Serum Prolactin, Progesterone and estradiol Hormone Levels in the Premenstrual tension Syndrome

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By

ESSAM SALEH MOHAMED

Ain Shams University 1985.

SUPERVISORS

Dr. Mohamed Ezz El Deen Azzam

Professor of Obstetrics and Gynaecology

Ain Shams Faculty of Medicine

Dr. M. Medhat Abd El Hady

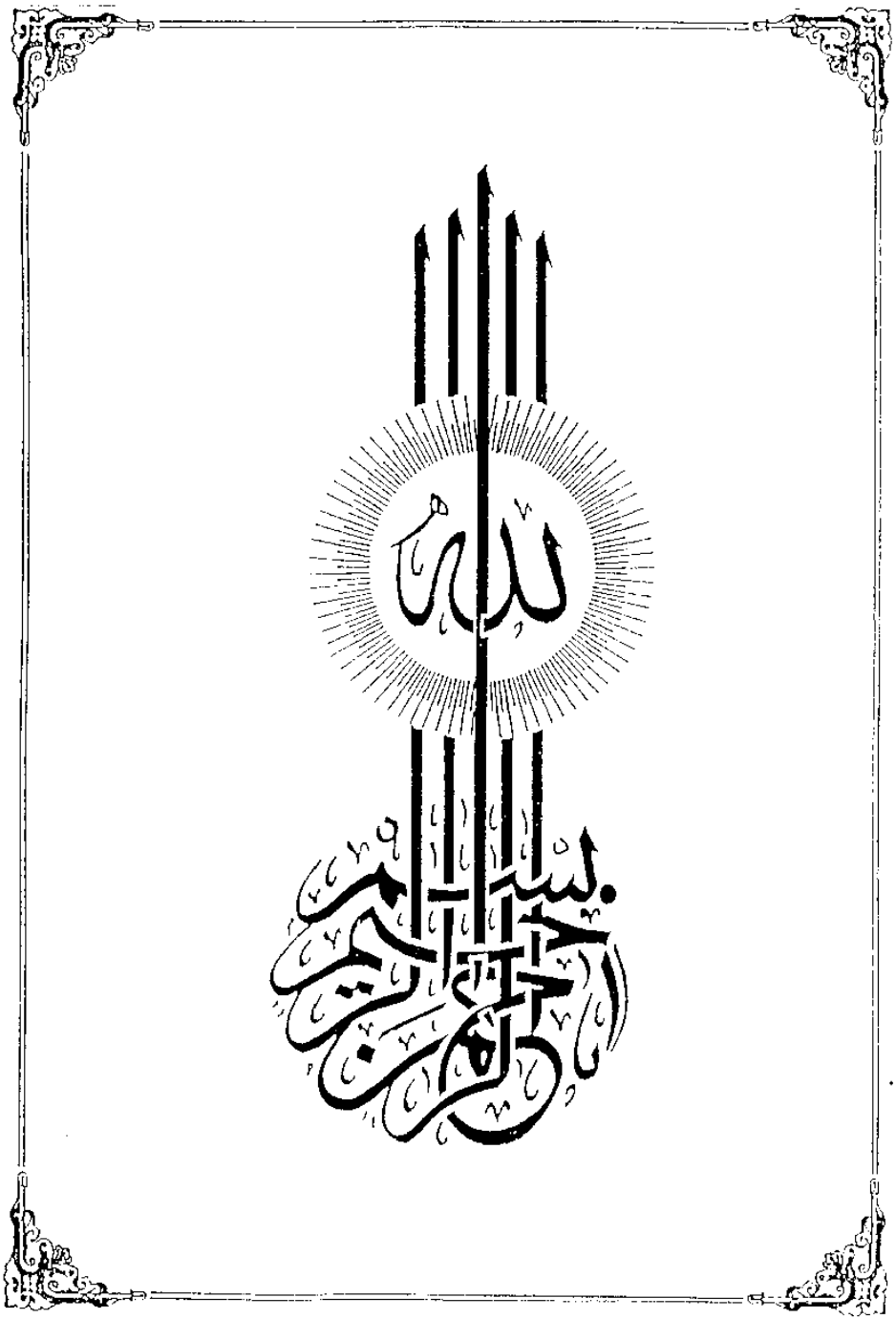
Lecturer of Obstetrics and Gynaecology

Ain Shams Faculty of Medicine

Dr. Mohamed Said Dawood

Lecturer of Obstetrics and Gynaecology

Military Medical Academy.



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Introduction

Premenstrual tension syndrome. (PMTS) is a chronic cyclic disorder with broad range of morbidity, it encompasses emotional, behavioral and physical symptoms usually begining the week before menstruation and ending at the onset of menses or shortly thereafter. To date the etiology and the most effective treatment of the PMTS are unknown.(Laughlin, et al 1984).

At least 25% of all menstruating women suffer from the PMTS (Wilhelm 1984).

In women who experience PMTS, it does not occur with every cycle and when it does it does not occur with equal intensity.(Robert, et al 1984).

As many as 30% of women who are of reproductive age experience recurrent temporary disruption of their personal and professional lives due to predictable premenstrual appearance of distressing physical psychologic and behavioral changes known collectively as the premenstrual tension syndrome (PMTS)

Although marital discord social isolation and work inefficiency are usual sequalae of this psychoendocrine dysfunction sucidal or psychotic behavior and criminal activities ranging from body battering to murder may also result .

Although there is no clear consensus, most authors agree that the incidence and severity of this condition bear no correlation with either age or parity .(Robert, et al 1983).

The available evidences regarding the nature, etiology, and the treatment of PMTS were reviewed by Rubinow,(1984)., and the contradictory results of various studies and the failure of investigators to corefully define the syndrome formulate the set of answerable questions and homogenous population before initiating their studies. The relationship between the PMTS and major psychiatric disorders as well as the clinical and theoritical relevance of the menstrual cycle to major psychiatirc disorders will be discussed in details.

Rubinow, et al(1984) , offered recommendations to both investigators and clinicians for more careful observations and documentation of the relationship between mood disorders and the menstrual cycle.

Symptoms of premenstrual tension syndrome (PMTS) are experienced by a large segment of the susceptible population, its nature and the extent to which it is a problem is not well delinated and are subjects of significant controversy its etiology is uncertain. Cortical centers and neurotransmitters appear to play an important role. Its influence on other diseases and their influence on its presence or its severity have received insufficient study.

Various approaches to therapy are commonly used including contraceptive pills diuretics minor tranquilizers and bromocriptine but no single drug therapy is consistently effective (Friedman(1984).

The dramatic changes in mood, behavior, Cognition and somatic functioning in some women in relation to menstrual cycle have recently been the cause of a great deal of public security. The increasing use of the term premenstrual tension syndrome has paralleled the emergence of speciol clinics designed to treat women suffering from variety of menstrually related symptoms.

Unfortunately despite 50 years of study relatively little is known about the relationship between menstruation and disorders of mood which like major affective syndromes may encompass a wide range of affective cognitive behavioral and somatic symptoms(David, et al(1984)

This lack of knowledge is reflected by the use of the term PMTS which is vague and has innumerable referents. The current confusion is the inevitable products of serious errors in study design resulting in part from the failure of investigators to formulate a set of answerable questions before initiating their studies(David, et al, (1984)

Manifestations of PMTS

Premenstrual tension syndrome (PMTS) occurs in 40% of the female population during the luteal phase and disappears soon after menstruation commences. For many, this involves 2-3 days prior to menstruation but some experience these symptoms for the last week before menstruation, and a minority experience these symptoms from ovulation until the onset of menstruation. These latter patients starting on the first day of the period suffer 5 or 6 days of discomfort and bleeding then feel balanced and resonably happy for 3-8 days when experience the onset with the sharpnessof a guillotine of almost 2 weeks of the emotional and physical manifestations of PMTS(Robert, et al 1984).

The most important anxiety sensed by the physician in these cases is that the woman is watching herself saying things and doing things which she knows she would not be doing next week and which she knows are quite irrational , and yet she can not help herself .

REVIEW OF LITERATURE

CHAPTER I

MANIFESTATIONS OF THE PMTS.

There are 4 main subjective components of this symptomatology:-

1- The "night and day" nature of the onset which is always recognized by the husbad . The development of this situation is not insidious, one day the patient feels resonably bright the next day she knows that she is in the phase of the PMTS

2- The " bitchiness" irritability depression, introversion, insomnia, and excessive appetite.

3- The overlying anxiety and feel that she is going crazy.,

4- Headache, breast pain, tenderness and enlargement, bloating, weight gain and oedema indicating water retention.(Robert, et al 1984).

Kashiwage,(1984); classified the symptoms of the PMTS into psychological and somatic.

Psychological symptoms are:

- Sad . depressed . Crying easily
- Tense . anxious . Irritable
- decreased energy . increased or decreased sexual desire
- feeling of irrationality . changes in eating habits.

Somatic Symptoms are

- Swellings of legs and fingers . bloated feelings in the abdomen.
- weight gain . breast tenderness
- Headache and dizziness . palpitation
- excessive thirst and appetite . Constipation
- Back pain . acni

The somatic components are easily documented by the observer but the experience of the PMTS can only be described by the woman her self. The following is one account the tension being without any awareness persisting a few days to 2 weeks and not occuring with every cycle; I may continue ignorant of its presence throughout its course unless

some physical symptoms occompany it or I have made a point to consider the phase of the cycle neither of which are inevitable.

Rarely I have the insight to diagnose my state while it occurs, but more likely it stricks me only in retrospect, I feel tense with no periods of relief and yet I can find no reason for it, family and carrier dimensions of my life are either unchanged or pleasant sometimes it is the clue that suggests to me that I am premenstrual , I feel depressed, I wander about my inherent worth , I feel sad about supposed failure, I feel lonely, my sensitivity to external stimuli is increased. varying degrees of fatigue emotional lability and depression as early as 10-14 days before menses At this time many women find that they sleep longer, have less energy to derate the household chores may cry or have emotional outbursts.

Other factors as difficulty in concentration , forgetfulness impaired judgment, motor incoordination and susceptibility to occidents sensing that their behavior may become irrational