



THE APPLICATION OF COCS AND MAGNESIUM IN PREMENSTRUAL SYNDROME TREATMENT

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It has been known, that women's quality of life in reproductive age is determined by menstrual cycles. In cases of menstrual disorders there are different onsets from dysmenorrhea and premenstrual syndrome to often sural spasms and androgen-dependent dermatopathy.

Objective: to study quality of life patients with premenstrual syndrome, to reveal the micro elements deficiency for therapies choice.

Methods: the premenstrual syndrome diagnostics based on standardized criteria of International Classification of Diseases of WHO 10 and included: tension, anxiety, tearfulness, irritation, attention span difficulties, and some others symptoms (headache, breast soreness, abdominal distension, increases body weight). Inclusion criteria were: reproductive age (18-45 years), somatically healthy, without any drugs for premenstrual syndrome relief. We assessed the magnesium serum levels before and after treatment of premenstrual syndrome. In order to therapy premenstrual syndrome we use combined oral contraceptives (COC), contained Drospironon 3 mg and 20 mcg ethinyl-estradiol.

Results. We performed the survey in 126 women, and 47 (37.3%) of them had premenstrual syndrome with different severity. The mean age was 29.7 ± 3.7 years. There were 29 patients with light degree of premenstrual syndrome (61.7%), 17 patients (36.2%) had mild symptoms and 1 of them (2,1%) had hard symptoms. All women negated smoking, alcohol and drugs abuse. In most of them (28 patients – 59.6%) premenstrual symptoms accompanied by sural spasms during a night. It has been shown that women with nocturnal spasms had decreased level of Magnesium 0.61 ± 0.02 mmol/l (deficiency from the lower level of it is 7.6%). All patients with Magnesium deficiency in spite of COCs, contained Drospironon 3 mg and 20 mcg ethinyl-estradiol, were treated by Magneron® 500 mg 2 tabs before sleep. As a result of 2 months Magneron® and COCs course the Magnesium level increased to 0.72 ± 0.04 mmol/l. The sural spasms ceased to disturb in 25.2 ± 10.3 days. It is significant that symptoms of premenstrual syndrome diminished much quicker at the same severity of premenstrual syndrome: light degree – 7.3 ± 1.8 days earlier; mild – 14.2 ± 1.5 days earlier.

Conclusion. The application of Magneron® and COCs contained Drospironon 3 mg and 20 mcg ethinyl-estradiol at the same time, leads to both reliefs of nocturnal spasms and symptoms of premenstrual syndrome earlier, and to improve the quality of life.

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