

ISPITIVANJE UTICAJA ŽIVOTNOG STILA NA PRIMARNU DISMENOREJU

EXAMINATION OF THE IMPACT OF LIFESTYLE ON PRIMARY DYSMENORRHEA

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SAŽETAK

Uvod: Dismenoreja predstavlja često ginekološko stanje koje pogađa oko 45-90% žena. Prema podacima Svetske Zdravstvene Organizacije i do 90% mladih devojaka starosti 10-20 godina ima neki oblik dismenoreje. Danas se pod dismenorejom podrazumeva širi pojam koji se može manifestovati od nelagodnosti pa do jakog bola po tipu spazma u maloj karlici (porekla uterusa) sa radijacijom u donji deo leđa koji je često praćen drugim simptomima, kao što su znojenje, glavobolja, mučnina, povraćanje, dijareja i drhtavica. Kod nekih žena dismenoreja izaziva relativan diskomfort dok kod nekih dovodi do ozbiljnog narušavanja kvaliteta života, odsustva sa posla, iz škole, socijalno povlačenje i dr. I pored jako visokog procenta žena koje se suočavaju sa ovim problemom, velika većina ne posećuje lekara, nedovoljno je ispitana i samim tim neadekvatno lečena.

Cilj: Cilj ove studije bio da se utvrdi povezanost različitih elemenata stila života, ponašanja i navika na pojavu i težinu primarne dismenoreje.

Materijal i metode: Ova prospektivna studija sprovedena je na Medicinskom fakultetu Univerziteta u Prištini sa sedištem u Kosovskoj Mitrovici u šestomesečnom periodu. Studija je podrazumevala anketiranje studentinje svih smerova Medicinskog fakulteta. Kriterijumi za uključivanje u studiju su bili: starost ≥ 18 godina i srpski kao maternji jezik. Kriterijumi za isključivanje iz studije su bili: dokazana ginekološka oboljenja, psihička i hronična oboljenja koja mogu biti uzrok tegoba sličnih dismenoreji, odbijanje učestvovanja ili popunjavanje manje od 90 % upitnika. Opštim upitnikom su prikupljeni socioepidemiološki podaci, lična, porodična i ginekološka anamneza kao i životne navike u smislu ishrane, fizičke aktivnosti, konzumacije cigareta i alkohola kao i navika vezanih za san. Ispitaice su takođe popunjavale Skalu simptoma dismenoreje (Dysmenorrhea Symptom Interference Scale) - DSI kojom se ispituje uticaj simptoma dismenoreje na svakodnevno funkcionisanje i kvalitet života. DSI skor varira od 1 (blage tegobe) do 9 (izražene tegobe i oštećen kvalitet života).

Rezultati: U studiju je bilo uključeno 350 studentkinja koje su u proseku imale 20,58 $\pm$ 1,97 godina života. Najveći broj ispitanica je imao regularne menstrualne cikluse, bez prethodnih trudnoća, dok je hormonsku kontracepciju koristio mali procenat ispitanica. Naše ispitanice nisu imale veoma izražene simptome dismenoreje (prosečni DSI skor 2,45 $\pm$ 0,96 dok je 7,44% ispitanica imalo DSI ≥ 4). Regresiona analiza je pokazala da je viši DSI skor povezan sa pušenjem, kratkim snom i lošim kvalitetom sna, neredovnom ishranom sa samo jednim do dva obroka na dan naročito ako je doručak više od dva sata nakon buđenja kao i činjenicom da ispitanica jede više kada je sama i u miru, konzumacijom crvenog mesa i slatkisa kao i gubitkom više od 10kg u poslednjih 5 godina. S druge strane, DSI skor je bio niži kod ispitanica koje više jedu kada su u društvu i kod onih koje konzumiraju sveže povrće.

Zaključak: Rezultati studije su pokazali da stil života, ponašanja i navike mogu uticati na pojavu i intenzitet dismenoreje.

Ključne reči: dismenoreja, životni stil, pušenje, fizička aktivnost, ishrana

ABSTRACT

Introduction: Dysmenorrhea is a common gynecological condition that affects about 45-90% of women. According to data from the World Health Organization, up to 90% of young girls aged 10-20 years have some form of dysmenorrhea. Today, dysmenorrhea is a broader term that can manifest itself from discomfort to severe pain in the type of spasm in the small pelvis (uterine origin) with radiation to the lower back, which is often accompanied by other symptoms, such as sweating, headache, nausea, vomiting, diarrhea and shivering. In some women, dysmenorrhea causes relative discomfort, while in others it leads to serious impairment of the quality of life, absence from work, school, social withdrawal, etc. Despite the very high percentage of women who face this problem, the vast majority do not visit a doctor, are insufficiently examined and therefore inadequately treated.

Objective: The objective of this study was to determine the connection between different elements of lifestyle, behavior and habits on the occurrence and severity of primary dysmenorrhea.

Material and methods: This prospective study was conducted at the Faculty of Medicine of the University of Pristina, located in Kosovska Mitrovica, over a six-month period. The study involved surveying female students of all majors at the Faculty of Medicine. Criteria for inclusion in the study were: age ≥ 18 years and Serbian as mother tongue. The criteria for exclusion from the study were: proven gynecological diseases, psychological and chronic diseases that can cause complaints similar to dysmenorrhea, refusal to participate or filling out less than 90% of the questionnaire. The general questionnaire collected socio-epidemiological data, personal, family and gynecological history as well as lifestyle habits in terms of nutrition, physical activity, cigarette and alcohol consumption as well as sleep habits. The subjects also completed the Dysmenorrhea Symptom Interference Scale - DSI, which examines the impact of dysmenorrhea symptoms on daily life, functioning and quality of life. The DSI score varies from 1 (mild complaints) to 9 (pronounced complaints and impaired quality of life).

Results: The study included 350 female students who were on average 20.58 $\pm$ 1.97 years old. The largest number of respondents had regular menstrual cycles, without previous pregnancies, while a small percentage of respondents used hormonal contraception. Our subjects did not have very pronounced symptoms of dysmenorrhea (average DSI score 2.45 $\pm$ 0.96 while 7.44% of subjects had DSI ≥ 4). Regression analysis showed that a higher DSI score is associated with smoking, short sleep and poor sleep quality, irregular diet with only one to two meals a day, especially if breakfast is more than two hours after waking up, as well as the fact that the eater eats more when she is alone and in peace, consumption of red meat and sweets, as well as losing more than 10 kg in the last 5 years. On the other hand, the DSI score was lower in subjects who eat more when they are in company and in those who consume fresh vegetables.

Conclusion: The results of the study showed that lifestyle, behaviors and habits can influence the occurrence and intensity of dysmenorrhea.

Key words: dysmenorrhea, lifestyle, smoking, physical activity, nutrition