This difference may reflect greater awareness and experience with symptom severity among older participants, as observed in related studies

Conclusions

This study demonstrates that premenstrual syndrome (PMS) is highly prevalent among women aged 18–35. The findings show that both physical and psychological symptoms are common in all participants; however, symptom severity and

Frequency tends to be higher in the older age group (26–35 years).

Younger participants (18–25 years) reported a higher prevalence of abdominal bloating, which may be related to increased sensitivity to hormonal fluctuations. In contrast, older participants showed significantly higher rates of mood changes, headaches, breast tenderness, anxiety, and the perceived need for medical consultation, these differences suggest that age plays an important role in the manifestation and perception of PMS symptoms. The results also indicate that PMS can negatively affect daily activities, academic performance, and overall well-being.

Therefore, increasing awareness, early recognition, and appropriate management of PMS are essential to reduce its impact on women's quality of life.

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MATERNAL MORTALITY FROM HYPERTENSIVE DISORDERS IN SRI LANKA

Introduction

Worldwide, 2–8% of pregnancies are affected by hypertensive disorders of pregnancy (HDP). They are categorized as preeclampsia, eclampsia, superimposed preeclampsia, gestational hypertension, and chronic hypertension. Proteinuria, organ failure, convulsions, and potentially deadly outcomes are associated with preeclampsia and eclampsia. Every year, HDP results in about 46,000 maternal deaths and 500,000 fetal deaths, with a higher impact in developing countries. Vasospasm, vascular lesions, platelet activation, and coagulation abnormalities are important processes.

Approximately 2% to 8% of pregnant women worldwide suffer from hypertensive disorders in pregnancy (HDP), one of the most prevalent medical problems of pregnancy [2]. They are a significant contributor to morbidity and mortality among mothers and neonates. The International Society for the Study of Hypertension in Pregnancy (ISSHP) has classified: Gestational hypertension

(new-onset hypertension after 20 weeks of pregnancy without proteinuria or organ dysfunction); chronic hypertension (high blood pressure before pregnancy or diagnosed before 20 weeks of gestation); and preeclampsia (hypertension after 20 weeks with proteinuria and/or evidence of maternal organ dysfunction (e.g., liver, kidney, brain).Eclampsia (a severe preeclamptic complication marked by seizures) Chronic Hypertension with Superimposed Preeclampsia (pregnant women with pre-existing hypertension who experience preeclamptic symptoms)[2,3]. One of the main causes of morbidity and mortality in mothers are hypertensive disorders of pregnancy (including preeclampsia and eclampsia), a multisystem, highly variable illness specific to pregnancy [1–3]. hypertensive disorders are thought to be significantly more common in developing nations, while it complicates 10% of pregnancies in Srilanka (western and southern provinces of Sri Lanka 13.6%) [4–6]. According to recent data (2021–2023), hypertensive disorders are a major cause of perinatal morbidity and death, accounting for about 4.5% of all maternal deaths in Sri Lanka.

One of the main causes of perinatal death and morbidity in both mothers and fetuses is hypertensive disorders of pregnancy (HDP) chronic disability. About 2–8% (around 46000 maternal deaths and 500,000 fetal deaths annually) of all maternal deaths worldwide are caused by it [2, 4]. A collection of illnesses closely linked to elevated blood pressure, proteinuria, and/or seizures during pregnancy are collectively referred to as hypertensive disorders of pregnancy. Eclampsia typically follows pre-eclampsia, which is characterized by seizures of the central nervous system that frequently render the patient unconscious [4, 5]. It may eventually result in death if left untreated. Vasospasm, pathologic vascular lesions in several organ systems, increased platelet activation, and subsequent activation of the coagulation cascade in the microvasculature are all linked to the grave outcomes of such pre-eclampsia and eclampsia [1, 5].

Goal

To analysis data from the National Family Health Survey in Sri Lanka in 2021 to 2023. The objective of this research is to investigate the prevalence, risk factors, and clinical outcomes associated with hypertensive disorders of pregnancy in Sri Lanka, particularly

focusing on gestational hypertension, preeclampsia, and eclampsia. The study aims to analysis the impact of hypertensive disorders of pregnancy on maternal and perinatal morbidity and mortality rates.

Material and methods of research

The analysis and generalization of modern medical scientific literature on this topic. Employing a rigorous comparative analytical research methodology, this study utilizes data from credible and reliable sources, including peer-reviewed research articles, reports from the WHO, pregnancy and Childbirth and the National Family Health Survey of Sri Lanka In 2021 to 2023.

The results of the research and their discussion

Preeclampsia and eclampsia are among the hypertensive disorders of pregnancy (HDP) that account for 16% of maternal complications worldwide and 2–8% of maternal fatalities [3]. Younger women (15–19 years old) and older women (40+ years old) are more at risk; the age group with the highest prevalence of cases is 25–29 years old. An estimated 2600000 women died in 2023 from causes associated with pregnancy or childbirth, or one woman every two minutes [1, 2]. Compared to 322,000 maternal deaths in 2021, this represents a decline. Maternal Mortality Ratio (MMR): In 2023, the global MMR was 197 per 100,000 live births. The COVID-19 pandemic's effects, which disrupted health care, contributed to the higher rate in 2021[4,5]. In 2021, there were 134 maternal deaths nationwide, with four of the deaths being from hypertensive diseases.91 women nationwide died in 2023, with five of their deaths being related to hypertension (table 2). Maternal mortality in Sri Lanka decreased from 34,00 per 100,000 live births in 2021 to 18.00 in 2023. In 2023, maternal mortality from hypertensive disorders was 2% for those under 20; 76% for those between 20 and 35, and 22% for those over 35. Approximately 16% of cases worldwide had problems.

In comparison to the global average, Sri Lanka's rate was lower at 13,6%, indicating comparatively better management or preventive treatment. Death rates varied from 2 to 8% globally. Sri Lanka reported 4.5%, which is just above the lower bound but falls within the worldwide range. This suggests that although Sri Lanka did a better job of handling problems, the country's death rates were not much better than the world average. 134 maternal deaths were reported in Sri Lanka in 2021.This number dropped to 91 by 2023, indicating a significant decline (32%). This implies advancements in maternal health care, service availability, or preventative measures throughout this time. In 2021, there were four deaths directly associated with pregnancy-related hypertension diseases (e.g., preeclampsia/eclampsia), which marginally increased to five in 2023. Pregnancy-related hypertension is still difficult to manage, as evidenced by the fact that while total maternal mortality decreased, hypertensive-related deaths did not.

Mothers under the age of 20 accounted for just 2% of hypertensive maternal fatalities. This demonstrates that teenage pregnancies had a little impact on mother death from hypertension. This age group accounted for 76% of all deaths.

This demonstrates that women are most susceptible to hypertensive problems during pregnancy while they are in their prime reproductive years. Given that this group accounts for the majority of maternal deaths, it implies that treatments should concentrate heavily on them. Women 35 years of age and older accounted for almost 22% of deaths.

Despite being smaller than the 20–35 age range, this is nonetheless important because older moms frequently have greater risks because of pre-existing conditions and age-related problemsɔ

Conclusions

Hypertensive disorders of pregnancy (HDP) remain a leading cause of maternal and perinatal morbidity and mortality worldwide. In Sri Lanka, HDP complicates up to 10% of pregnancies and accounts for about 4.5% of maternal deaths. Preeclampsia and eclampsia are the most severe forms, often leading to seizures, organ dysfunction, and fatal outcomes if untreated. Younger mothers (15–19) and older mothers (40+) are at higher risk, though most cases occur in ages 25–29. Strengthening antenatal care, early detection, and timely interventions are essential to reduce HDP-related complications and deaths.

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