adolescence, with case reports suggesting that successful treatment options in adolescents with PMDD are similar to those used for adult women. The major risk factors for PMDD include psychiatric history of a mood or anxiety disorder, family history of premenstrual mood dysregulation, stress and age in the late 20's to mid-30's. The psychological, physical and behavioural symptoms of PMDD are usually

the same as PMS with more severity and frequency.

Nearly one-fourth (27.7%) of the Indian female population falls in the 15 to 29 years age group. This reproductively important transition phase of life associated with growth spurts in several physical and mental dimensions. It is estimated in epidemiological surveys that as many as 80% of reproductive age women experience some symptoms in the premenstrual phase.[2]

REVIEW OF LITERATURE:

Many studies are being done on PMS and PMDD which include their etiology and treatment in women of different age groups.

1. MGH Centre for Women's Mental Health: https://womensmentalhealth.org/specialty-clinics/pms-and-pmdd/ .

2. **Premenstrual Syndrome: Correlation and Functional Impairment by Murlidhar Swami, Mona Narain, Krishna Kanwal, Mahesh Mishra, Shubhangi Singh. 10.5005/jp-journals-10057-0025.**

3. Rumana AM et al: Prevalence of Premenstrual Syndrome among Medical Students. The prevalence of PMS among the study participants was 31.1 %, among them 20%,7.4% ,3.7%,0% showed mild, moderate, severe and very severe form respecctively.

4. **Prevalence of premenstrual syndrome and premenstrual dysphoric disorder among medical students and its impact on their academic and social performance by Geeta Shamnani, Vani Gupta, Rekha Jiwane, Shraddha Singh et al .** The prevalence of PMS was reported to be 65% in the present study. The most common somatic symptom was body pain (52%) and the most common affective symptom was irritability (50%). In spite of this, only 12% of individuals with PMS become absent in class and 32% avoid joining social functions. The prevalence of PMDD among the study population was 12%.

5. **Premenstrual Syndrome: Correlation and Functional Impairment** by **Murlidhar Swami, Mona Narain, Krishna Kanwal, Mahesh Mishra, Shubhangi Singh . 10.5005/jp-journals-10057-0025.** The prevalence of PMS was 21.33%. Moderate to severe PMS was 14% and PMDD was 7.33% according to DSM-IV-TR criteria.

6. Bakhshani NM, Mousavi MN, Khodabandeh G. Prevalence and severity of premenstrual symptoms among Iranian female university students. J Pak Med Assoc. 2009;59:205– [PubMed].

7. Accortt EE, Bismark A, Schneider TR, Allen JJ. Diagnosing premenstrual dysphoric disorder: The reliability of a structured clinical interview. Arch Womens Ment Health. 2011;14:265–7. [PubMed].

8. Steiner M, Peer M, Palova E, Freeman EW, Macdougall M, Soares CN. The

premenstrual symptoms screening tool revised for adolescents (PSST-A): Prevalence of severe PMS and premenstrual dysphoric disorder in adolescents. Arch Womens Mental Health. 2011;14:77–81. [PubMed].

9. Rapkin AJ, Mikacich JA. Premenstrual syndrome and premenstrual dysphoric disorder in adolescents. Curr Opin Obstet Gynecol. 2008;20:455–63. [PubMed] 10.Prevelance of premenstrual syndrome and premenstrual dysphoric disorder among college students of Bhavnagar, Gujarat. Indian J Psychiatry;   doi: 10.4103/0019-5545.183796

AIMS & OBJECTIVES:

1. To evaluate prevalence of PMS & PMDD among medical and paramedical students.

2. To evaluate Knowledge, Practice & Attitude among the students regarding PMS/PMDD.

3. To evaluate the effects of PMS/PMDD on the Quality of Life of the students.

EXCLUSION AND INCLUSION CRITERIA:

The study sample comprised of _____ college girls of age group 17-23 years. Written Consent was taken from all the participants.

Inclusion criteria:

- All girls having regular menstrual cycle(21-35 days) will be approached for the study.

- All girls pursuing medical and paramedical courses.

- All girls of age group 17-23 years.

Exclusion criteria:

- Girls having any gynaecological illness such as irregular menses, PCOD, thyroid disorders, diabetes, hypertension, anaemia, pelvic inflammatory disease will be excluded from the study.

- Girls taking any sort of medications for any psychiatric disorder which may disturb their menstrual cycle will not be included in this study.

MATERIAL & METHODS:

1. DSM-IV: The Diagnostic and Statistical Manual of Mental Disorders is the handbook used by healthcare professionals of the world as the authoritative guide to the diagnosis of mental disorders. DSM contains descriptions, symptoms and other criteria for diagnosing mental disorders. It consists of 11 questions. The DSM-IV codes are thus used by mental health professionals to describe the features of a given mental disorder and indicate how the disorder can be distinguished from other, similar problems.

2. PERFORMA: A detailed performa to record socio-demographic data of the participants, with their medical history.

3. HR-QOL(Health Related-Quality of Life): A detailed questionnaire with questions about the effects PMS/PMDD on their lives. **HRQoL** is calculated on a **scale** where 0 = 'death' and 1 = 'perfect' health (the **scale** also allows for negative scores).

4. Some questionnaire for knowledge practice and attitude

STUDY DESIGN:

STUDY POPULATION: Women in the age group of 17-23 years pursuing medical and paramedical courses who have regular menstrual cycle and no gynaecological diseases.

STUDY SITE: MGM University of Health Sciences, kamothe, Navi Mumbai.

STUDY DURATION: 2 months

SAMPLE SIZE: