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RESEARCH ARTICLE

Occupational Therapy Intervention for Persons with Premenstrual Syndrome

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Abstract: Premenstrual syndrome (PMS) impairs occupational performance and quality of life in many women. Cognitive behavioural therapy (CBT) has been proposed as an effective non-pharmacological intervention. To examine the effect of CBT on occupational performance in women with PMS. A cross-sectional study screened 35 participants, of which 20 women aged 18–35 years with moderate-to-severe PMS were selected. Twelve CBT sessions were conducted over 12 weeks, including cognitive restructuring, behavioural activation, and stress management. PMS was assessed using the Premenstrual Syndrome Assessment Scale (PMSS), and occupational performance was evaluated using the Canadian Occupational Performance Measure (COPM). Pre- and post-test scores were compared using paired t-test Participants showed significant improvements in occupational performance and satisfaction after CBT intervention ($p < 0.05$). CBT is effective in improving occupational performance among women with PMS. Occupational therapists can integrate CBT techniques into holistic management.

Keywords: Premenstrual Syndrome, Cognitive Behavioural Therapy, Occupational Therapy, Occupational Performance.

INTRODUCTION

Premenstrual syndrome (PMS) is characterized by recurrent physical, emotional, and behavioural symptoms that occur during the luteal phase of the menstrual cycle and resolve with menstruation. PMS affects up to 30% of women of reproductive age, often impairing occupational performance, productivity, and social participation. Occupational therapy focuses on enhancing functional engagement, and cognitive behavioural therapy (CBT) provides a structured framework for addressing maladaptive thoughts and behaviours. This study investigates the effectiveness of CBT techniques in improving occupational performance in women with PMS.

Methodology
Study design - a cross-sectional study

Participants- Totally 35 participants were screened and 20 participants were selected with moderate and severe symptoms of PMS and also have significant impairment in their occupational performance.

Instruments- PMS is screened with PREMENSTRUAL SYNDROME ASSESSMENT SCALE [PMSS] and their occupational performance are measured with CANADIAN OCCUPATIONAL PERFORMANCE MEASURE [COPM].

Intervention
All the samples who have screened underwent 4 sessions per month – 2 sessions before menstrual cycle and 2 sessions after menstrual cycle totally 12 sessions. Alternatively, group sessions are conducted.

MONTH-1
SESSION-1 [Before menstrual cycle , GROUP session] -Introduction about all the cognitive behavioural techniques, detailed explanation about all the techniques.

SESSION 2 -Activity scheduling
SESSION 3- Journaling and thought records
SESSION 4- Cognitive restructuring

MONTH-2
SESSION 5-Relaxation & stress reduction
SESSION 6-Problem solving
SESSION 7-[After menstrual cycle] Behavioural activation
SESSION 8- Stress management and relaxation techniques

MONTH-3
SESSION 9- Teaching coping skills
SESSION 10-Coping techniques to achieve their daily occupation
SESSION 11- Guided discovery
SESSION 12- Feedback on their improvement on occupational performance. Reassessment of COPM

OVERALL STATISTICAL ANALYSIS RESULTS

TABLE1

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		0 Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	PRE-TEST PERFORMANCE SCORE – POST- TEST PERFORMANCE SCORE	-1.79000	1.04120	.23282	-2.27730	-1.30270	-7. 688	19	.000
Pair 2	PRE-TEST SATISFACTION SCORE - POST-TEST SATISFACTION SCORE	-2.04000	.88163	.19714	-2.45261	-1.62739	-10.348	19	.000

TABLE 2

One-Sample Test						
	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
CHANGES IN PERFORMANCE	7.645	19	.000	1.75000	1.2709	2.2291
CHANGES IN SATISFACTION	10.134	19	.000	2.00000	1.5869	2.4131

From the above tables it shows significant results in improving both performance and satisfaction in their occupational performance problems by overcoming their PMS symptoms. These changes have been proved that cognitive behavioural techniques can improve the occupational performance those who are affected with premenstrual syndrome symptoms.

DISCUSSION

The study shows that Cognitive Behavioural techniques are more benefinical in improving the persons occupational performance with Premenstrual syndrome. There is a difference in every individual's performance and satisfaction on their occupational performance problems which they face on premenstrual phase every month. These conclusions suggest that both changes in performance and changes in satisfaction are significantly different from zero, indicating a positive shift in both variables. The high t-values and low p-values provide strong evidence to support these conclusions.

Thus, the null hypothesis that Cognitive behavioural techniques will not significantly improve the Occupational performance of persons with Premenstrual Syndrome has been disproved and the alternative hypothesis that Cognitive behavioural techniques will significantly improve the occupational performance of persons with Premenstrual Syndrome have been proved.

CONCLUSION

Premenstrual syndrome is when a women complains of recurrent psychological or somatic symptoms (or both) occurring specifically during the luteal phase of the menstrual cycle and which resolve in follicular phase at least by end of the menstruation (ICD-10) This affects women and girls occupational performance too. Cognitive behavioural therapy is based on conceptualization, understanding of an individual patient. In this study, the results have been concluded that Cognitive behavioural techniques has an impact on performance and satisfaction on persons with PMS symptoms. Occupational Therapist have limited exploration in premenstrual syndrome and its effects on occupational performance, In this study Occupational

performance have been significantly improved using Cognitive behavioural techniques. Thus, Occupational therapist can use Cognitive behavioural technique as an effective measure along with other treatment modalities in persons with Premenstrual Syndrome.

Limitations

The present study was done with the Small sample size The study included participants from only one region Larger sample size is recommended Study can be done in different locations Randomized control study can be carried out .Follow up the interventions, so that the techniques are in cooperated by the participants so relapse of symptoms will not occur. Effect of cognitive behavioural techniques on quality of life can be done in further studies.

DECLARATION: The authors have no conflict of interest

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