163 - PROFILE OF WOMEN WITH VOLTAGE STPM IN MENACME

SILVIA XIMENES OLIVEIRA
Faculdades Integradas de Patos, Patos, Paraíba, Brasil.
silviaxoliveira@hotmail.com

doi:10.16887/86.a1.163

INTRODUCTION

The syndrome Premenstrual Tension (STPM) consists of a set of physical, psychological and behavioral symptoms that appear cyclically during the luteal phase of the menstrual cycle, sufficient to affect the quality of life of the patient. And this syndrome differs from other medical problems, not be restricted to the woman's relationship with herself, but also reflect on interpersonal relationships and complex society, is promoting a transient deterioration in family contacts, is predisposing the number of incidence of crimes, accidents and low productivity at work. (APPROBATO et al., 2001).

The high prevalence of the problem and the interference it causes in the professional and affective activities of women, are sufficient reasons for classifying the STPM as a bigger problem for women of reproductive age (SAMPAIO NETO; MASSIGLIA SON, 2003).

In Brazil, studies in population-based services show a prevalence of about 25% of the STPM. However, findings as "self-reported complaints" reached a prevalence of 60%. Depending on the different clinical presentations and even uniqueness of symptoms presented by patients, STPM is extremely difficult to quantify (BERENSTEIN, 2007).

In this sense, even in the present times where knowledge and scientific information is available to the population, there are still many women who are unaware of the symptoms of STPM or are bombarded with several incorrect information on the subject. Some women face this phase without major problems, but others need both medical aid and psychological guidance and nursing.

It has the objective of this research to know the profile of women in the reproductive age with premenstrual tension syndrome.

METHODS

This is a field research, exploratory, descriptive, with quantitative approach. According to Andrade (2003) research is the systematic set of procedures, based on logical reasoning, which aims to find solutions to problems posed by the use of scientific processes.

The study was conducted in a Family Health Unit (USF) in the city of Cajazeiras-PB. The population consisted of women in reproductive age registered at the Family Health Unit (USF) and that contained in the System of Primary Care Information (SIAB) of the City Health Department. The sample consisted of 160 participants between the age group 15-45 years randomly selected, who attended the USF for consultations or other services in the period of data collection and also in their homes.

For this purpose, the inclusion criteria are based on the age group between 15-45 years and the exclusion criteria were women under 15 years, over-45s and those diagnosed with depression. We used a questionnaire with soiodemograficas issues and issues related to the proposed theme. Data were collected from August to October 2013 in the health unit.

After the questionnaires, data were organized, categorized and arranged in tables and graphs, built using Microsoft Office Excel.

RESULTS AND DISCUSSION

According to demographic data, the participants had aged 15-45 years, 53.12% between 20 to 39 years, 26.88% between 15 and 19 years and 20% at 40-45 years. Most unmarried 52.5%, 28.75% married, amasiadas 11.25% and 7.5% divorced or widowed. With regard to education, the majority (30%) completed high school only 3.1% had no schooling. The monthly income was around 1-2 minimum wages (71.9%).

On being asked about the knowledge of the STPM, 56.9% responded negatively and 43.1% said yes. Most women know about the existence of STPM and that, despite their often still unaware of the symptoms or are surrounded by myths and prejudices, jokes, jokes, generating constrangimento.

Table 1. Distribution of physical signs and symptoms of the STPM

Physical signs and symptoms	*n*	%
Weight gain	36	22,5
Swelling in one part of the body	91	56,9
Swollen and painful breasts	137	85,6
Headache	102	63,8
Cramps	136	85
Decreased sexual desire	42	26,3
Loss of appetite	76	47,5
Diarrhea	68	42,5
Constipation	40	25
Thirst	55	34,4
Craving for sweets and chocolates	84	52,5
Increase in sexual desire	45	28,1

* The participants responded to more than one alternative.

According to Table 1, the frequency of physical signs and symptoms related to STPM the most quoted with 85.6% was swollen and painful breasts; followed by cramps (85%), headache (63.8%), swelling of a body part (56.9%), craving for sweets and chocolates (52.5%), loss of appetite (47.5%) , diarrhea (42.5%), office (34.4%), increased sexual desire (28.1%), decreased sexual desire (26.3%), constipation (25%) and weight gain (22 , 5%). There is a breast swelling caused by hormonal variations in

about 80% of women associated with menstrual headaches, cramps, also called dysmenorrhoea and this universal symptom in most women starting at or after bleeding, but can also manifest hours before .

It was found that, among the incident emotional changes of this syndrome, the most often mentioned by women responses were impatience (87.5%); irritability (80%), like crying (73.1%), anger (66.9%), anxiety (62.5%), anxiety (58.8%), depression and decreased interest (58.1%) , impaired concentration (54.4%), somnolence (41.3%) and insomnia (40.6%). The STPM is a disease that affects women of reproductive age, involving more than 150 symptoms, including anxiety, mood swings, loneliness, self esteem fall, insomnia, somnolence, crying easily among others.

Table 2 - Distribution of the methods used to alleviate the symptoms of STPM.

Methods Used	*n*	%
Analgesics	130	81,3
Teas	34	21,3
Vitamins	4	2,5
Dieta	10	6,3
Contraceptive	58	36,3

* The participants responded to more than one alternative.

The use of analgesics is made necessary when symptoms are painful, since herbs and teas, herbal alternatives are reported by certain women in relieving symptoms. (Fernandes et al, 2004) Vitamin E acts as a cofactor of enzymes involved in the metabolism of neurotransmitters, relieving the symptoms of the syndrome. Diet rich in complex carbohydrates and low in protein sharp phase of the symptoms, cause increased synthesis of serotonin and improves symptoms such as irritability, stress, anxiety, among others.

Table 3 - Distribution according to health care demand in STPM

Health care in STPM	*n*	%
Does not seek	97	60
Gynecologist	24	15
UBS doctor	07	4,4
UBS Nurse	12	7,5
Community health worker	02	1,3
Rezadeira	03	1,8
Drugstore	15	9,4

* The participants responded to more than one alternative.

The STPM is present in very frequent complaint in medical practice, especially in gynecology, for this be the qualified professional to treat the symptoms caused by the disorder. Also resort to the doctor to talk about issues not only related to menstruation and reproductive cycle, but about his sexuality and marital problems.

There was this table that many women do not seek or just looking the health service to deal exclusively with pre-menstrual tension, but during the nursing consultation and at the cytological examination, there is an outburst of many complaints related to STPM where many do not realize that they need a referral to other services, such as psychological and pharmacotherapy. Many of the participants also prefer the gynecologist to other professionals in the health unit for monitoring better about the requirement of exams and hormonal dosages, prescription medications and in more severe cases of STPM.

According to Diegoli (2008) the STPM today is a very common complaint in the doctor's office and primarily gynecological, because this is the most qualified professional to treat symptoms caused by this disorder, as well as who the woman uses to talk about issues not only related to menstruation and reproductive cycle, but about his sexuality and marital problems.

With respect to behavioral changes the most frequently mentioned were: respond in a hostile manner to people (61.9%), quiet (51.3%), generating tense atmosphere (48.8%), can not finish tasks as usual (36.3%), often commit errors (23.1%), lower take notes at work and / or school (16.9%) and being late (11.9%).

Biopsychosocial symptoms that affect women days before menstruation are severe enough to impair interpersonal relationships and daily activities, which can be seen in Table 1.

Table 4 - Distribution of behavioral changes in in relation to the family.

Behavioral changes related to family	*n*	%
More fight with them	123	76,9
Create intrigues with and between them	37	23,1
Isolate the	68	42,5
Easily breaks off relations	38	23,8
gnore them	52	32,5
Visit them more	15	9,4

* The participants responded to more than one alternative.

Table 4 corresponds to the behavior of participants in relation to the family, it is important to realize that the alternative fight more with the family is most prevalent with 76.9%; followed by 42.5% isolates them; ignore them 32.5%; easily breaks off relations 23.8%; creates intrigue with and between 23.1% and visit the most 9.4%.

Behavior with the family, it was found that the fact that fight stands out most of the others, can wear the ties between it, stressing the affective symptoms and in return isolating relatives in times of trouble, ignoring the attitudes, breaking old relationships and creating intrigues among themselves. But the fact visit more family depend on the behavior of many women, showing that few of them visiting their families when they present STPM.

Regarding the exposed table, but many participants fight with family members during the premenstrual period, and a fact that deserves to be seen. According to Melo; Axe; Fernandes (2006) note that only several women have premenstrual syndrome when they aportadas by other people who are usually husbands, boyfriends, groups or colleagues, suffering aggression, lack of patience, without cause weakness in a repetitive cycle of months.

Rodrigues et al. (2006) refer that the family is usually generating the strongest emotional movement that happens in the life of each person, and in this space, manifest various experiments, including the STPM, coming into play the emotional forces, discharging all the joys, anger, frustrations, conflicts and sorrows and are often expressions of feeling used as safety valves or safety, easing some tensions and creating other to be worked among family.

CONCLUSION

The results indicate that women in the study were unaware of the STPM, with mostly physical symptoms such as swollen and sore breasts, cramps, headache, swelling of a body part, craving for sweets, chocolates and loss of appetite. Regarding the psychological changes, the most frequently cited were: impatience, irritability, like crying, anger, distress, anxiety, depression and diminished interest.

It emphasizes the importance of health professionals for assistance qualified to conscientizarem women about symptoms and behavioral changes presented in STPM, directing them to conduct self-examination and change their attitudes, trying to look the syndrome as a growth opportunity, assuming posture transformation, possibilities, giving new meaning to their existence, thereby promoting better quality of life.

REFERENCES

ANDRADE, M. M. Introdução à Metodologia do Trabalho Científico. 6ª ed. São Paulo: Atlas, 2003.

APPROBATO, M. S. et al. Síndrome Pré-menstrual e Desempenho Escolar. Revista da Federação Brasileira das Sociedades de Ginecologia e Obstetrícia – FEBRASGO, Rio de Janeiro, V. 23, n° 7, p. 01-06. Ago. 2001.

BERENSTEIN, E. Tensão Pré-menstrual. In: CURY, A. F.; TEDESCO, J. J. A. Ginecologia Psicossomática. São Paulo: Atheneu, 2007. p. 107-108.

DIEGOLI, M. S. C., Tensão Pré-menstrual. Revista da Federação Brasileira das Sociedades de Ginecologias e Obstetrícia – FEBRASGO, São Paulo, V. 38, nº 3. p. 102-108. Set. 2008.

FERNANDES, C. E. et al. Síndrome da Tensão Pré-menstrual – O estado atual dos conhecimentos. Arquivos Méd. ABC, v.29, nº 2, São Paulo: jul/dez.2004.p.77-81.

MELO, N. R; MACHADO, R. B.; FERNANDES, C. E. Irregularidades Menstruais – inter-relações com o psiquismo. Revista de Psiquiatria Clínica, São Paulo v. 33, nº 2. p1-7. março de 2006.

RODRIGUES, C. F.S. et al. Prevalência e gravidade de Sintomas da Síndrome pré-menstrual em reeducandas condenadas por crimes violentos. Jornal Brasileiro de Psiquiatria, Alagoas, 2006. Disponível em: http://www.ipub.ufrj.br/documentos/jlep(1)2006_artigo6.pdf

SAMPAIO NETO, L. F. de; MASSIGLIA FILHO, V. A. Síndrome de Tensão Pré-menstrual. Revista da Faculdade de Ciências Médicas, Sorocaba, V. 5, n° 1, p. 9-11, 2003.

Condomínio Vilas do Lago, Q.11, L.06, Patos-PB; CEP: 58.701-900

PROFILE OF WOMEN WITH VOLTAGE STPM IN MENACME

ABSTRACT

Syndrome of Premenstrual Tension (STPM) is composed of a set of physical symptoms, psychological and behavioral disorders that present clinically during the luteal phase of the menstrual cycle. Objective: To assess the profile of women in reproductive age with STPM. Descriptive exploratory study with a quantitative approach using a questionnaire to gather data and, after inclusion and exclusion criteria, the sample consisted of 160 women, considering aspects of Resolution 196/96 of MS and opinion of the CEP. With respect to sociodemographic data, the participants were aged between 15 and 45 years, most married and student, education variable and family income around 1 to 2 minimum wages. Signs and symptoms of STPM were around 82.2%. Among the most common physical changes, the highlights were swollen and painful breasts (85.6%), cramps (85%) and headache (63.8%). In relation to emotional changes, impatience showed a frequency of 87.5%, irritability (80%), will to cry (73.1%), anger (66.9%) and anxiety (62.5%). The behavioral changes most often mentioned were hostile responding to people (61.9%) and fight with the children (55%). We identified through this study the biopsychosocial changes that alter the life of women in reproductive age, affecting personal and social life of them. It is perceived ignorance about the issue, requiring that health professionals to develop programs of care and education with a view to comprehensive care for these women and better quality of life.

KEYWORDS: Premenopausal; Women; Syndrome Premenstrual Tension.

PROFIL DES FEMMES AVEC TENSION DANS STPM MENACME

RÉSUMÉ

Le syndrome de la tension pré-menstruel (STPM) se compose d'un ensemble de symptômes physiques, psychologiques et comportementaux qui sont cliniquement pendant la phase lutéale du cycle menstruel. Il a été visant à connaître le profil des femmes en âge de procréer avec STPM. Il est une étude descriptive exploratoire avec une approche quantitative à l'aide d'un questionnaire pour recueillir des données, et suivant des critères d'inclusion et d'exclusion de l'échantillon se composait de 160 femmes, en considérant les aspects de MS Résolution 196/96 et le CEP. En ce qui concerne les données sociodémographiques des participants étaient âgés entre 15 et 45 ans, la majorité marié et étudiant, variable Scolarité et revenu familial autour de 1-2 fois le salaire minimum. Les signes et symptômes de PMTS étaient d'environ 82,2%. Parmi les changements physiques les plus courantes, les faits saillants ont été seins gonflés et douloureux (85,6%), crampes (85%) et céphalées (63,8%). En ce qui concerne les changements émotionnels impatience montré une fréquence de 87,5%, de l'irritabilité (80%), envie de pleurer (73,1%), la colère (66,9%) et l'anxiété (62,5%). Les changements de comportement les plus fréquents ont réagi de manière hostile aux personnes (61,9%) et la lutte plus avec les enfants (55%). Il a été identifié grâce à cette étude, les changements biopsychosociaux qui modifient la vie quotidienne des femmes en âge de procréer qui affectent la vie personnelle et sociale des mêmes. Elle est perçue l'ignorance sur le sujet, exigeant que les professionnels de la santé et de l'éducation d'élaborer des programmes de soins en vue de la prise en charge globale de ces femmes, une meilleure qualité de vie.

MOTS-CLÉS: préménopause. Femmes. Tension syndrome prémenstruel.

PERFIL DE LA MUJER CON STPM VOLTAJE EN MENACME

RESUMEN

El síndrome de tensión premenstrual (STPM) consiste en un conjunto de síntomas físicos, psicológicos y de comportamiento que son clínicamente durante la fase lútea del ciclo menstrual. Ha sido el objetivo de conocer el perfil de las mujeres en la edad reproductiva con STPM. Se trata de un estudio exploratorio descriptivo con abordaje cuantitativo utilizando un cuestionario para recoger datos, y siguiendo los criterios de inclusión y exclusión de la muestra estuvo constituida por 160 mujeres, teniendo en cuenta los aspectos de la MS Resolución 196/96 y el CEP. Con respecto a los datos sociodemográficos de los participantes tenían entre 15 y 45 años, la mayoría casados y los estudiantes, variable escolaridad y el ingreso familiar en

torno a 1-2 veces el salario mínimo. Los signos y síntomas de PMTS estaban alrededor de 82,2%. Entre los cambios físicos más comunes, se destacaron los pechos hinchados y dolorosos (85,6%), calambres (85%) y cefalea (63,8%). En relación con los cambios emocionales impaciencia mostró una frecuencia de 87.5%, la irritabilidad (80%), ganas de llorar (73,1%), la ira (66,9%) y ansiedad (62,5%). Los cambios de conducta más frecuentes estaban respondiendo de una manera hostil a las personas (61,9%) y la lucha más con los niños (55%). Se identificó a través de este estudio, los cambios biopsicosociales que modifican la vida cotidiana de las mujeres en edad reproductiva que afectan a la vida personal y social de la misma. Se percibe la ignorancia sobre el tema, lo que requiere que los profesionales sanitarios desarrollan programas de atención y educación con miras a la atención integral a estas mujeres, una mejor calidad de vida.

PALABRAS CLAVE: premenopáusicas. Mujeres. La tensión síndrome premenstrual.

PERFIL DE MULHERES COM SÍNDROME DA TENSÃO PRÉ-MENSTRUAL NA MENACME

RESUMO

A Síndrome da Tensão Pré-menstrual (STPM) é constituída por um conjunto de sintomas físicos, psíquicos e comportamentais que se apresentam clinicamente durante a fase lútea do ciclo menstrual. Tem-se como objetivo conhecer o perfil de mulheres na menacme com a STPM. Trata-se de um estudo exploratório descritivo com abordagem quantitativa utilizando-se um questionário para coleta de dados, e, após critérios de inclusão e exclusão a amostra foi composta de 160 mulheres, considerando-se os aspectos da Resolução 196/96 do MS e Parecer do CEP. Com relação aos dados sóciodemográficos as participantes tinham idade compreendida entre 15 e 45 anos, a maioria casada e estudante, escolaridade variável e renda familiar em torno de 1 a 2 salários mínimos. Os sinais e sintomas da STPM estavam em torno de 82,2%. Entre as alterações físicas mais frequentes, destacaram-se mamas edemaciadas e doloridas (85,6%), cólicas (85%) e cefaléia (63,8%). Em relação às modificações emocionais a impaciência apresentou uma frequência de 87,5%, irritabilidade (80%), vontade de chorar (73,1%), raiva (66,9%) e angústia (62,5%). As mudanças comportamentais mais referidas foram: responder de forma hostil às pessoas (61,9%) e brigar mais com os filhos (55%). Identificou-se por meio deste estudo as alterações biopsicossociais que modificam o cotidiano das mulheres na menacme afetando a vida pessoal e social das mesmas. Percebe-se o desconhecimento acerca do tema, necessitando que os profissionais da saúde desenvolvam programas de atenção e educação com vistas ao atendimento integral a estas mulheres, melhor qualidade de vida.

PALAVRAS-CHAVE: Menacme. Mulheres. Síndrome da Tensão Pré-menstrual.