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Trends in menstrual disorders among women attending gynecology OPD

Mamoona kouser[1], Qandeel Rasheed Mughal[2], Bushra Gul[3], Kausar Inayat[4], Talat Nelofer[5]

[1]Independent Doctor in Netherland

[2]Assistant consultant Gynae/Obes PAF Hospital Islamabad

[3]Assistant Professor RMI

[4]Associate professor Women medical College Abbottabad

[5]Associate professor Women medical and dental college Abbottabad

Corresponding Author: Bushra Gul Assistant Professor RMI **Email:** gulbushra34@gmail.com

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ABSTRACT

Background: Menstrual disorders are a common presentation and the primary cause of women's doctor visits. A significant portion of appointments to the gynecological outpatient department are related to menstrual disorders. Dysmenorrhea is the most prevalent menstruation condition during the reproductive life cycle. Cramping lower abdomen discomfort that affects the upper thigh, genitalia, and lower back is known as dysmenorrhea. Its frequency ranges greatly from 40 to 94% depending on factors like environment, ethnicity, way of life, etc. It is a significant factor in missed work and school days.

Methods: During the course of 3 months, 200 females in the reproductive age range (15–49 years) who visited the gynecology outpatient department of Women medical and dental college Abbottabad participated in this non-interventional cross-sectional study. After receiving written agreement, a semi-structured standardized questionnaire was developed based on a pilot research to collect data from patients. Exclusions from the research included patients who were not within the age range stated, did not provide consent, or were previously interviewed and were returning for follow-up.

Results: According to this study, lower abdominal discomfort accounted for 51% of hospital visits, with monthly irregularities and vaginal (PV) discharge coming in second and third, respectively. Menorrhagia was the most common complaint among menstrual issues, with 53.3% of complaints being related to irregular cycles. Dysmenorrhea had a lifetime prevalence of 86.4% and a point prevalence of 75.6%. 36.9%, 26.8%, and 36.3% of dysmenorrheic people had mild, moderate, and severe pain, respectively. Just 24.6% of them were utilizing hot water bags, and 6.5% were taking medicine. While there was no significant link with family history, alcohol or tobacco intake, there were significant correlations between the severity of dysmenorrhea and its influence on activities (p=.000) and intervention (p=.000).

Conclusion: In conclusion, the most frequent reason for a gynecological OPD visit is lower abdominal discomfort. Dysmenorrhea is a frequent menstruation disorder that affects life significantly and requires medical attention.

Keywords: Menstrual disorders, Menstruation, Adolescence and gynecology

INTRODUCTION

Gynecological issues have a unique place in the spectrum of gynecological illnesses across all age groups. It has been discovered that the most prevalent gynecological issue (53.33%) is menstrual problems.[1] Dysmenorrhea is a condition characterized by repeated crampy lower abdomen discomfort that happens during menstruation. It is frequently accompanied by headaches, nausea, vomiting, and increased frequency of bowel movements.[2] In contrast to secondary dysmenorrhea, which is linked to underlying illness, primary dysmenorrhea is characterized by painful menstruation without any underlying pathology.[3,4] The most prevalent menstrual issue affecting teenage girls is dysmenorrhea, which affects 40–91% of them.[3,5] Primary dysmenorrhea affects 40–50% of women who menstruate, according to a Virginia, USA research. It significantly lowers quality of life and increases absenteeism 38.3% and 71%, respectively, of Iranian medical students had dysmenorrhea; 15% said it has interfered with their everyday lives.[7] According to research, the prevalence of dysmenorrhea was reported to be 85.1% [8,9] in Ethiopia and 58.06%9 and 71.96% in India.[10] According to a research done in Nepal among medical students, 48% of them had dysmenorrhea.[11] Daughters of dysmenorrheic moms frequently experience dysmenorrhea. The frequency and severity of dysmenorrhea are influenced by a number of circumstances, including low body mass index (BMI), smoking, early menarche pelvic infections, psychiatric disorders, hereditary impact, and sexual assault. Dysmenorrhea may be made worse by behavioral and emotional issues such as stress, worry, and despair.[11]

Despite being a frequent gynecological issue, there haven't been enough hospital-based research conducted in Nepal to determine the exact scope of the problem with dysmenorrhea. This study aims to characterize the presenting complaints in the Gynecological OPD of a tertiary hospital in Kathmandu, as well as to characterize the prevalence, evaluate the severity, and determine the impact of dysmenorrhea on the daily activities of the women who attend the OPD.

METHODS

During the course of 3 months, 200 females in the reproductive age range (15–49 years) who visited the gynecology outpatient department of Women medical and dental college Abbottabad participated in this non-interventional cross-sectional study. A semi-structured standardized questionnaire, developed based on standard research questionnaires, was used to gather the

essential data, including demographic characteristics and menstrual history. The questionnaire was tested in a pilot study with the same female population before being utilized in the interview. Twice a week, on gynecological OPD days, the data was gathered with the patient's informed permission. Patients in the reproductive age range who gave their consent were included and only had one interview. Exclusions from the research included patients who were not of legal age, did not provide permission, or were patients who had been previously questioned and were returning for follow-up. The Statistical Package for the Social Sciences, version 22, was used to enter and analyze the collected data.

RESULTS

Among 200 patient included in the study meeting the eligibility criteria, 110 had more than one complaint. About half of the participants' complained lower abdominal pain behind visiting hospital (50%), followed by menstrual abnormalities (25%), PV discharge (12.5%), prolapse (1.5%) and other complaints (11%) including follow up for some operative intervention, genital irritation and other nonspecific complaints. Second complaint also showed similar distribution other than PV discharge (Table 1).

Table 1: complaints of patients visiting Gynecology OPD

Complaints	First Complaint		Second Complaint	
	Frequency	**%**	**Frequency**	**%**
Menstrual disturbances	50	25	15	30
PV discharge	25	12.5	7	14
Lower abdominal pain	100	50	23	46
Prolapse	3	1.5	0	0
Others	22	11	5	10
Total	200	100	50	100

Among females having menstrual problems about half (44%) complained of irregularity of cycle (not on anticipated days), followed by menorrhagia (21%), amenorrhea (13%), dysmenorrhea (4%), polymenorrhea (3.5%), metromenrrhagia (3%) and oligomenorrhea (1.5%) (Figure 1).

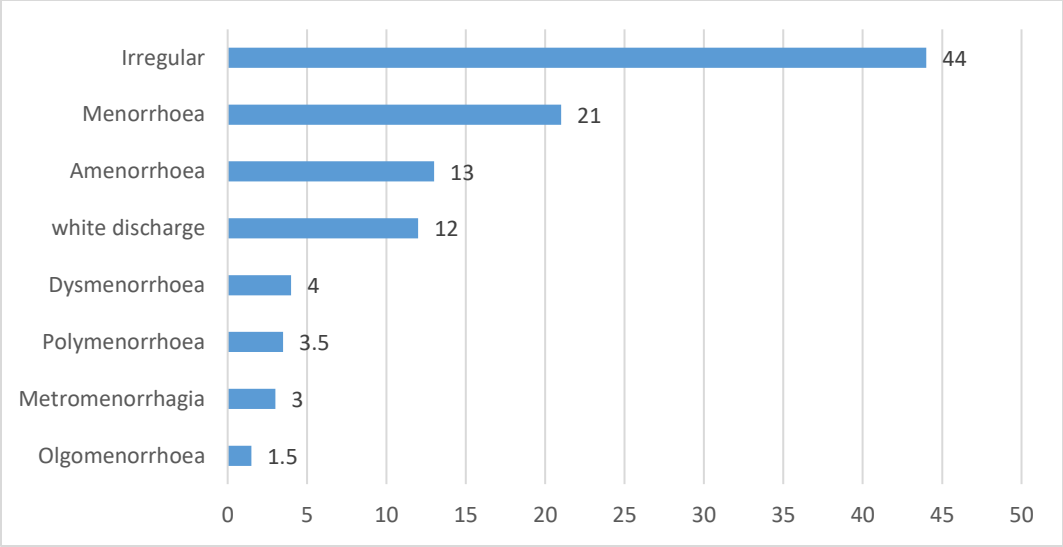

Figure 1: Frequency of menstrual problems in percentage

Majority of the participants were aged 30-35 years (23.5%), followed by 25-30 years (22.5%) then from other age, progressively declining towards both extremes (Figure 2).

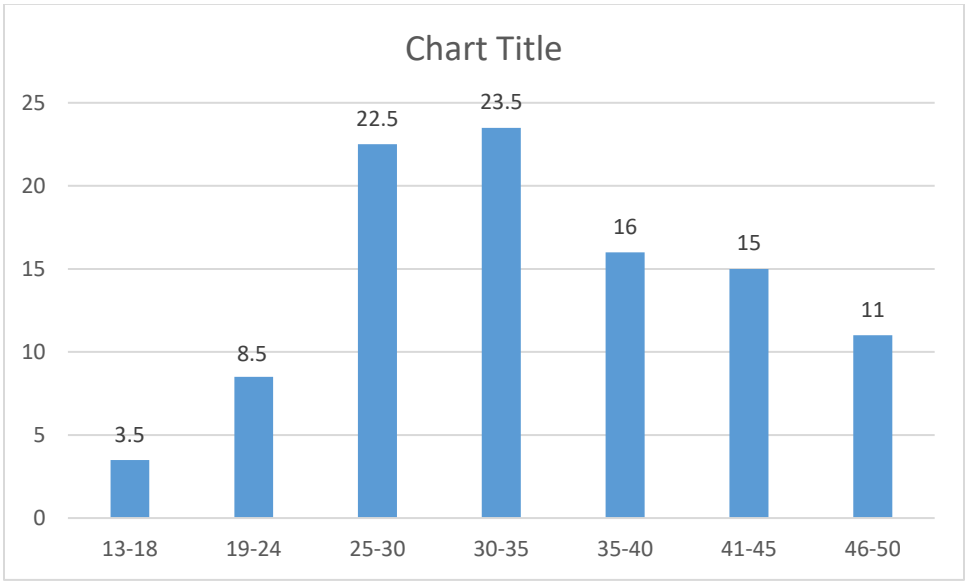

Figure 2 Age distribution of patients in percentage

The length of the cycle of participants widely varied, (80%) reported cycle lengths of 21-30 days' duration while (20%) reported cycle lengths of more than 30 days and 3% reported lengths less than 21 days (Figure 3).

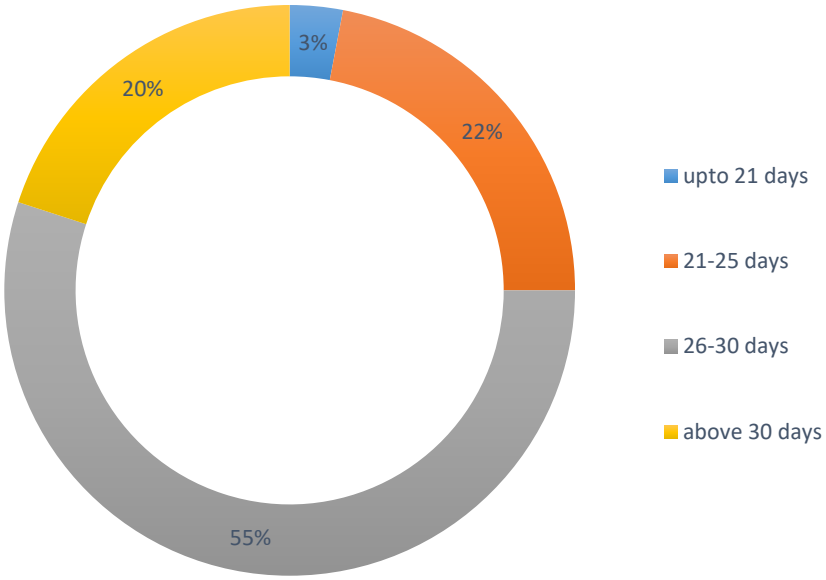

Figure 3 Average duration of menstrual cycle among individuals

Among 100 women with dysmenorrhea, about 28 had pain free cycles. Study showed no significant correlation of dysmenorrhea and its severity. Among the individuals having dysmenorrhea at least once; 49 grade their pain as mild, 15 as moderate, and 8 individuals grade their pain as severe. Impact on daily activities showed correlation with severity of pain, with most of the individuals who had severe pain taking total rest, and those having mild pain reporting little or no impact in their daily activities (Table 2).

Table 2: Pain impact on routine activities of the patients under study

Severity of Pain	**Impact on routine activities**				**Total**	***p*-value**
	negligible	**Up to some extent**	**normal**	**severe**		
No pain	28	0	0	0	28	0.0001
Mild pain	49	11	7	3	70	
Normal pain	15	10	25	2	52	
Severe pain	8	3	15	24	50	
Total	100	24	47	29	200	

Among the individuals studied 112 were taking analgesic, 110 were using OC Pills, and 50 individuals were taking tranexa as medications and the remaining three were following some other modality of treatment. Severity of pain with showed significant correlation with interventions done (Table 3).

Table 3: Treatment received by the patients visiting gynecology OPD.

Treatment received					
Analgesics		**OC Pills**		**Tranexa**	
YES	NO	YES	NO	YES	NO
112	88	110	90	50	150

DISCUSSION

According to this study, lower abdominal discomfort is the most frequent reason for hospital visits, followed by other typical monthly irregularities and PV discharge. The majority of women with menstruation issues reported irregular cycles. While some research indicates that menstruation issues are the primary reason for visiting a gynecological outpatient department, our study found that lower abdomen discomfort was the most prevalent complaint.[1,9] It could be because, in our environment, many women choose not to go to the hospital for a little change in their menstrual cycle, believing it to be inevitable or unimportant. The majority of women who are of reproductive age will at some point have dysmenorrhea. The point prevalence in our research is near to similar to the prevalence of 72.7%3, 71%7, and 71.96% in previous studies.[10]

On the other hand, a research revealed a low prevalence of 38.3%. [6] Given that the study was conducted in a hospital, a higher frequency than in the general population may be anticipated. Three-quarters of the dysmenorrheic patients reported feeling mild, moderate, or severe discomfort. Due to the way that women feel about the discomfort associated with their periods, around one-fourth of them were using medication, while the majority did not take any intervention measures. There was no significant association between dysmenorrhea its influence on everyday activities, and the therapies carried out. Research has indicated a correlation between alcohol use, tobacco use, and family history. However, these relationships were not

significant in our study, most likely because a comparatively small number of individuals reported using tobacco and alcohol.

CONCLUSIONS

This study indicates that lower abdomen discomfort is the most prevalent gynecological issue among women visiting the gynecology outpatient department (OPD), followed by menstrual abnormalities. The majority of women in reproductive age have dysmenorrhea, which is a relatively common condition that, depending on how severe it is, can significantly affect these women's everyday activities. Therefore, it has to be treated with the proper therapy intervention or lifestyle adjustment to prevent major disruptions in everyday activities.

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