

Publication**Prevalence and predictors of premenstrual syndrome and premenstrual dysphoric disorder in a population-based sample****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 1196119**Author(s)** Tschudin, S.; Bertea, P. C.; Zemp Stutz, Elisabeth**Author(s) at UniBasel** [Zemp Stutz, Elisabeth](#) ;**Year** 2010**Title** Prevalence and predictors of premenstrual syndrome and premenstrual dysphoric disorder in a population-based sample**Journal** Archives of Women's Mental Health**Volume** 13**Number** 6**Pages / Article-Number** 485-94**Keywords** Premenstrual syndrome, PMS, Premenstrual dysphoric disorder, PMDD, Prevalence, Predictors

The study aimed at assessing the prevalence of premenstrual symptoms and of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) in a population-based sample of women of the entire reproductive age range, as well as to analyse predictors of PMS and PMDD in terms of socio-demographic, health status and health behavioural factors. A set of questions on PMS based on the premenstrual syndrome screening tool developed by Steiner et al., translated into German and piloted was integrated into the written questionnaire of the 2007 Swiss Health Survey. Weighted prevalence rates and multivariable regression analysis for the outcome variables PMS and PMDD were calculated. A total of 3,913 women aged 15 to 54 years answered the questions on PMS symptoms, and 3,522 of them additionally answered the questions on interference of PMS with life. Ninety one percent of the participants reported at least one symptom, 10.3% had PMS and 3.1% fulfilled the criteria for PMDD. The prevalence of PMS was higher in non-married women, in women aged 35-44 years and in women of the Italian-speaking region of Switzerland. Both PMS and PMDD were strongly associated with poor physical health and psychological distress. Socio-cultural factors seem to determine the prevalence, perception and handling of PMS. Considering the association with poor physical health and high psychological distress, a broader underlying vulnerability in women qualifying for PMDD must be assumed and should be taken into account in clinical management as well as in future research in this field.

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