

Diet and Women: A Complex Relationship That We Need to Know Better [Response to Letter]

AlJohara AlQuaiz^{1,2}, Ambreen Kazi¹

¹Princess Nora Bent Abdullah Chair for Women's Health Research, King Saud University Medical City, Riyadh, Saudi Arabia; ²Department of Family & Community Medicine, King Saud University Medical City, Riyadh, Saudi Arabia

Correspondence: Ambreen Kazi, Princess Nora Bent Abdullah Research Chair for Women's Health Research, King Saud University Medical City, PO Box 231831, Riyadh, 11321, Saudi Arabia, Tel +966 1 4692714, Fax +966 1 4691127, Email akamran@ksu.edu.sa

Dear editor

Thank you for contributing to the discussion of our study “Dietary, Psychological and Lifestyle Factors Associated with Premenstrual Symptoms”.

I totally agree that there are hormonal factors that can have effect on the diet of the younger ladies with PMSx. Another interesting hypothesis is the dropping of Serotonin level during PMSx which explains the increased high-sugar food intake. Sugar cravings may be a physiological response to serotonin deficiency. The increased production of serotonin relieves symptoms.

Craving for sweet foods like chocolate would be an unconscious way of improving such symptoms, since by increasing serotonin levels, a balance would be achieved as a form of relief; thus, eating sweets may reduce irritability or promote a positive mood. Temporarily, PMSx might be reduced; however, the long-term intake of sugars might worsen PMSx.¹

Most women in the present study drank three to five cups per sitting. A cup of Arabic coffee is a 4-ounce of Arabica drip brewed coffee that contains 100 milligrams of caffeine.² Arabic coffee is thus considered a mild drink due to its low dose of caffeine per cup and is served without sugar.

Usually, Arabic coffee is served with dates or sweets and this is expected to reduce the PMSx temporarily, however this was not the case. In our study, the association of symptoms with the number of coffee cups consumed was statistically significant even after adjusting for sugary food.

In the current study, smoking was rare, as only 2.5% of the women were current smokers. Some studies found that caffeine intake was higher in heavy smokers than in nonsmokers.³ Our results for the association of symptoms with number of coffee cups consumed were statistically significant even after adjusting for smoking.

We totally agree that it is important to further explore the differences in the actions of different food items in both sexes to identify differences and to have a better approach for women health problems.

Disclosure

The authors report no conflicts of interest in this communication.

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