

THE REPERCUSSIONS, IMPAIRMENTS OF PREMENSTRUAL SYNDROME (PMS) AND PREMENSTRUAL DYSPHORIC DISORDER (PMDD) ON WOMEN'S PHYSICAL AND MENTAL HEALTH

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ABSTRACT

This paper has discussed the consequences and effects of the Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) on female health and wellbeing, focusing on the prevalence and effects of the symptoms on the functioning and quality of life of women in their day-to-day activities. The quantitative descriptive research design was used and 120 women of reproductive age were sampled using structured questionnaire which was used to measure the patterns of the symptoms, physical and psychological disturbances as well as functional impairment. Analysis was done by use of descriptive statistics (frequency and percentage). The results showed that a high percentage of participants (85) had premenstrual symptoms with 65 percent of them having mild to moderate PMS and 20 percent having severe PMDD-like symptoms. Abdominal cramps (60%), fatigue (55%), headache/body ache (45%), and sleep disturbances (32.5%), are common physical symptoms, which implies that there is a significant amount of physical discomfort and a lack of ability to perform regular things. The psychological symptoms were very common with mood swings (62.5%), irritability (57.5%), anxiety (47.5%), and depressive feelings (37.5%), being indicative of significant mental and emotional stress. The level of functional impairment was very high (83.4%), with mild to severe impairment in the areas of daily activities, work/academic performance, and social relationships. The research findings consist of the conclusion that PMS and PMDD are significant factors that influence physical wellbeing and psychological health of women and should be identified as relevant issues of women health that need timely screening, awareness, and interventions to improve the quality of life.

Keywords: *Premenstrual Syndrome, Premenstrual Dysphoric Disorder, Physical symptoms, psychological symptoms, Women's mental health, Functional impairment, Quality of life.*



1. INTRODUCTION

Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) are widely-known but mostly under-acknowledged conditions associated with menstrual cycle that influence the physical well-being, emotional stability, and general quality of life of women. PMS is typified by a consistent pattern of physical, psychological, and behavioural symptoms developing during the luteal phase (usually 1-2 weeks before menstruation) and disappearing soon after menstruation has started. Although most women have mild premenstrual changes, PMS is a clinically significant issue when the symptoms are severe enough to disrupt normal functioning, work performance, relationships and social life. PMDD is the extreme end of the spectrum and it is characterized by pronounced mood-related symptoms, irritability, depression, anxiety, emotional sensitivity, and anger, which is usually accompanied by physical discomfort.

PMS and PMDD have more serious consequences than short-term inconvenience. Physically, women can feel fatigued, have headaches, tenderness in the breast, bloating, sleeping problems, loss of appetite, and overall aches in the body, which can diminish functional capacity and decrease levels of energy. Psychologically and emotionally, PMS and PMDD can be associated with mood, poor concentration, low self esteem, and high stress sensitivity. In certain instances, PMDD is linked to severe mental problems, depressive symptoms, and low coping capacity which may seriously affect the relationships with other people and academic/employment performance.

In a larger public health context, PMS and PMDD are relevant since women are deprived of productive years and can be considered as antecedents of absenteeism, diminished productivity, derailed family structures, and psychological stress. This is regardless of the fact that most women fail to seek medical assistance as a result of stigma, normalization of symptoms, lack of awareness or accessibility to mental care, though most of them are prevalent. Hence, the scientific examination of impairments and health consequences is necessary to recognize it on time, raise awareness, and create efficient preventive and supportive treatment methods.

1.1. Physical and Psychological Burden of PMS and PMDD

The physical burden of Premenstrual Syndrome (PMS) is frequently underestimated because it is often viewed as a routine or “normal” part of the menstrual cycle. However, for many women, the symptoms are not mild or temporary; instead, they recur every month and may gradually create a cumulative strain on the body. Repeated experiences of abdominal cramps, bloating, breast tenderness, fatigue, headaches, joint pain, and sleep disturbances can reduce physical stamina and disrupt the ability to carry out routine responsibilities at home, work, or educational institutions. Over time, this monthly cycle of physical distress may contribute to chronic discomfort, reduced immunity, lowered energy levels, and increased vulnerability to stress-related health issues. The burden becomes more intense when PMS occurs alongside poor dietary patterns, nutritional deficiencies (such as iron or vitamin insufficiency), lack of physical activity, or inadequate rest. Stress and disturbed sleep further weaken the body’s coping capacity, making symptoms appear more severe and prolonged, ultimately affecting overall physical wellbeing.

Similarly, the psychological burden of Premenstrual Dysphoric Disorder (PMDD) is substantial and often more disabling than the physical symptoms. PMDD affects emotional regulation and mental stability to a serious degree, leading to severe mood swings, irritability, anger, anxiety, restlessness, sadness, and feelings of hopelessness during the premenstrual phase. Many women with PMDD report a sense of being emotionally overwhelmed or “out of control,” even though they function normally during other phases of the menstrual cycle. Cognitive functions may also be affected, including poor concentration, forgetfulness, reduced decision-making ability, and mental fatigue. These psychological symptoms can disrupt social interactions, reduce self-confidence, trigger conflicts in relationships, and lower productivity in academic or professional environments. In severe cases, PMDD may contribute to serious emotional distress, including depressive episodes that require clinical intervention.

Moreover, PMS and PMDD may aggravate pre-existing mental health vulnerabilities such as anxiety disorders, depression, or stress-related conditions. Women who already experience psychological challenges may find that their symptoms intensify before menstruation, leading to increased emotional sensitivity and reduced coping ability. This interaction between hormonal changes and mental health can create a cycle of repeated psychological strain,

affecting self-esteem and emotional wellbeing. Therefore, PMS and PMDD should not be considered merely as normal cyclical discomforts; rather, they represent significant health conditions with genuine physical impairments and mental health consequences. Recognition, clinical screening, and supportive interventions—including lifestyle modification, stress management, counseling, and medical support—are essential to reduce their impact and improve women's overall quality of life.

1.2.Objectives of the Study

1. **To assess the physical health impairments** associated with Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) among women.
2. **To evaluate the mental and emotional health repercussions** (stress, anxiety, depression, mood instability) related to PMS and PMDD.
3. **To analyze the impact of PMS and PMDD on daily functioning and quality of life**, including work/academic performance and social relationships.

2. REVIEW OF LITERATURE

Liguori et al. (2023) examined the impact of Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) on women's quality of life and assessed the role of physical activity in symptom management. The study reported that PMS/PMDD symptoms had significantly affected women's physical wellbeing, emotional stability, social functioning, and routine daily activities. The authors also found that women who practiced regular physical activity had experienced reduced symptom severity and improved mental wellbeing. They concluded that physical activity had served as an effective non-pharmacological intervention for minimizing premenstrual health impairments and enhancing overall quality of life.

Mazza and Marano (2025) explored the influence of menstrual-cycle-related hormonal changes on psychiatric disorders and highlighted premenstrual and menstrual exacerbation of mental health symptoms. Their findings indicated that hormonal fluctuations had contributed to worsening psychiatric symptoms in susceptible women and had increased the occurrence of mood swings, irritability, anxiety, and depressive episodes. The study also noted that PMDD

had remained under-recognized despite its strong psychological repercussions. The authors emphasized that clinical assessment of menstrual-related psychiatric patterns had been essential for improved diagnosis and effective treatment planning for women.

Itriyeva (2022) focused on PMS and PMDD among adolescents and reported that these conditions had emerged early during reproductive development. The study showed that adolescent girls had experienced significant physical symptoms such as abdominal pain, fatigue, and headaches, along with emotional symptoms like irritability, mood instability, sadness, and stress. These symptoms had negatively influenced school performance, interpersonal relationships, and emotional confidence. The author emphasized that early identification, supportive interventions, and awareness programs had been crucial in preventing severe impairment and long-term psychological consequences among adolescents.

Siahbazi et al. (2018) conducted a qualitative study to explore the consequences of PMS on women's quality of life from the perspectives of affected women. Their findings revealed that PMS had caused repeated disturbances in physical comfort, emotional wellbeing, family interaction, and work-related performance. Participants had reported stress, frustration, reduced tolerance, and social withdrawal during the premenstrual phase. The study concluded that PMS had not only been a physiological condition but had also carried significant psychosocial impacts, thereby requiring supportive healthcare, awareness, and counseling-based interventions.

Nappi et al. (2022) examined premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) as centrally mediated conditions and not conditions brought about by peripheral hormonal shifts. They have put an emphasis in their study on neuroendocrine dysregulation and altered neurotransmitter activity especially in the pathways of serotonin in the expression of emotional and behavioral symptoms. The authors have stated that women with PMS and PPD had increased sensibility to regular hormonal changes, which gave them mood swings, irritability, and cognitive disruptions. The research found the vulnerability of the central nervous system to have a decisive role in the development of the symptoms, and proposed treatment methods that are directed to the brain-based mechanisms.

Al-Diwan (2025) researched how premenstrual disorders affect the quality of life of women in various facets. The results indicated that there was a profound decline in the physical health, psychological health, societal relations and environmental functioning of the people affected. The researchers established that the severity of the symptoms was directly correlated with a decrease in the daily productivity and emotional stability. The author came to the conclusion that PMS and PMDD had a significant multidimensional impact on the life of a woman and that there was a necessity to develop integrated approaches to biopsychosocial interventions and better clinical diagnosis.

Brown et al. (2024) performed a systematic review and thematic synthesis to investigate the experience and impacts of premenstrual disorders on a person. The review has found common themes such as emotional distress, interrupted sense of identity, poor interpersonal relationships, stigma, and lack of healthcare provision. The participants of the studies cited isolation, helplessness, and frustration because of late diagnosis and lack of proper treatment. The authors have determined that premenstrual disorders have significant psychological impacts and emphasized the need to increase awareness and training of clinicians and models of patient-centered care.

Afzal et al. (2024) evaluated the effects of using PMS and PMDD on the health of women in Sialkot, Pakistan. Their results revealed that there are great adverse impacts on physical health, mental well-being, and social involvement. In the study, it was reported that a high number of women reported feeling fatigued, mood swings, anxiety, and lack of efficiency at work. Problems with cultural stigma and the lack of access to healthcare services were found to be significant impediments to treatment. The authors came to the conclusion that PMS and PMDD were significant issues in the context of population health and proposed community-based education programs and early detection programs as possible solutions to enhance the health outcomes of women.

Bengi et al, (2025) carried out a systematic review and meta-analysis to investigate the comorbidity of premenstrual dysphoric disorder (PMDD) and premenstrual syndrome (PMS) with mood disorders. The prevalence rates of major depressive disorder and bipolar disorder were high among women with PMDD and PMS, which were reported in the study. Shared clinical features as well as overlapping neurobiological correlates (stress-response systems and

neurotransmitter pathways) were identified by the authors and were associated with emotional instability, irritability and affective dysregulation. The results indicated the similarity of pathophysiological mechanisms in the premenstrual disorders and mood disorders. The authors concluded that psychiatric comorbidities screening should be done regularly in order to manage PMS and PMDD.

Thakrar, Bhukar and Oswal (2021) explored the rates of PMDD in students of medical/paramedical and examined its effects on quality of life and disability. The researchers found a surprising amount of prevalence of PMDD in this population, as well as a severe degree of functional impairment and psychological suffering. The respondents were found to have poor grades, emotional, and problems with adhering to activities daily. According to the authors, PMDD was a serious mental health issue even in academically high-achievers and the significance of early diagnosis and institutional support systems.

Balik et al. (2015) involved comparison of the impacts of PMS and PMDD on mood disorders and quality of life. According to their results, women with PMDD had much more severe depressive symptoms, anxiety and emotional disturbances in comparison to women with PMS. The PMDD group had significantly lower quality-of-life scores, which means that it implies a higher level of psychosocial impairment. The research was able to conclude the PMDD was a more disabling disorder than PMS and in need of special clinical care.

Liu, Lin, and Zhang (2024) studied the dysfunction of psychological stress among women having PMS. The researchers demonstrated high levels of stress reactions, poor emotional coping, and dysfunctional coping mechanisms among the participants of the study. The authors found impairments in stress-processing mechanisms as one of the main factors in the severity of symptoms. The results demonstrated that psychological stress was a key element in emotional and somatic stress of PMS. The researchers came to a conclusion that stress-management interventions would be relevant to the systems of treatment of women having PMS.

3. RESEARCH METHODOLOGY

Health burden of the Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) is a critical aspect to understand as the conditions might have a profound impact on

the physical wellbeing of women, their mental health, productivity, and life quality. Premenstrual symptoms are recurrent in many women, yet the degree and the effects are quite diverse. Thus, this paper was aimed at evaluating the prevalence of PMS/PMDD symptoms, recognizing typical physical and mental impairments, and determining the impact of these disorders on the daily functioning of women quantitatively in a structured manner.

3.1. Research Design

The current research took the quantitative descriptive research design to investigate the consequences and compromises of Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) on the physical and mental conditions of women. The frequency, severity, and functional impact of the PMS/PMDD symptoms were measured through a descriptive method in women.

3.2. Study Setting

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3.3. Study Population

The population for the study consisted of women of reproductive age who experience regular menstrual cycles. The research mainly focused on assessing physical symptoms, psychological symptoms, and functional impairments related to PMS/PMDD.

3.4. Sample Size and Sampling Technique

A total of 120 participants ($N = 120$) were included in the study.

- Sampling Technique: Participants were selected using convenience sampling, as the study targeted respondents who were easily accessible and met the criteria.

- The sample size was considered adequate for summarizing the findings through descriptive statistics such as frequency and percentage distribution.

3.5.Data Collection Procedure

The participants were informed about the purpose of the study and assured confidentiality. After obtaining consent, questionnaires were distributed and collected. Participants were encouraged to answer honestly based on their experiences during the premenstrual phase. Completed questionnaires were checked for completeness before data entry.

4. DATA ANALYSIS

The objective of the current research was to evaluate the physical and mental health disabilities associated with Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) as well as analysing its impact on the normal functioning of women and their quality of life. A total of 120 women were used to get the data (N = 120). The analysis was done in the form of descriptive statistics to determine the trends in symptoms, severity and functional loss, through frequency and percent distribution of data.

Table 1: Prevalence of PMS/PMDD Symptoms Among Participants (N = 120)

Category of Symptoms	Frequency (n)	Percentage (%)
PMS symptoms (mild/moderate)	78	65.0
PMDD-like symptoms (severe)	24	20.0
No significant symptoms	18	15.0
Total	120	100.0

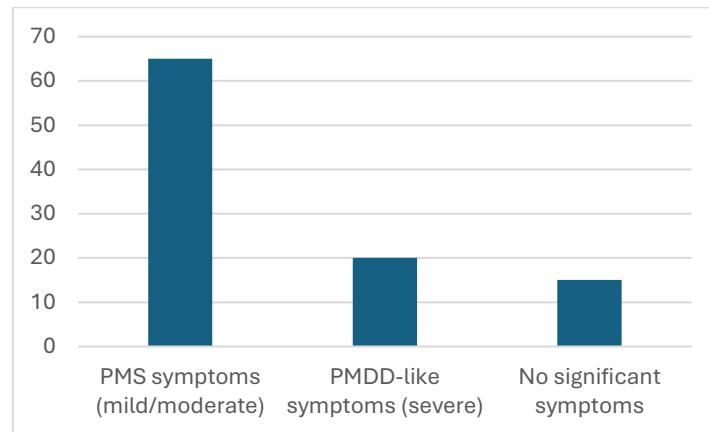


Figure 1: Graphical presentation of Prevalence of PMS/PMDD Symptoms Among Participants

Table 1 shows that 85 percent of the respondents have reported having premenstrual symptoms, which is a high rate of PMS/PMDD related problems in women. Sixty-five percent (n = 78) of them had mild to moderate PMS symptoms and 20 percent (n = 24) had severe PMDD-like symptoms, which is a significant percentage of women who had strong emotional and physical upheavals. Only one out of five (n = 18) claimed that they did not experience any significant symptoms meaning that premenstrual health issues are universal and should be considered when evaluating the health of women.

Table 2: Frequency–Percentage Distribution of Common Physical Symptoms (N = 120)

Physical Symptoms (Multiple response common)	Frequency (n)	Percentage (%)
Abdominal cramps / pelvic pain	72	60.0
Fatigue / low energy	66	55.0
Headache / body ache	54	45.0
Breast tenderness	48	40.0
Bloating / weight gain sensation	42	35.0
Sleep disturbances	39	32.5

Table 2 points out that professional participants tended to report symptoms of physical nature with the abdominal cramps/ pelvic pain being the most frequent symptom (60, n= 72) and fatigue/low energy following (55, n= 66). Also, 45% (n = 54) and 40% (n = 48) of them reported having headache/body ache and breast tenderness, respectively, which means that physical

discomfort is a significant part of PMS/PMDD. The other symptoms like bloating (35%), sleep disturbances (32.5%), were also common and this indicates that PMS/PMDD can be very much associated with influencing the physical health of women and the level of comfort they experience during the premenstrual period.

Table 3: Frequency–Percentage Distribution of Mental/Emotional Symptoms (N = 120)

Psychological Symptoms	Frequency (n)	Percentage (%)
Mood swings / emotional instability	75	62.5
Irritability / anger	69	57.5
Anxiety / restlessness	57	47.5
Depressive feelings / sadness	45	37.5
Poor concentration	51	42.5
Social withdrawal	33	27.5

Table 3 shows that psychological symptoms were very common among subjects. Mood swings/emotional instability became the most frequently reported symptom (62.5% n=75), then was irritability/anger (57.5% n=69) and it was seen that emotional disturbances are overriding characteristics of PMS/PMDD. Moreover, almost fifty percent of the respondents (47.5, n = 57) were anxious/ restless and 42.5 percent (n = 51) poor concentration. The number of those experiencing depressive feelings was 37.5% and that of social withdrawal was 27.5% which means that PMS/PMDD can have significant effects on the mental wellbeing, emotional stability, and interpersonal behavior.

Table 4: Level of Functional Impairment in Daily Activities (N = 120)

Functional Impact Level	Frequency (n)	Percentage (%)
No impairment	20	16.7
Mild impairment (manageable)	42	35.0
Moderate impairment (reduced productivity)	38	31.7
Severe impairment (unable to perform routine work)	20	16.7
Total	120	100.0

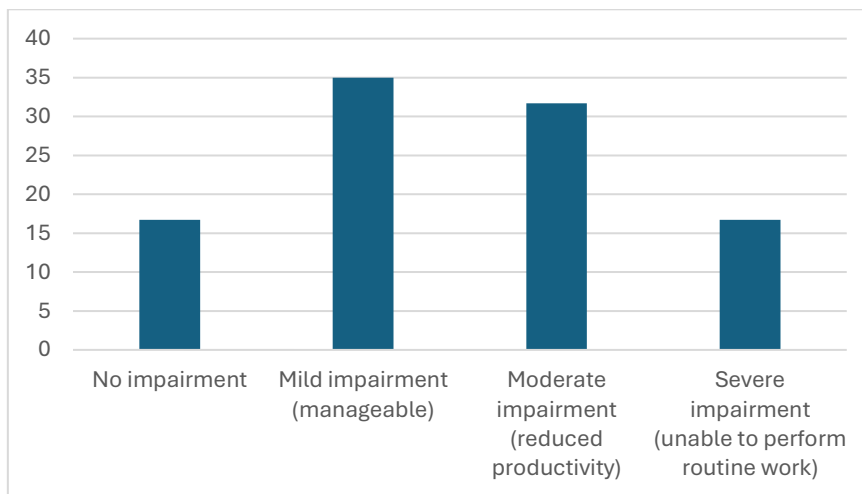


Figure 2: Graphical presentation of Level of Functional Impairment in Daily Activities

Table 4 means that PMS/PMDD impacted significantly on daily functioning. Few ($n = 20$) reported no impairment (16.7%), but most (83.4 percent) of the study participants had an impairment in their daily activities. More precisely, 35% ($n = 42$) experienced mild impairment, which implies manageable yet observable disruption, and 31.7% ($n = 38$) experienced moderate impairment, which means reduced productivity and inability to conduct the tasks. Notably, there were 16.7% ($n = 20$) who were severely impaired, i.e. they could not carry on with normal work. This supports that PMS/PMDD may have a great impact on the work/academic role and general life of women.

5. CONCLUSION

To sum up, the results of the current research are clear to show that Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) have a great influence on the physical health of women, their mental state, and general quality of life. A huge proportion of the respondents (85 percent) indicated that they had some PMS or PMDD-related symptoms, which is remarkable, as the prevalence of premenstrual health issues is very high among reproductive-aged women. Abdominal cramps, fatigue, headaches, and sleep disturbance were frequently reported, which means significant functional discomfort and decreased physical efficiency. Mental symptoms were also very high with mood swings, irritability, anxiety, depressive moods, and poor concentration being experienced by a large percentage of the women, as the mental and emotional load of these conditions was immense. Significantly, over

forty-five per cent of the participants had some level of impairment in their daily functioning, and a significant percentage of the participants reported moderate to severe interference with work, academic achievement, and daily activities. The results indicate that PMS and PMDD cannot be considered as normal cyclical outcomes only but discussed as serious health disorders that need more awareness, early detection, and proper medical and psychosocial treatment to enhance the health outcomes and the quality of life of women.

Recommendations

Considering the prevalence of PMS/PMDD symptoms, high rates of psychological distress, and characteristic functional impairment reported in the given study, it is possible to present the following recommendations to enhance the physical, emotional, and social wellbeing of women:

1. **Routine Screening and Early Identification:** PMS and PMDD screening must be part of the routine reproductive and primary healthcare. Simple symptom checklists will be useful in detecting women who have moderate-severe symptoms at an early stage, and thus, provide timely intervention.
2. **Awareness and Health Education Programs:** Community-based and institutional health education programs are to be done addressing the issue of PMS and PMDD to the women, families, educators, and employers. There is a need to focus on symptoms recognition, the avoidance of stigma, and the promotion of helpand behavior.
3. **Psychological Support and Counseling Services:** Since high levels of mood instability, anxiety and depression feelings have been witnessed, there should be the availability of counseling and mental health support services, particularly at the educational institutions and at the work places. Stress-management interventions and cognitive-behavioral strategies could be used to ensure women better cope with emotional symptoms.
4. **Lifestyle-Based Intervention:** Women need to be made to embrace healthy lifestyle behaviors including regular exercise, a well-balanced diet, eating and sleep as well as

relaxation techniques. Such non-pharmacological interventions can decrease the level of symptoms and make the quality of life better.

5. Multidisciplinary Management Approach: Mental health practitioners, primary care providers, and gynecologists should use an integrated care approach where the condition is treated considering both physical and psychological causes of PMS/PMDD.
6. Future Research Directions- It is suggested that more research should be done in future with larger and more diverse samples. Longitudinal and interventional research design could contribute to the better understanding the causal process and the efficacy of certain treatment methods in PMS and PMDD.

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