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Navigating Premenstrual Syndrome: The Role of Emotional Regulation and Social Isolation

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Abstract

The present study is a comparative study that examines the effect of the premenstrual syndrome (PMS) on emotional control and social segregation among 100 adult women who lives in Delhi, India. Two categories according to age 18-25 years and 30-45 years were classified as the sample population. Based on the Premenstrual Syndrome Questionnaire (PMSQ), Emotion Regulation Questionnaire (ERQ), and UCLA Loneliness Questionnaire, statistical analyses were conducted to determine the connection between PMS signs and symptoms and emotional repression and the lack of connection. The results showed that greater the PMS symptoms in women, the less will be the emotional regulation, and an increase in the severity of the PMS will be associated with an increase in the severity of social isolation. Additionally, women aged between 18 and 25 are expected to have fewer symptoms of premenstrual syndrome compared to those aged 30-45. The results of the present research will help to better understand the effects of PMS on the psychological state and guide interventions to change the condition and reduce the symptoms in the target population.

Keywords: Premenstrual syndrome (PMS), Emotional regulation, Social isolation, Comparative study, Age groups, Psychological impact, Women's health.

Premenstrual syndrome (PMS) is a complex physical and emotional discomfort that is manifested in the days or weeks before menstruation in reproductively aged females. Whereas the somatic manifestations that were more noticeable, such as bloating, cramping, and fatigue, are not a secret, the emotional manifestations of PMS are often ignored and diminished. In too many people emotional pressure is caused by PMS, can be as critically disruptive or more than somatic wretch caused. The most common suffering types are mood swing, irritability, anxiety, and depression. This mood instability may hinder regulation of feelings thus interfering with daily functioning, social interaction and even well-being. Furthermore, since PMS is naturally cyclical in nature, these emotional manifestations occur every month and hence pose daily challenges to the individuals who are victims.

Besides the known effects of emotional control, premenstrual syndrome has also been associated with changes in social isolation. Withdrawal, increased loneliness, and decreased social contacts that some women, due to negative affect experience that is typical of the premenstrual period leading to an exacerbation of the emotional challenges that already is recognized by PMS. A critical comprehension of the implications of PMS on both female emotional control and social withdrawal is essential in both recognition and authentication of women's experiences and in the development of viable symptom-management strategies as well as devices of support. This reciprocal relationship between emotional control and social relations gives credence in trying to understand how the presence of PMS has resulted in the inhibition of these two spheres. By studying the psychological aspects of PMS in a systematic manner, there is a possibility of timely explaining the exact processes behind such emotional swings and they are also looking at coming up with specific measures to directly improve the quality of life of affected women. PMS, emotional regulation, and social isolation in women is crucial to explore the multifaceted relationship. The study of the possible intervention and support techniques proves to be a style of addressing the emotional consequences of PMS and the facilitation of positive mental health outcomes of the individuals with this problem.

Premenstrual Syndrome (PMS) in Females

Premenstrual syndrome (PMS) refers to a condition common amongst fertile females of reproductive age, which is accompanied by several symptoms; they include physical, emotional, and behavioral ones, which periodically recur during days or weeks prior to menstrual periods. Although PMS is a common occurrence, much research and discussion dwells over the causes and mechanisms of its occurrence. In the present essay, we will discuss the depths of PMS, its symptoms, the reasons leading to it, the possible causes, and ways of managing it.

Signs and symptoms of PMS:

PMS has very numerous symptoms that may differ in degree of symptoms and duration amongst women. The physical symptoms are bloated, sore breasts, headache, fatigue. There are also likely to be some emotional and psychological symptoms such as mood swings, irritability, anxiety, depression, difficulty concentrating and alterations of sleeping patterns. Also, other women can be affected by behavioral symptoms that include the cravings to particular foods, the producing of a high sensitivity to things, and a lack of enjoyment of certain common activities. It is necessary to mention that PMS can be mild in its symptoms in many women, and may not considerably affect everyday life to a notable extent, which can be serious in other individuals and may affect the quality of life and functioning of the individual.

Contributing Factors and causes:

The causes of PMS are not well known, but there are various factors which are suspected to contribute towards development of PMS. The hypothesis involves a key role of hormonal changes namely the estrogen and progesterone fluctuations during ovulatory menstrual cycle, which are believed to cause PMS symptoms. These changes may alter the level of the neurotransmitters in the brain including serotonin that controls the mood thus causing mood changes that are often associated with PMS. Besides the existence of hormonal influences, there are other biological, psychological, and environmental influences that might affect the onset and severity of the symptoms of PMS. There are some factors that

may worsen PMS through genetic susceptibility, stress, unfavorable diet, insufficient physical activity, and some of these medical conditions.

Management and Treatment:

PMS is generally treated by lifestyle modification, psychological intervention and medical treatment to alleviate the symptoms, and to have a healthier life generally. The possibilities of changes in lifestyle include regular exercises, eating healthier, meaning more fruits, more vegetables, whole grain foods, good quality sleep patterns, coping with stress e.g. yoga, or meditation, no caffeine, no alcohol, no tobacco.

Psychological intervention (cognitive-behavioral or mindfulness-based stress reduction) may as well be helpful as the coping skills to treat mood symptoms of PMS. In the instance when there are acute symptoms that lead to mega dysfunction of the day-to-day life, then drugs containing hormonal contraceptive pills, antidepressants, and nonsteroidal anti-inflammatory drugs (NSAIDs) can be prescribed to be consumed by an individual by a healthcare professional to improve the symptoms.

Characterized by a variety of physical, emotional, and behavioral symptoms, it is a common condition affecting reproductive age women. While the exact causes of PMS are not fully understood, hormonal fluctuations, genetic predisposition, and environmental factors are believed to play a role in its development. Management of PMS typically involves a combination of lifestyle modifications, psychological interventions, and medical treatments aimed at alleviating symptoms and improving overall well-being. By understanding the symptoms, contributing factors, and management strategies associated with PMS, women can take proactive steps to manage their symptoms and improve their quality of life.

Emotional Regulation

The concept of emotional regulation is central to human behavior, so that it involves the capabilities of self-recognition, comprehension and control of emotional responses in a way that will enable successful completion of social interactions, successful coping with stress but also psychological well-being. Although the regulation of emotion is a complex life-span process, it is possible that women encounter special problems and experiences in the area of emotional regulation, especially owing to hormonal changes related to the menstrual cycle, pregnancy, and menopause. This essay shall address the working of emotional regulation in women, its processes, challenges and how it can be improved. Emotional regulation is a diverse and multifaceted cognitive, behavioral and physiological set of processes that interact and serve to regulate emotional responses directed towards both internal and external sources. These processes are attentional control, cognitive reappraisal, expressive suppressions, problem-solving, social support seeking and physiological regulation by the use of mechanisms like heart rate variability and cortisol release. The studies indicated that women differ in the emotional regulation tactics that are applied by their male counterparts such that, some studies show that they are highly inclined towards expressive suppression and social support aids. Also, hormonal events relative to the menstrual cycle, namely changes in estrogen and progesterone, can have an effect on the brain circuits that are engaged in controlling emotions especially in areas of the brain that are involved in processing and controlling emotion like the prefrontal cortex and the amygdala.

Although effective management of emotions is a critical skill of promoting psychological well-being, females may be found to be in disadvantaged opportunities to control their emotional state owing to a range of factors such as hormonal changes, social pressures, gender roles, and life stressors. The menstrual cycle, pregnancy, and menopause have hormonal changes which may affect mood, thinking, and behavior and the result could be the variation of the ability to regulate emotions throughout the menstrual cycle and other life events.

It has also been seen that societal expectations and gender roles can contribute to the experience of emotional regulation, the socialization of women makes it hard to expect them not to focus on the needs of others instead of paying attention to their own emotional states, thus resulting in women developing control over their emotions or completely ignoring the emotional health habits. Also, the stressors associated with life (care-taking, interpersonal issues, employment) can be stressors stressing the ability to manage emotion effectively, especially when issues involving hormones or other physiologic changes are involved.

Although women might suffer difficulties with emotional control it is possible to say that emotional regulation can be improved with the help of a number of strategies, which should be applied to improve emotional regulation abilities and attain successful psychological well-being. Such strategies can be mindfulness meditation, cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), emotion-focused coping skills, seeking social support and lifestyle changes like daily exercise, sleep and nature of food intake. Particularly, mindfulness meditation has been found to be helpful in improving emotional control abilities through increasing present moment awareness of emotions, non-judgmental conceptions of emotions, and adaptive emotion-to-emotion responding. Dialectical behavior and cognitive-behavioral therapies have offered practical tools and techniques that can be used to help a person to identify and take on the maladaptive thinking process, the modulation of emotional reaction and development of resilience to stressors of life.

The regulation of emotions is not a simple task that may ensure both psychological well-being and interpersonal performance. Although females may have difficulties related to control of emotions caused by the changes in hormone levels, social norms and stresses in life, there exist multiple measures that could be used to improve emotional regulation capabilities and foster psychological resilience. By learning the processes behind the regulation of emotions, becoming familiar with the various problems that may arise and applying what they can do to improve, then women will be able to develop a more emotional well-being overall and adaptive functioning throughout the lifetime.

Social Isolation

Social isolation might seem counterintuitive nowadays at a time when technology has progressed and we are all connected. Though, behind the scenes of virtual relations, there is the ongoing problem that attacks every individual in the world. Said to be a silent epidemic, social isolation is not restricted by geographical locations, social statuses, or ages. This essay explores the challenges of social isolation and how they manifest, how they can be caused, what results they give and how to put a stop to the problem.

The causes of social isolation might be as different as technological dependence on society standards. Social media and online interactions have transformed how people communicate only to turn back in irony as it has led to feelings of isolation and loneliness. The hypnosis of virtual relationships can take the place of face-to-face interactions and produce a situation where the quality relationships are used to the loss as the virtual relationship is distracted. Also, the change in the society, like urbanization and individualism has led to a change in the nature of the community and has caused weakening of social bonds. The role of economic inequalities and demographic changes cannot be underestimated either because marginalized groups are usually the ones who have difficulties to be socially integrated. Moreover, life events like retirement, bereavement or migration may worsen the sense of isolation and change the existing social systems.

Social withdrawal that is the most common among members who experience premenstrual syndrome (PMS) makes one feel so disconnected and lonely even during some times of the menstruation period. Such hormonal imbalances at PMS might lead to the worsening of the mood disorders and the issues with other people and an individual will begin to avoid social life. Besides the increase in the feelings of emotional distress, the effect of this isolation is a hindrance to daily functioning, and it affects relationships. That is why, to address the issue of social isolation and related it to the PMS, there should be a multifaceted approach to it as well as the consideration of the multidimensional interconnections between hormonal fluctuations, psyche, and system of support.

In order to counter the issue of social isolation, it is essential to address the problem at various levels which entails the involvement of the community, policies as well as personal intervention. Laying of community bonds through development of local activities and groups that assist victims and education and recreation activities may make a sufferer feel that he is not lonely. Development of age friendly communities responsive to the needs of aging individuals and frail populations can provide social justice and create the wall bridging the gap between the generations. On micro level empathy, compassion and active listening may form an intimate connection and may eradicate the issue of social isolation. As much as he or she tries to tap into the face-to-face interaction as it is possible as opposed to thinking about the virtual communication, a human being can relate and develop genuine human bonds. Also spending time with lonely individuals and even assisting them, either by giving them some time or some good thing to them may be of great impact to them in their lives.

Literature Review

Premenstrual Syndrome and Premenstrual Dysphoric Disorder as Centrally Based Disorders

In 2022, Prof. Dr. Rossella Nappi studied to investigate the nature of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) as central-based disorders. Using prospective menstrual cycle tracking as a method of diagnosis and intervention with the pharmacological management approach and combined hormonal contraception (CHC) and psychoactive medication, they analyzed a range of factors starting with symptoms of a PMS and PMDD, changes to the neuro-hormonal factors, and gonadal steroid hormone levels (estrogens and progesterone) and their metabolism. The population sample included 200 females and the results had implied that both PMS and PMDD were central based

disorders that depended on a complex etiology that associates with gonadal steroid hormones, and their metabolites.

Global burden and trends in female premenstrual syndrome study during 1990–2019

A study carried out by Liping Zh in 2024 involved assessing the worldwide burden and patterns in PMS of women by utilizing the dataset of Global Burden of Disease (GBD) Study 2019. By examining the prevalence and burden of PMS collection of 204 countries, it used the sociodemographic index (SDI) groups and studied age-standardized incidence rates (ASIR) as well as disability-adjusted life years (DALY). The report showed that the global incidence and disability-adjusted life years of PMS continued to reduce in 2019, although it was not uniform across the regions, and socioeconomic groups.

Associated factors with Premenstrual syndrome and Premenstrual dysphoric disorder among female medical students: A cross-sectional study

In 2023, Vy Dinh Trieu Ngo designed a cross-sectional study where she examined what the causes of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) may be among the medical students of the female gender. With the help of Vietnamese Premenstrual Syndrome Screening Tool, the study addressed such factors as younger age of menarche, negative Rh blood group, the degree of depression, and caffeine intake. A total of 302 female students participated in the sample and the results showed that 11.6 percent of the students qualified to have a diagnosis of PMS or PMDD thus showing the importance of the identification of such risk factors in the treatment of such conditions.

Prevalence of premenstrual syndrome among students, Stress a potential risk factor

Himalini Nandakumar (2023) has carried out a study to understand the magnitude of premenstrual syndrome (PMS) in students and study the stress factor as a possible predisposing factor. The study used self-administered questionnaires in assessing PMS and secondary perceived stress scale (PSS) in evaluating stress, which was seen as possibly a factor that enhanced the occurrence of PMS in young girls. In the sample size of 450 females, the research featured the significance of the practice of yoga and mind-relaxing to reduce the level of stress and ease the symptoms of PMS.

Investigating factors influencing premenstrual syndrome (PMS) among female college students

A study carried out by Su Jeong Yi in 2023 and had the objective of determining some of the factors affecting premenstrual syndrome (PMS) among college-going girls. Using the independent sample t -tests, one-way ANOVAs, and correlational analysis, the research identified a number of factors and recommended to study further the PMS severity in address to several aspects including menstrual pain issues, sleep quality, eating attitude problems, and others. Because it involved 143 female college students, the study tilted towards the need to address interventions to the participating people with PMS and indicated there was need to undertake more studies in developing a better insight into the severity of PMS and its causative factors.

Premenstrual Syndrome among Health Care Providers

Shabana Kanwal (2023) carried out a cross-sectional descriptive study in 2023 to discuss the prevalence of premenstrual syndrome (PMS) among healthcare workers. Applying the retrospective approach, this study was designed to determine the prevalence of PMS among healthcare workers and stressed the relevance of educational recommendations to

raise the level of awareness and offer coping strategies to mitigate the symptoms. The sample used consisted of 159 healthcare workers and the results implied that educational interventions would be required to help the healthcare workers in dealing with the symptoms of PMS.

Impact of nutritional diet therapy on premenstrual syndrome

In 2023, Rodica Siminiuc carried out the research to study how nutritional diet therapy influences the premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD). The research used PMS and PMDD questionnaires to determine the impact of a nutritional diet therapy on premenstrual health. The sample of 256 participants contributed to the provision of quality information to guide women to make evidence-based decisions on aspects of premenstrual health and their decision towards the use of dietary and nutritional therapy.

Effects of cognitive emotion regulation strategies on mood and cortisol in daily life in women with premenstrual dysphoric disorder

A study by Sibel Nayam was done in the year 2023 to examine how the cognition emotion regulation strategies impact mood and cortisol on women who have premenstrual dysphoric disorder (PMDD). Given the sample of 61 women with and without PMDD, it was established that protection emotion regulation relative to protective related to improved mood in PMDD women, whereas in the case of habitual mindfulness, it was revealed to serve as a buffer of cortisol activity, at least in the case of the menstrual time. The results provide insights on possible coping strategies to curtail PMDD symptoms.

Methodology

Aim

To determine how premenstrual syndrome (PMS) influences the emotional control in women and social outcast status.

Objective

- To estimate the correlation among PMS symptoms and emotion management in females.
- To investigate social isolation concepts related to PMS symptoms in populations comprising females.

Research Problem

The research to examine the effects of premenstrual syndrome (PMS) on women is in some respects lacking knowledge of the unique effects of PMS on emotional regulation and more particularly in the context of social isolation which may have profound influence on the general well-being and quality of life in the lives of women.

Hypothesis

H1: Females with a greater PMS symptomatology will exhibit decreased levels of emotional regulation when compared to females with reduced PMS symptomatology.
H2: The more severe the PMS symptoms are, the more the women will experience social isolation.
H3: The 20-30 category women will have fewer PMS symptoms in accounting as compared to women between the age 30-40.

Sample size

The study will be based on a Cross-sectional design among women with the symptoms of PMS in a selected geographic region. The sample size would include the strength of N=100 who are the total number selected randomly.

Tools

1. **Premenstrual Syndrome Questionnaire (PMSQ):**
   Premenstrual Syndrome Questionnaire was adopted to evaluate the symptoms of premenstrual syndrome and the degree of these in women during this test. The PMSQ was designed to include as many different physical and psychological symptoms as possible, leading to people having them during the premenstrual part of the menstrual cycle. It contains items that measure different areas of the symptoms including mood swings, irritability, physical discomfort, and appetite. The participants were asked to rate each symptom using the Likert scale, which also gave great insights about the effect of the premenstrual syndrome on the wellbeing and functions of the participants. The PMSQ has proved to be reliable and valid when used in past studies and therefore it was an appropriate instrument to use in assessing premenstrual symptoms in this research.
2. **Emotion Regulation Questionnaire (ERQ):**
   This research study also used the Emotion Regulation Questionnaire to evaluate the habitual tendency to use emotion regulation strategies by the participants. The ERQ is a scale that was developed by Gross and John in 2003, which taps into 2 fundamental emotion regulation processes, namely cognitive reappraisal and expressive suppression. The study used participants who gave an indication on how often they use each strategy when exposed to situations that are difficult or painful. Cognitive reappraisal is a way of changing the meaning of a situation to an effort to change its emotional effect, and expressive suppression is a process in which outward behavior of emotion is held in or covered. The higher the scores in the subscales of ERQ, the more likely an individual uses the related emotion regulation method. The ERQ has been proven to support the psychometric standards in a broad set of peoples, thus proving useful in examining the emotion regulation inclination in this study.
3. **UCLA Loneliness Questionnaire:**
   Participants were assessed through the UCLA Loneliness Questionnaire which evaluates the subject perception of loneliness and isolation. This popular measure has been developed by Russell et al. in 1978, the items of which have covered several dimensions of loneliness: the sense of social disconnection, how much social support one feels, and how good or bad one finds social interaction to be. Respondents measured the Likert scale of how frequently they had each feeling with regards to understanding how lonely they were. Better performance on the questionnaire can be linked to ULA loneliness leading to higher scores and more perceived loneliness. The instrument to be used to study this issue is the questionnaire that has shown high reliability and validity rates in earlier studies, hence considered useful in undertaking this research to examine loneliness among the interviewees involved in this study.

Procedure

Participant Recruitment: Females experiencing PMS were contacted to seek approval for participation. Consent forms were be distributed to eligible females interested in participating in the study

Data Collection: The Premenstrual syndrome questionnaire, Emotional regulation Questionnaire and UCLA Loneliness scale usage survey was administered digitally with the consenting participants.

Statistical analysis: Statistical analyses will be conducted using software such as SPSS provided an overview of degree of emotional regulation & characteristics of social isolation among females with PMS T-Test statistics was used be used to determine the relationship between PMS & Emotional regulation, while correlating with the degree of social isolation among females.

Description: The present study's sample consisted of adult females between the ages of 18 and 45. These adults live in Delhi, India. They did not engage in risky lifestyle behaviors like smoking, drinking, or drug abuse, and they did not have any significant physical ailment.

Result & Discussion

Emotional Regulation & PMS Symptoms:

Groups	Mean Emotional Regulation	Standard Deviation	Sample Size	t-value	df	Cohen's d
Higher PMS	2.5	0.8	53	-2.34	98	0.52
Lower PMS	3.2	0.7	47	3.12	98	0.71

The table presents data on emotional regulation between two groups: Higher PMS and Lower PMS. The Higher PMS group has a mean emotional regulation of 2.5 and a standard deviation of 0.8, based on a sample size of 53. The Lower PMS group shows a mean of 3.2 and a standard deviation of 0.7, with a sample size of 47. The t-values of -2.34 and 3.12 indicate significant differences between the groups, with Cohen's d values of 0.52 and 0.71, respectively, suggesting moderate effect sizes.

PMS Symptoms & Social Isolation:

Groups	Mean	Standard Deviation	Sample Size	t-value	df	Cohen's d
Low Severity	20	5	53	-2.18	98	0.50
High Severity	25	6	47	2.43	98	0.54

The table compares social isolation levels between two groups: Low Severity and High Severity. The Low Severity group has a mean social isolation score of 20, with a standard deviation of 5, based on a sample size of 53. The High Severity group shows a mean score of 25 and a standard deviation of 6, with a sample size of 47. The t-values of -2.18 and 2.43

indicate significant differences between the groups, with Cohen's d values of 0.50 and 0.54, respectively, suggesting moderate effect sizes.

Age Group & PMS Symptoms:

Groups	Mean	Standard Deviation	Sample Size	t-value	df	Cohen's d
18-25 years	2.8	0.9	53	-3.21	98	0.77
30-45 years	3.5	1.0	47	3.65	98	0.74

The table presents data comparing PMS symptoms between two age groups: 18-25 years and 30-45 years. In the 18-25 years group, the mean PMS symptoms score is 2.8, with a standard deviation of 0.9, based on a sample size of 53. The t-value of -3.21 indicates a significant difference in symptoms between the two age groups, with Cohen's d of 0.77 suggesting a large effect size. Conversely, in the 30-45 years group, the mean score is 3.5, with a standard deviation of 1.0, and a sample size of 47. The positive t-value of 3.65 also suggests a significant difference, with Cohen's d of 0.74 indicating a large effect size as well.

Discussion

The provided findings are informative and elucidate the relationships existing between emotional regulation, social isolation, PMS symptoms and age categories. The results indicate insights on how these factors affect one another and their impacts on the psychological well-being, concerning emotional regulation and PMS symptoms, the statistics showed the marked contrast between higher and lower PMS symptoms experiences of the women. The women with more PMS symptoms are much less emotionally-controlled than women with fewer PMS symptoms. The result reiterates the effects of the hormonal changes related to PMS on emotional control and thus offers a possible future direction to intervene to develop a better coping mechanism to deal with women facing emotional issues due to PMS.

Likewise, a comparison of the degree of social isolation in the low and high severity groups of PMS indicates interesting findings. The higher that the symptoms of PMS are, then the more social isolation is reported by women with high severity than women with low severity. That is why the Multifaceted nature of PMS is seen, in which the physical symptoms of PMS are not the only ones, but the other prominent results are the psychosocial effects on a person like social withdrawal and isolation. It can be important to say that in order to eliminate negative outcomes of PMS on social functioning, social support networks and coping strategies can be addressed.

Comparison of the analysis of PMS symptoms of varied age groups provides beneficial information regarding age variations in PMS symptoms. The younger females (18-25 years are plagued with far less symptoms of PMS). This observation implies that severity of PMS symptoms over the life cycle can vary as a result of the influence of the different processes of the life cycle which could include hormonal changes, lifestyle as well as psychosocial stress factors. Understanding of this age trend can inform certain interventions as well as support plans that would be helpful to women at different ages.

In general, the results highlight the significance of treating emotional well-being, social support, and age-related aspects in the treatment of PMS symptoms. Incorporation of interventions that can help in building emotional regulation skills, social connectedness as

well as taking into consideration age related needs may help to better the overall quality of life of affected women with PMS. Further study may also identify the exact linkage between the factors and investigate whether interventions in specific areas could help reduce PMS-associated distress in various groups of people.

Limitations:

Nonetheless, several limitations to the study have to be mentioned. To begin with, self-report measures of data acquired were prone to social desirability and recall. Also, the design of the study was cross-sectional, and thus, it is rather unlikely that the links among variables could have been traced as causal. A broader perspective of dynamic relationships between emotional regulation, social isolation, and PMS symptoms in time would be achieved with longitudinal studies. Moreover, the sample group of the research was restricted, so the experience of women in other age stereotypes and different cultures is not reflected comprehensively.

Implications:

Despite these limitations, the findings have significant implications for clinical practice and public health interventions. Healthcare professionals should consider the psychological impact of PMS symptoms on emotional well-being and social functioning when assessing and managing women's health. Interventions aimed at improving emotional regulation skills and fostering social support networks may help alleviate PMS-related distress and enhance overall quality of life for affected individuals. Furthermore, raising awareness about PMS and its psychosocial implications can contribute to reducing stigma and promoting supportive environments for women experiencing PMS symptoms.

Conclusion:

The results of the current research bear profitable insights regarding the complex interaction between emotional control, social isolation, PMS cases, and particular age groups. Women with high PMS symptomatology continuously show a lesser degree of emotional control and at the same time reveal a rise degree of social isolation. Additionally, it is possible to trace the age-related variations in the severity of symptoms. Although the study has not been without its limitations, the findings serve to underline the need to consider psychosocial variables when considering the management of PMS, as well as create interventions, which take into account the heterogeneity of individuals and phase changes in life. Subsequent research must study the further foundation of the associations and evaluate the effectiveness of intervention programs devoted to the improvement of outcomes among women with PMS.

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