Aim:
To measure the impact of periods on the lives of women reporting a problem, through the use of health related quality of life instruments in a real world setting.

Method:
The evaluation was conducted throughout the United Kingdom using the web based PROBE system (Patient Reported Outcomes Based Evaluation). As women may not seek professional healthcare advice for this issue, recruitment was tailored to identify a sample representative of all women with problem periods. An initial screening questionnaire was used to programme the timing of the questionnaires (main evaluation). Questionnaires were completed around menstruation and midcycle in the same individual. Outcome measures included demographic data, symptoms, previous treatments, current medications, absenteeism, presenteeism, HRQOL using SF-36 and EQ-5D. Women with irregular periods or bleeding were not invited to the main evaluation due to difficulty timing questionnaire completion.

Results:
Participations: Target numbers were 2000 for the screening questionnaire and 200 for the main survey, in fact 2699 women participated in the screening questionnaire with 331 in the main survey. 165 women completed the survey at both the time of menses and mid cycle allowing a direct comparison of their reported outcomes at these two times. On the validated questionnaires the data quality was high as reported by the Copyright holders. Significant findings were obtained on the primary and secondary measures.

Screening Questionnaire Results:
61% of screened women were under 30 years. Half of those screened had sought medical advice and 25% were currently self-medicating for their periods.

Patients were severely affected as noted on the following measures.

Symptoms: The most common symptoms reported were stomach/lower back pain 84%, headaches 78%, mood changes 78%, tiredness 64% and dizziness 58% with 41% reporting heavy periods.

Absenteeism: 21% take > 1 - 2 days off per month due to their period.

Presenteeism: 33% reduction in workplace performance versus reference populations.

Main Survey Results:
331 women participated in the main evaluation. From this, there was a significant difference in HRQOL between the worst and best times of the menstrual cycle: EQ5D questionnaire 0.57 to 0.76 (difference 0.197, p<0.001); EQ5D VAS 64.3 to 77.7 (difference 11.0, p<0.001); SF6D 0.61 to 0.72 (difference 0.1, p<0.001).

Conclusions:
This evaluation shows that women suffering from problem periods have a significant impairment of their QoL and productivity in spite of treatment. A need exists for treatment that can alleviate these symptoms, enable more productive lives and improve the overall quality of life in these women.