

The Application of Holistic Health Promotion for Women with Premenstrual Syndrome (PMS) in the Workplace

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Abstract

Premenstrual syndrome (PMS) encompasses a range of chronic and often enigmatic physiological and psychosocial symptoms occurring during the luteal phase of the menstrual cycle. Its impact extends across physical health, mental well-being, personal relationships, and work performance. The critical initial step in managing premenstrual syndrome (PMS) involves recognizing the necessity for lifestyle modification, stress reduction, medication, and fostering positive emotional well-being while coexisting with these symptoms. In the realm of health promotion, fostering a collaborative workplace culture is essential. By promoting open conversations about PMS, workplaces can create an atmosphere of support and camaraderie. This involves streamlining processes for employee health, prioritizing well-being through policies, and recognizing organizations' influence on health. Following these principles helps workplaces mitigate health risks, improve employees' quality of life, and address concerns like PMS effectively. A healthier workforce not only cuts direct expenses like insurance premiums but also boosts productivity and reduces absenteeism, aligning with health promotion goals. In the author's personal capacity as an occupational medicine doctor, it is essential to advocate for workplace well-being and encourage employees to engage in transparent dialogues about their health with their employers. This collaborative effort seeks to enhance employees' quality of life and elevate their overall performance. By nurturing an environment where health issues like PMS can be openly discussed, we contribute to the cultivation of a healthier and more productive workforce.

Keywords: holistic health promotion; premenstrual syndrome (PMS); workplace

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Introduction

During the industrial era, women have become the predominant workforce. As of 2020, the International Labour Organization (ILO) reported a global women's labor force participation rate of 47.2%.⁽¹⁾ Women of reproductive age often face emotional and physical symptoms linked to their menstrual cycle, experiencing a range of discomforts caused by premenstrual syndrome (PMS). The prevalence of premenstrual syndrome (PMS) globally is 16-91% in reproductive women and 30-40% in Thailand.⁽²⁾

Premenstrual syndrome can significantly disrupt women's lives, affecting personal relationships, job performance, and social engagement. It has been associated with issues like decreased academic achievement, work absenteeism, increased accident risks, diminished self-esteem, and hindrances to achieving life goals. Implementing a comprehensive and holistic health promotion approach for PMS can lead to improved well-being, reduced absenteeism, and enhanced work performance.

The initial important step involves raising awareness and knowledge about PMS and self-care treatment techniques. Occupational medical physicians can play a crucial role in advocating for lifestyle adjustments and cultivating a deeper understanding of PMS among both workplaces and employees. In Thailand, this is the first comprehensive review of Holistic Health Promotion (HHP) for Premenstrual Syndrome (PMS) in the workplace, shedding light on its impact on productivity, causative factors, diagnostic methods, evidence-based medical treatments, and empowering

women to take control of their well-being and effectively manage this condition.

Background

In 1953, an English physician meticulously documented and reported cases, introducing the term "premenstrual syndrome."⁽³⁾ Despite the passage of time, persistent controversies continue to enshroud its intricate facets within the medical literature, including its exact definition, prevalence rates, underlying pathogenesis, diagnostic criteria, and therapeutic paradigms. It wasn't until the year 2000 that the American College of Obstetricians and Gynecologists (ACOG) proffered diagnostic guidelines and recommendations, paving the way for a holistic treatment approach.⁽⁴⁾

Premenstrual syndrome characteristically encompasses an array of physical, psychological, and behavioral manifestations that manifest after ovulation, typically occurring within days 14 to 28 of the standard menstrual cycle.⁽⁴⁾ These symptoms commonly wane a few days following the onset of menstruation. Rigorous studies have underscored that a staggering 90% of females in their reproductive age spectrum encounter a spectrum of mild to acute premenstrual symptoms. Among this cohort, a notable proportion of 20% to 40% contend with PMS, while an additional 2% to 8% grapple with premenstrual dysphoric disorder (PMDD), an intensely severe form of premenstrual syndrome primarily characterized by emotional distress.⁽⁵⁾

The importance of addressing premenstrual health within the workplace is increasingly underscored by a growing body of evidence. Women commonly experience a reduction in physical activity, leading to decreased productivity

before and during their menstrual cycles. Ongoing research primarily examines the link between the severity of premenstrual symptoms and rates of absenteeism, job performance, and overall productivity.⁽⁶⁾

Absence from work due to illness is influenced by a multitude of factors, encompassing age, gender, chronic health conditions, and job nature. Studies reveal that women absent from work due to premenstrual discomfort display notably different and more severe symptoms, particularly depression, during the premenstrual phase, compared to those unaffected.⁽⁷⁾ Numerous investigations have demonstrated that individuals grappling with challenging premenstrual symptoms exhibit diminished work productivity and performance, and elevated absenteeism rates.

A striking estimation unveils that indirect costs attributed to work-related impairment caused by premenstrual symptoms in the USA amount to an average increase of \$4,333 per individual annually compared to those unaffected by PMS.⁽⁸⁾ Remarkably, women may be cognizant of these unfavorable attitudes prevailing in the workplace, leading them to refrain from highlighting their female-specific experiences. Evidently, women express a pronounced need for heightened awareness, empathy, and support within the work environment and collaborative teams.

In Thailand, the term 'PMS' is relatively new in our social discourse, often overlooked for its significant impact. In some workplaces, it's merely viewed as a monthly weakness of women, causing not just physical symptoms but also negatively affecting how female workers are perceived by their colleagues. This groundbreaking review marks the first step in implementing holistic health promotion (HHP) for premenstrual syndrome

(PMS) in Thai workplaces. The objective of this article is to raise awareness and encourage every workplace to acknowledge the PMS issue and work collaboratively towards its solution.

Premenstrual syndrome encompasses a wide spectrum of symptoms, with approximately 150 physical and psychological manifestations linked to this phase of the menstrual cycle. These symptoms can be broadly categorized into physical, psychological, and behavioral domains.⁽⁴⁾ Physical symptoms often include sensations of fatigue, edema, breast fullness, headaches, weight gain, body aches, and swelling in the extremities. Psychological aspects encompass irritability, nervousness, mood swings, feelings of sadness, depression, reduced concentration, altered sleep patterns (hypersomnia/insomnia), and a tendency to withdraw from usual activities. Behavioral manifestations of PMS can extend beyond the physical and psychological domains, often exerting effects on interpersonal relationships and work performance. These behavioral symptoms can influence various aspects of daily life, including interactions with colleagues, supervisors, and personal relationships. They may contribute to challenges in communication, teamwork, and overall work effectiveness. It is important to recognize and address these behavioral impacts of PMS to support individuals in managing their well-being and optimizing their performance in both professional and personal spheres.⁽⁹⁾

A more severe form of PMS, known as premenstrual dysphoric disorder (PMDD), is characterized predominantly by emotional symptoms, as defined in the Diagnostic and Statistical Manual of Mental Disorders (IV and V).⁽¹⁰⁾ Given the range and intensity of symptoms, PMS can significantly impact work performance.

Some common symptoms of PMS that may affect work include: ⁽¹¹⁾

1. Mood changes and irritability: PMS can give rise to mood swings, irritability, anxiety, or even depression, affecting interpersonal relationships and communication in the workplace.

2. Physical symptoms: unpleasant symptoms like breast tenderness, bloating, headaches, and muscle aches may cause discomfort and divert focus from work-related responsibilities.

3. Cognitive difficulties: PMS can influence cognitive function, leading to challenges with memory, attention, and decision-making. This can have implications for cognitive tasks at work.

4. Sleep disturbances: PMS-induced sleep disturbances, including insomnia or disrupted sleep patterns, may result in daytime drowsiness and reduced alertness while working. ⁽¹²⁾

It's important to recognize that the severity and specific symptoms of PMS can vary significantly among individuals. Individuals experiencing notable disruptions in work functioning due to PMS symptoms should consider seeking an appropriate holistic approach and exploring strategies to effectively manage their symptoms within the workplace.

Etiology and Diagnosis

Etiology:

While factors associated with PMS have been identified, the precise cause of PMS remains elusive, despite various proposed theories.

Initially, PMS was attributed to imbalances in hormone levels within the menstrual cycle, particularly estrogen and progesterone. ⁽¹³⁾ Low levels of the neurotransmitter serotonin have also been linked to PMS. Estrogen and progesterone

can influence serotonin receptor concentration and metabolism in the human brain. ⁽¹⁴⁾ Although multiple theories regarding PMS causation exist, none have been definitively validated through scientific substantiation. The complex etiology of PMS involves genetic and environmental factors.

Diagnosis:

Early diagnosis is pivotal in effectively treating PMS. The diagnosis relies on careful consideration of symptom timing and cyclic patterns and diagnostic tools encompass: ⁽⁹⁾

Thorough history-taking, including clinical evaluation, menstrual patterns, past medical history, work-related factors, and maintenance of a symptom diary over a minimum of two menstrual cycles.

Physical examination is crucial to differentiate PMS from other conditions that share similar symptoms. This helps rule out underlying disorders common in women, such as hypothyroidism, anemia, hyperprolactinemia, vitamin deficiencies, autoimmune disorders, endometriosis, and gynecological cancers. Additionally, it aids in excluding depression and anxiety disorders.

Laboratory tests hold limited value in PMS diagnosis due to the absence of definitive biologic or serologic abnormalities associated with the syndrome. However, specific laboratory studies may be conducted as needed to rule out other disorders with overlapping symptoms.

Holistic Approach in Treatment

A comprehensive holistic approach to treating PMS involves addressing physical, mental, and environmental factors to minimize symptoms and enhance overall well-being. ⁽⁴⁾ The process begins

with seeking guidance from a knowledgeable and compassionate clinician who validates the woman's experience and imparts education about self-help treatment strategies. For mild to moderate PMS impacting personal, social, and professional life without severe hindrance, managing involves lifestyle adjustments, CBT, and supplements. In severe cases where social and professional interaction is severely impacted, medication like antidepressants or hormonal contraceptives may be added.⁽⁹⁾ In the physical and mental realms, the following steps are essential:

1. Lifestyle Modification:

- Diet: a study by MoradiFili B, et al. in 2019, has consistently demonstrated a significant link between a Western dietary pattern, characterized by high consumption of fast foods, processed meats, sugary items, and unhealthy fats, and an increased likelihood of experiencing PMS symptoms. Conversely, adherence to a healthy dietary pattern rich in dried fruits, nuts, vegetables, fish, and yogurt drinks has been associated with a reduced risk of PMS. Additionally, individuals following a traditional dietary pattern high in eggs, fruits, vegetables, and certain fats have been found to have lower odds of experiencing PMS.⁽¹⁵⁾

- Exercise: studies like the RCTs summarized by Pearce E, et al in 2020 suggest that exercise interventions can lead to reduced global PMS symptom scores.⁽¹⁶⁾ Engaging in regular exercise may prove to be an effective treatment for PMS symptoms.

- Smoking: research, as observed in the RCT conducted by Choi SC and Hamidovic A in 2020, highlights the adverse effects of smoking on PMS. Smoking is associated with an increased risk of PMS [OR=1.56 (95% CI: 1.25–1.93)],

possibly due to nicotine's effects on neurocircuitry. While nicotine may initially alleviate affective symptoms, it could ultimately worsen PMS symptoms and increase susceptibility to environmental stressors.⁽¹⁷⁾

- Alcohol and PMS: research by Fernández MDM, et al. in 2018 demonstrated that alcohol consumption is linked to a moderate increase in PMS risk (OR=1.45, 95% CI: 1.17 to 1.79), with heavy drinking showing a larger risk increase (OR=1.79, 95% CI: 1.39 to 2.32), potentially due to its effects on sex steroid hormones, gonadotropin levels, serotonin, and gamma-amino butyric acid (GABA) activity.⁽¹⁸⁾

2. Cognitive Behavioral Therapy (CBT)

A studies by Blake F, et al. in 1997 is a showcase of CBT's effectiveness in reducing psychological and somatic symptoms, improving functioning via diary records and self-report questionnaires.⁽¹⁹⁾ Additionally, a study by Hunter MS, et al. in 2002 comparing CBT, fluoxetine (20 mg daily), and combined therapy found all three groups improved after 6 months, with fluoxetine showing quicker improvement but CBT demonstrating better maintenance of effects during follow-up.⁽²⁰⁾

3. Supplement and herbal medicine

- Calcium: research by Thys-Jacobs S, et al. highlighted that calcium carbonate at levels of 1,000 mg/day and 1,200 mg/day can reduce PMS symptom scores during the luteal and menstrual phases⁽²¹⁾; and a systematic review by Arab A, et al. in 2020 suggested that calcium carbonate at levels of 500-1200 mg/day can alleviate PMS symptoms and address lower serum calcium levels associated with PMS.⁽²²⁾

- Vitamin D: Arab A, et al.'s study in 2019 indicated that vitamin D may mitigate PMS

symptoms, although no significant link was established between serum 25(OH) vitamin D levels and PMS.⁽²³⁾

- Vitamin B6: Wyatt KM's study in 1999 suggested potential benefits of vitamin B6 up to 50-600 mg/day for PMS; however, most trial quality was limited by low quality.⁽²⁴⁾

- Magnesium: Boyle NB's research in 2017⁽²⁵⁾ indicated that magnesium at 200-250 mg/day, used in 4 studies, demonstrated reduction in PMS symptoms, although 3 studies reported negative effects. Moslehi M, et al. in 2019⁽²⁶⁾ found no associations between serum magnesium and PMS during the follicular/luteal phase.

- Herbal Medicine (Vitex agnus-castus): Data from Loch EG, et al.'s study in 2000 showed that after 3 cycles, Vitex agnus-castus led to a decrease in depression, anxiety, craving, and hyperhydration in PMS patients⁽²⁷⁾; Die MD's study in 2013, comparing Vitex with placebo, revealed decreased scores in premenstrual tension syndrome self-rating scale (PMTS), premenstrual syndrome diary (PMSD), and visual analogue scales (VAS).⁽²⁸⁾

4. Medicine

oral contraceptive, selective serotonin reuptake inhibitors (SSRI) and gonadotropin-releasing hormone (GnRH) agonist

- Triphasic oral contraceptive: the study employed ethinyl estradiol 0.035 mg (days 1-21), norethindrone 0.5 mg (days 1-7, 17-21), and 1 mg (days 8-16). Results showed a decrease in breast pain and bloating, with no impact on mood symptoms.⁽²⁹⁾

- Drospirenone and ethinyl estradiol: the study used drospirenone 3 mg and Ethinyl Estradiol 20-30 µg, resulting in a reduction of total PMS symptoms.⁽³⁰⁾ Extended oral contraceptive

regimen: research on extended oral drospirenone/ethinyl estradiol 3mg/30 µg demonstrated superiority over the 21/7-day regimen in managing PMS.⁽³¹⁾

- Gonadotropin-releasing hormone (GnRH) agonist and hormonal add-back therapy⁽³²⁾: GnRHa reduced PMS (physical and behavioral symptoms), and hormonal add-back therapy did not diminish GnRHa's efficacy.

- Selective serotonin reuptake inhibitors (SSRI): a study by Dimmock PW, et al. in 2000 found Fluoxetine 20-60 mg/day, Sertraline 50-150 mg/day, paroxetine 10-30 mg/day, and citalopram 10-30 mg/day reduced severe PMS physical and behavioral symptoms.⁽³³⁾ Marjoribanks J, et al. in 2013 found no difference in effectiveness between taking SSRIs only in the luteal phase or continuously for PMS symptom management.⁽³⁴⁾

Workplace Health Promotion

Workplace health promotion is a collaborative effort involving employers, employees, and society to enhance the health and wellbeing of workers. This encompasses programs aimed at both individual behavior changing and mitigating workplace stressors that negatively impact health behaviors. Several barriers hinder successful workplace health promotion. Small enterprises often lack the infrastructure for robust initiatives seen in larger companies. Moreover, time and knowledge constraints in some organizations hinder the initiation and sustainability of meaningful health promotion efforts. By following the steps summarized in Figure 1, companies can help to improve the health and well-being of their employees who have PMS.⁽³⁵⁾

Figure 1 Steps of PMS Health Promotion in the Workplace



Needs Assessment and Understanding:

Initiate a needs assessment to grasp the prevalence and influence of PMS on female employees through open dialogues. Identify departments or areas where young female workers are particularly affected by PMS-related issues and absenteeism. By shedding light on the actual scenario, employees can better appreciate the challenges faced by their colleagues. This understanding contributes to reducing the stigma associated with PMS, as some employees may hesitate to disclose their condition due to fear of discrimination.⁽³⁶⁾

Educational Workshops and Open Discussions:

Facilitate educational workshops that provide accurate information about PMS symptoms, causes, and management. Enhance awareness among all employees to foster empathy and understanding towards those experiencing PMS symptoms. By promoting open conversations

about PMS, workplaces can create an atmosphere of support and camaraderie where affected individuals are empowered to seek help and others are equipped to offer assistance.

Peer or Social Support Groups:

Establish peer support groups within the workplace. Encourage colleagues to come together and form supportive networks for those dealing with PMS. This encourages a culture of empathy and mutual assistance, where coworkers can share experiences, offer advice, and provide emotional support. Through these groups, individuals can feel more comfortable discussing their challenges and seeking guidance from those who understand their situation firsthand. Promoting a workplace environment that prioritizes understanding, education, and support for PMS can not only improve the wellbeing of affected employees but also contribute to a more inclusive and compassionate organizational culture.

Organizational Level Assessment

By following this step, an organizational policy should be developed to improve support for PMS within the workplace, aiming to facilitate communication and assistance between employers and employees. This policy is designed to create a supportive framework that addresses the specific needs related to PMS in the workplace.⁽³⁷⁾:

1. Provide training to managers on how to support employees dealing with PMS. This will foster understanding and empathy towards PMS-affected workers.
2. Develop policies that cater to PMS-related needs. This includes allowing for adaptable workloads during the menstrual cycle without facing penalties. Encourage open discussions about PMS in public forums to increase awareness and acceptance, and promote overall communication about health-related topics.
3. Create a work environment that offers appropriate resources.
 - Ensure availability of menstrual products in the workplace.
 - Design quiet and comfortable spaces for rest and symptom management.
4. Implement measurement and evaluation:
 - Assess the attitude and empathy towards PMS among both affected workers and other employees to track progress and effectiveness of interventions.

The 3 Pillars of Holistic Health Promotion for Premenstrual Syndrome (PMS) in the Workplace

- **Education and awareness & Foster a Supportive Work Environment:**

encourage open discussions among employees about PMS, including its symptoms, causes, and treatments. This can be done through

workshops, seminars, or online resources to foster a supportive and understanding environment between employers and employees.

- **Prevention:**

encourage employees to adopt healthy lifestyle habits that can help to reduce PMS symptoms, such as regular exercise, healthy eating, and smoking cessation.

- **Treatment:**

easy access to treatment options for PMS, such as pain relievers, Selective Serotonin Reuptake Inhibitors (SSRI), Cognitive Behavioral Therapy (CBT), and complementary therapies.

Conclusion

Premenstrual syndrome presents with chronic and often mysterious physiological and psychosocial symptoms during the luteal phase of the menstrual cycle. Its effects ripple through physical well-being, mental health, personal relationships, and job performance. The crucial initial step in addressing PMS involves understanding and accepting the need for lifestyle changes, stress reduction, and nurturing a positive mood and well-being while living with these symptoms.

In the realm of health promotion, fostering a workplace culture based on partnership is key to addressing issues like premenstrual syndrome. This involves optimizing work processes to contribute to employee health, implementing policies that prioritize well-being, and acknowledging the impact organizations have on individuals' health. By adhering to these principles, workplaces can reduce health risks, improve the quality of life for their employees, and tackle concerns like PMS more effectively. A healthier

workforce not only lowers direct costs like insurance premiums but also positively impacts indirect costs such as absenteeism and productivity, aligning with the goals of health promotion initiatives in the workplace.

This is the first review of the application of holistic health promotion (HHP) for premenstrual syndrome (PMS) in the workplace in Thailand. As an occupational medicine doctor, the author's

role is to promote workplace well-being and empower workers to engage in open discussions about their health with their employers. This collaborative effort aims to enhance the quality of life for employees and improve their overall performance. By fostering an environment where health concerns like PMS can be openly addressed, we can contribute to a healthier and more productive workforce.

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แนวทางการสร้างเสริมสุขภาพองค์กรรวมสตรีที่มีกลุ่มอาการก่อนมีประจำเดือน ในสถานประกอบการ

เฉลิมรัฐ มีอยู่เต็ม

กลุ่มงานอาชีวเวชกรรม โรงพยาบาลนครปฐม

บทคัดย่อ

กลุ่มอาการก่อนมีประจำเดือน เป็นอาการผิดปกติที่เรื้อรัง ซึ่งเกิดในช่วงก่อนมีประจำเดือน ประกอบด้วย อาการทางด้านร่างกาย จิตใจ และพฤติกรรม ส่งผลกระทบต่อการศึกษา การทำงาน ทำให้ประสิทธิภาพในการทำงาน การมีส่วนร่วมในสังคม ความสัมพันธ์กับผู้อื่นลดลง ซึ่งการจัดการกลุ่มอาการก่อนมีประจำเดือนตั้งแต่การปรับเปลี่ยนพฤติกรรม การจัดการความเครียด การได้รับยา และการปรับสภาพแวดล้อมในการทำงานให้เหมาะสม การสร้างเสริมสุขภาพองค์กรจึงมีบทบาทสำคัญ โดยการมีส่วนร่วมของพนักงาน เพื่อนร่วมงาน นายจ้าง หรือบริษัทได้มีโอกาสแลกเปลี่ยนประสบการณ์ สร้างสภาพแวดล้อมการทำงานที่เป็นมิตร ซึ่งทำให้เกิดความเข้าใจ รับรู้ปัญหา และหาทางออกร่วมกัน เพื่อให้พนักงานที่มีกลุ่มอาการก่อนมีประจำเดือนสามารถทำงานกับเพื่อนร่วมงานอย่างมีความสุข มีคุณภาพชีวิตที่ดีทั้งทางร่างกายและจิตใจ อีกทั้งยังเป็นการช่วยลดค่าใช้จ่ายการรักษาพยาบาล การขาดงาน และยังช่วยเพิ่มประสิทธิภาพในการทำงาน ในฐานะแพทย์ที่ดูแลเกี่ยวสุขภาพวัยทำงาน มีบทบาทในการสร้างเสริมสุขภาพองค์กรรวมให้พนักงานมีสุขภาพดี และทำงานได้อย่างเต็มศักยภาพ นอกจากนี้ยังเป็นคนกลางในการเชื่อมความสัมพันธ์ระหว่างพนักงานและสถานประกอบการ เพื่อให้เกิดการแลกเปลี่ยนเรียนรู้ และเกิดวัฒนธรรมองค์กรที่ช่วยเหลือเกื้อกูลในการทำงานได้อย่างมีความสุขต่อไป

คำสำคัญ: การสร้างเสริมสุขภาพองค์กรรวม; กลุ่มอาการก่อนมีประจำเดือน; สถานประกอบการ