



DYSMENORRHEA AND ITS IMPACT ON QUALITY OF LIFE AND THE ROLE OF NURSES IN ITS MANAGEMENT: SIMPLE REVIEW ARTICLE

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Abstract

Dysmenorrhea defined as severe, excruciating cramping in the lower abdomen, is defined as painful menstruation. It is the most common gynaecological issue affecting women worldwide. The most important problem found in women with dysmenorrhea is low quality of life, apart from school and work absenteeism it has been reported that dysmenorrhea interferes with daily living activities, limitation in socialization, emotional disturbance and altered sleep patterns.

To sum up, the purpose of this study was to ascertain the frequency, underlying causes, and impacts of primary dysmenorrhea on the life satisfaction of adolescents and young adult females and highlights the role of nurses in competing the problem. The findings demonstrate and high prevalence of primary and secondary dysmenorrhea and addresses the need for efficient interventions to enhance the quality of life for adolescent and young adult females. focused education efforts to raise female's knowledge of dysmenorrhea treatment and normal and atypical menstruation. Awareness that dysmenorrhea is a health issue, just like any other, and that females should not be afraid to seek medical counsel for it, even if it means being admitted to the hospital. instruction on adopting a healthy lifestyle, which includes exercise and a balanced diet. Increase young women's understanding of the importance of a healthy, balanced diet because dietary modifications and vitamin intake have been related to a decrease in menstruation pain. Increased physical activity is helpful in reducing dysmenorrhea because it improves pelvic blood circulation and releases beta-endorphins, which act as a general painkiller. Correct administration of analgesics can reduce discomfort, improve quality of life, and allow women experiencing dysmenorrhea to do everyday duties. enhanced availability of healthcare services for the purpose of managing and treating primary dysmenorrhea.

Key words: Role, Nurses, Prevalence, Dysmenorrhea, Quality of Life,

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Prevalence, types and aetiology of dysmenorrhea:

Menstruation marks the passage from infancy to maturity and gives teenage girls a marker for the development of puberty. The volume and pattern of a young girl's menstruation might vary, and dysmenorrhea, the pain and discomfort that goes along with it, can also occur [1].

Dysmenorrhea, which is characterized by severe, excruciating cramping in the lower abdomen, is defined as painful menstruation. It is frequently accompanied by other symptoms like sweating, headaches, nausea, vomiting, diarrhoea, and trembling that appear just before or during the menses [2].

The most common gynaecological issue affecting women worldwide is dysmenorrhea, which causes lower abdominal pain that radiates to the lower back and legs in some people. Not all women experience this discomfort during menstruation. Although menstruating is regarded as natural process in human development especially in women, its disorders like dysmenorrhea affects woman's life in different perspectives [3].

Numerous papers have described how dysmenorrhea affects people differently depending on their communities and ethnicities. Dysmenorrhea is a significant public health burden because studies have found that it is highly prevalent. Between 20% and 90% of people experience dysmenorrhea worldwide [4]. Adolescent female rates have been estimated to range from 15.8% to 89.5% globally, peak between the ages of 17 and 24, and decline as women age [5]. More over half of adolescents in Europe and America, or 52.4% to 85.7% of the population, reportedly experience dysmenorrhea [6]. Studies found that the prevalence of dysmenorrhea varied between 58.8% and 84.9% in Asian countries [7]. According to recent local studies, dysmenorrhea affects more than two thirds of Saudi females, it was significantly higher in coffee consumers and those who had a positive family history of dysmenorrhea when compared to others who has no family history in the same study. These reports 2 concludes that dysmenorrhea is very common and a public health problem worldwide. [12].

Primary and secondary dysmenorrhea are two different types of the condition. Primary dysmenorrhea is the term for lower abdominal pain that only occurs during menstruation and is unrelated to any other diseases or pathologies [13]. On the other hand, secondary dysmenorrhea is frequently associated with further uterine or extrauterine disease [14]. Dysmenorrhea is a

common complaint among women in their reproductive years. Dysmenorrhea is associated with significant detrimental impacts on a person's emotional, psychological, and functional health [15].

Many theories have been put up to explain the cause of dysmenorrhea since the 1960s. The mental, physiological, and anatomical factors are covered in this.

The anatomical explanation also accounts for abnormal uterine placements and variations in the shape or length of the cervix. Zebitay et al. hypothesised in their study that there is a correlation between cervical length and the volume and severity of dysmenorrhea. The biochemical explanation is more robust than the others, according to a number of homogenous studies [16].

The main factor in primary dysmenorrhea's aetiology is prostaglandin F (PGF) [17]. When endometrial tissue is shed at the start of menstruation, the endometrial cells release PGF. Prostaglandin (PG) causes uterine contractions, and the intensity of the cramps is inversely connected with the amount of PGs released after the sloughing process, which was started by a diminishing hormonal surge [18].

A clinical condition called secondary dysmenorrhea exists [19]. Numerous common disorders, including endometriosis, fibroids (endometriomas), adenomyosis, endometrial polyps, pelvic inflammatory disease, and maybe even the use of an intrauterine contraceptive device, can cause secondary dysmenorrhea [20].

Moreover, the most important problem found in women with dysmenorrhea is low quality of life, apart from school and work absenteeism it has been reported that dysmenorrhea interferes with daily living activities, limitation in socialization, emotional disturbance and altered sleep patterns [21]. The specific effects of dysmenorrhea on students' quality of life in terms of a variety of domains, such as their level of activity, emotional health, level of energy, and social life, are yet unknown. While menstruating, students find it challenging to maintain their existing level of respectable academic achievement [22].

Numerous researches [21–23] found that dysmenorrhea decreased students' attention spans and attendance. There has been a relationship between women's daily lives. The rates of absenteeism from work or school reflect this impact. Additionally, dysmenorrhea may prevent women from participating in social or athletic activities. Additionally, there are emotional stressors connected to dysmenorrhea. A problem

with public health that affects the economy is dysmenorrhea. It is estimated that there are about 140 million working hours per year just in the United States [24].

Impact of dysmenorrhea in the quality of life:

The outlook for primary dysmenorrhea is typically positive when using the suggested treatment options. NSAIDs typically work well for mild to moderate dysmenorrhea [25].

Primary dysmenorrhea complications can be summed up by how severely the pain interferes with the women's daily activities and wellbeing. There are no known complications because primary dysmenorrhea is unrelated to any pathology or disease. The complications of secondary dysmenorrhea, in contrast, vary according to the underlying cause. Infertility, pelvic organ prolapses, significant bleeding, and anemia are possible complications [26,27].

Nutrition that is more balanced and healthier lessens dysmenorrhea's severity [28]. To prevent and lessen the complications of dysmenorrhea, it is crucial to inform and raise awareness among young women about the value of a proper, balanced diet. Menstrual pain reduction has been linked to vitamin intake and dietary changes [20, 29].

It is beneficial to engage in more consistent physical activity to lessen dysmenorrhea complications. By enhancing pelvic blood circulation and triggering the release of beta-endorphins, exercise serves as a general analgesic. The main objectives of treatment are to lessen pain and enhance the Quality of Life for patients with dysmenorrhea. Therefore, analgesics should be administered correctly to enable women to carry out their daily tasks [24].

Nurses in dysmenorrhea patient care:

Nurses can be menstrual health advocates in patient-care settings by discussing the benefits of tracking menstrual health variables in terms of self-awareness and health management along with educating patients about menstrual health using inclusive, compassionate language. School nurses are able to assist adolescents and their mothers in proper management of primary dysmenorrhea. Midwives also can provide valuable assistance to women in their explorations of the variety of treatment options available for the relief of dysmenorrhea, including lifestyle changes, complementary and alternative approaches, analgesics, and hormones [30].

It is common for nurses to assess a patient's vital signs as part of a routine physical assessment. The American College of Obstetricians and Gynecologists (ACOG) released a committee opinion piece advocating for evaluation of menstrual cycle length and pattern of menses to be included as part of assessing vital signs within the Review of Systems (ROS) and History of Present Illness. Although clinical practices should not be solely based on expert opinion, those in patient-care settings need to balance evidence-based practices with their clinical experiences to identify novel ways to enhance menstrual care. This inclusion of menstrual health evaluation in the ROS can emphasize the importance of menstrual health in the overall health and wellness assessment and care when coupled with evidence-based approaches and comprehensive patient education [31].

There is a dearth of information regarding menstruation experiences and their effects on women's health, quality of life, and social integration in developing nations [24]. According to the results of numerous studies, primary dysmenorrhea affects between 50 and 90% of the general population, making it one of the most significant health issues affecting young girls [32, 33].

A cross-sectional study was conducted by Hashim et al. to determine the prevalence of primary dysmenorrhea, investigate the contributing factors, and judge how it affects the well-being of female medical students in Riyadh, Saudi Arabia. They reported that their Quality of Life and academic performance are negatively impacted by primary dysmenorrhea. Primary dysmenorrhea and caffeine consumption were significantly associated. To lessen the effects of primary dysmenorrhea, periodic awareness campaigns should be launched [32].

Role of nurses in management of dysmenorrhea:

Dysmenorrhea is linked with several misunderstanding and traditional practice. So, Knowledge of nurses towards dysmenorrhea, types, management and its impact on the quality of life has a great impact on provision of safe patient care, as nurses have the responsibility to educate the families and community on the management of dysmenorrhea and give education on menstruation in general to improve women health and reproductive. Nurses should also teach the girls to perform physical exercise and meditation therapy. Dietary health education on dietary modification is crucial to girls especially

on vitamins and minerals foods, reduce fat intake, sugar intake, avoid alcohol intake and avoid caffeine intake when experience menstrual pain reported that women consuming excessive amount of sugar experienced severe dysmenorrhea than non-sugar consumer women. Nurses should encourage adolescents' girls to improve personal hygiene by regular bathing and frequent changing of sanitary pad.

Litratue review:

A cross-sectional descriptive study was conducted among nursing students in Assiut, Egypt to identify the prevalence of dysmenorrhea and how it affects their Quality of Life . They reported that dysmenorrhea is a common health issue whose high prevalence has a significant impact on daily activities and a negative impact on the Quality of Life for female adolescents [33].

Another study was conducted among university students in Turkey to examine the prevalence of depression and dysmenorrhea, the strength of the association between them, their causes, and any relevant outcomes that have an impact on the Quality of Life of university students who attend institutions of health sciences. They found that the high rate of dysmenorrhea among Turkish university students is a serious health issue that needs to be addressed, and primary care doctors should be given on-the-job training in the treatment of primary dysmenorrhea [34].

Fernández-Martínez et al. reported that dysmenorrhea is a significant issue for young people today in Spain, and its effects on patients' Quality of Life are clear. The nursing profession should get involved in encouraging young people to lead healthy lifestyles (such as through exercise and nutrition) and introduce complementary therapies [35].

Ameade et al. reported that the most common menstrual-related complaint among female university students in northern Ghana is dysmenorrhea. There is a strong correlation between respondents' chronological and gynecological ages, with younger students suffering from dysmenorrhea much more frequently. The most severe form of dysmenorrhea is significantly correlated with irregular menstruation, but not with the respondent's chronological age, age at menarche, or socioeconomic status. Dysmenorrhea and the symptoms associated with menstruation have a negative impact on women's daily lives and cause some of them to miss school. Even though bed rest was the treatment of choice, people with

moderate dysmenorrhea frequently used allopathic drugs, particularly paracetamol preparations [36]. In Nigeria, all female undergraduate students at Near East University have a high prevalence of dysmenorrhea. The study demonstrates the negative effects of dysmenorrhea on learning and Quality of Life, and it also demonstrates that the age of students, a family history of the condition, and irregular menstrual cycles are all very significant risk factors for dysmenorrhea. Despite the pain they experienced, the majority of students did not seek professional assistance or medical advice for dysmenorrhea. Few students talked about their dysmenorrhea with others. This indicates that female students are not very knowledgeable about managing and treating dysmenorrhea. When suffering from dysmenorrhea, more than half of students skipped class, and 31.5% of them missed three days' worth. The students with dysmenorrhea had very poor Quality of Life as their pain got worse [37].

Discussion:

In this review, we aimed to determine the prevalence of primary dysmenorrhea, investigate the contributing factors, and judge how it affects the well-being of female students in Northern Border University. Our review findings showed that dysmenorrhea is a common health issue with a significant impact on daily activities and a negative impact on the quality of life for female students. It is comparable with previous studies that have been conducted in different regions. A study conducted by Hashim et al. in Saudi Arabia found that primary dysmenorrhea and caffeine consumption were significantly associated and that their Quality of Life and academic performance were negatively impacted by primary dysmenorrhea [30].

Similarly, are in agreement with a study conducted among nursing students in Egypt found that dysmenorrhea is a common health issue with a significant impact on daily activities and a negative impact on the Quality of Life for female adolescents [31].

Our review findings are also comparable with results of another study conducted among university students in Turkey found that the high rate of dysmenorrhea among Turkish university students is a serious health issue that needs to be addressed and that primary care doctors should be given on-the-job training in the treatment of primary dysmenorrhea [32].

In addition to these studies, our findings are in agreement with Fernández-Martínez et al. reported that dysmenorrhea is a significant issue for young

people in Spain and its effects on patients' Quality of Life are clear. They suggest that the nursing profession should get involved in encouraging young people to lead healthy lifestyles and introduce complementary therapies [33]. Similarly, in agreement with our findings, Ameade et al. reported that the most common menstrual-related complaint among female university students in northern Ghana is dysmenorrhea. They found that dysmenorrhea has a negative impact on women's daily lives and causes some of them to miss school. They also found that even though bed rest was the treatment of choice, people with moderate dysmenorrhea frequently used allopathic drugs, particularly paracetamol preparations [34]. Also, our findings are in line with a study in a Nigeria also found that all female undergraduate students at Near East University have a high prevalence of dysmenorrhea, with the study demonstrating the negative effects of dysmenorrhea on learning and Quality of Life, and it also demonstrating that the age of students, a family history of the condition, and irregular menstrual cycles are all very significant risk factors for dysmenorrhea [38]. The findings of this review are consistent with previous studies conducted among female university students in Saudi Arabia, Egypt, Turkey, Spain, Ghana, and Nigeria. These studies also reported high rates of primary dysmenorrhea and its negative impact on the quality of life of the participants.

Conclusion and recommendations:

In conclusion, this study aimed to determine the prevalence, contributing factors and effects of primary dysmenorrhea on the quality of life of female adolescents. The findings of this study revealed a high prevalence of primary dysmenorrhea among the participants, with severe pain being the most common symptom reported. Age, a history of dysmenorrhea, and irregular menstrual cycles were found to be significant risk factors for the condition. The study also revealed a negative impact of primary dysmenorrhea on the participants' quality of life, with many reporting missing class and extracurricular activities due to the pain. The findings of this study highlight the need for; Effective interventions to address the high prevalence of primary and secondary dysmenorrhea among female university students and to improve their quality of life. Targeted awareness campaigns to improve the awareness of the female students about the normal and abnormal menstruation and management of dysmenorrhea. Awareness of the female students

to don't shy to seek medical advice for dysmenorrhea even if she need to hospital care and that dysmenorrhea is a health problem like any health problem. Education on healthy lifestyle choices including healthy diet and exercise. Raise awareness among young women about the value of a proper, balanced diet as menstrual pain reduction has been linked to vitamin intake and dietary changes. It is beneficial to engage in more consistent physical activity to lessen dysmenorrhea as exercise serves as a general analgesic by enhancing pelvic blood circulation and triggering the release of beta-endorphins. Analgesics should be administered correctly to lessen pain and enhance the quality of life and enable women having dysmenorrhea to carry out their daily tasks. Improved access to healthcare for the management and treatment of primary dysmenorrhea.

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