

ORIGINAL RESEARCH

Incidence of Gynaecological Complains among Women with Psychosomatic Disorders (Anxiety and Depression)

Uma Pandey¹, Mona Srivastava²

ABSTRACT

Introduction: There are large number of reported gynaecological complains among women with psychosomatic disorders so the present study was conducted to know the incidence of Gynaecological complains among women with psychosomatic disorders (Anxiety and Depression).

Material and Methods: Study took place in the Outpatients Department of Gynaecology, Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University. Study included women who have been diagnosed as a case of psychosomatic disorder (Anxiety and Depression) in the department of psychiatry and were referred to Gynaecological outpatients department for Gynaecological complains. Study was done from the period of February 2012 to March 2015. 45 patients were included in the study.

Result: Chronic Pelvic Pain was the complaint in 36 patients (80%), Dyspareunia 34 patients (75%), Dysmenorrhoea 33 patients (73%) and vague abdominal discomfort 26 patients (57%). These disorders are quite commonly associated with psychosomatic disorder. Hyperprolactinaemia was present in 4 patients (8%) and Amenorrhoea in 4 patients (8%). These disorders are quite associated with psychiatric disorder if they are on medication which results in hyperprolactinaemia. Menorrhagia was the complaint in 12 patients (26%), Ovarian Cyst in 6 patients (13%) and Fibroids in 4 patients (8%), these disorders are associated gynaecological problems.

Conclusion: The above study shows high incidence (57-80%) of chronic pelvic pain, dyspareunia, dysmenorrhoea and vague abdominal discomfort in patients known to have psychosomatic disorder. Hyperprolactinaemia is a known side effect of many psychotropic medications.

Keywords: Psychosomatic disorders, Gynaecology, chronic pelvic pain, dyspareunia.

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¹Associate Professor, Department of Obstetrics & Gynaecology, ²Professor, Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University, Varanasi, UP, India

Corresponding author: Uma Pandey, Associate Professor, Department of Obstetrics & Gynaecology, Institute of Medical Sciences, Banaras Hindu University, Varanasi, UP, India

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INTRODUCTION

Psychosomatic word implies for psyche and soma of an individual. It is well acknowledged that many a gynaecological disorders have a psychological cause.^{1,2} Pelvic pain is the problem which is seen most frequently among patients with psychosomatic disorder. It is also very difficult to treat as patients does not believe that she has not got anything wrong in her abdomen while it could just be psychological symptoms. Once explained women are distraught and does not believe the physician. The doctor patient relationship is usually affected.^{3,4}

Byrne in 1984 conducted an epidemiological survey on women attending gynaecology clinic and reported a high rate of psychiatric morbidity (46%) and indicated its association with socioeconomic factors, marital status and life stress.^{5,6} A study done by Mayou et al, that investigated the problem of psychological distress in gynaecology outpatient clinics have found that on average about 50% of women who attend these clinics are estimated to show higher levels of psychological distress than have been found in studies of other general hospital outpatient clinics.⁷

So far studies have taken place in which women attending Gynaecological OPD were assessed for Psychiatric disorders. But, in this study we saw the women who were referred to Gynaecology Outpatients from Psychiatry OPD. We took the history, examined and investigated them in order to make a diagnosis. The women were categorised according to their diagnosis. They were also correlated with education, marital status, number of children and recent life stress (marital disharmony). Our aim was to know the incidence of Gynaecological complaints among women with psychosomatic disorders (Anxiety, Depression and others).

MATERIAL AND METHODS

Study took place in the Outpatients Department of Gynaecology, Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University. Study included women who have been diagnosed as a case of psychosomatic disorder (Anxiety and Depression) and other severe psychiatric illnesses in the department of psychiatry and were referred to Gynaecolog-

ical outpatients department for Gynaecological complains. Study was done from the period of February 2012 to March 2015. 45 patients were included in the study. They were also correlated with education, marital status, number of children and recent life stress (marital disharmony).

In this study all the consecutive referrals from the psychiatric outpatient and inpatient facility were assessed for the nature and duration of gynaecological complains. Patient's symptoms were assessed using a semi structured sociodemographic data sheet and a clinical profile sheet. Consent was taken from all patients related to the study.

RESULT

The age group of women in the study was 17-55 years. Chronic Pelvic Pain was the complaint in 36 patients (80%), Dyspareunia 34 patients (75%), Dysmenorrhoea 33 patients (73%) and vague abdominal discomfort 26 patients (57%). Chart 1 showing commonest gynaecological complain out of total 45 patients. These disorders are quite commonly associated with psychosomatic disorder.

Hyperprolactinaemia was present in 4 patients (8%) and Amenorrhoea in 4 patients (8%). These disorders are quite associated with psychiatric disorder if they are on medication which results in hyperprolactinaemia. Menorrhagia was the complaint in 12 patients (26%), Ovarian Cyst in 6patients (13%)and Fibroids in 4 patients (8%), these disorders are associated gynaecological problems.

Those symptoms which are more commonly associated with psychological complaints were correlated with level of education, marital status, number of children and recent life stress (iemarital disharmony). Chart 2 demonstrates the relation between education, marital status, parity and stress with the gynaecological complaints which are commonly associated. Majority of women were married. Education was not found to be related to gynae psychological symptoms to a great extent. Dysmenorrhoea and dyspareunia was more common in women of low parity.

DISCUSSION

This study is unique in itself that in this study group is patients who were referred form the psychiatric outpatients department. The above study shows high incidence (57-80%) of chronic pelvic pain, dyspareunia, dysmenorrhoea and vague abdominal discomfort in patients known to have psychosomatic disorder which is similar to the study done by Sri Ram et al.^{8,9}

In this study incidence of Gynaecological disorder among patients with psychiatric illness was nearly same in low level education and high level of education patient group, unlike few other studies which have shown that high level education has lower incidence of psychiatric and associated morbidity.^{10,11}

Number of married women is high in our study group so we

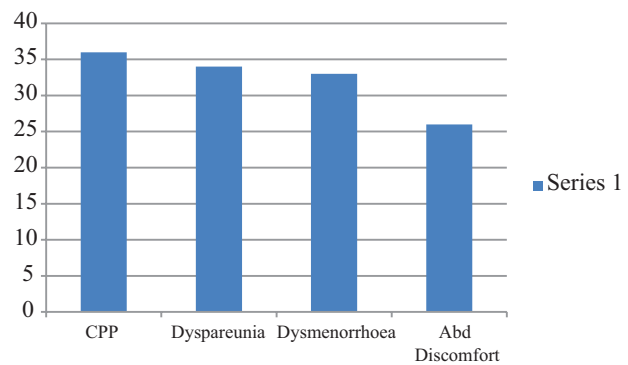


Chart-1: Showing commonest gynaecological complain out of total 45 patients

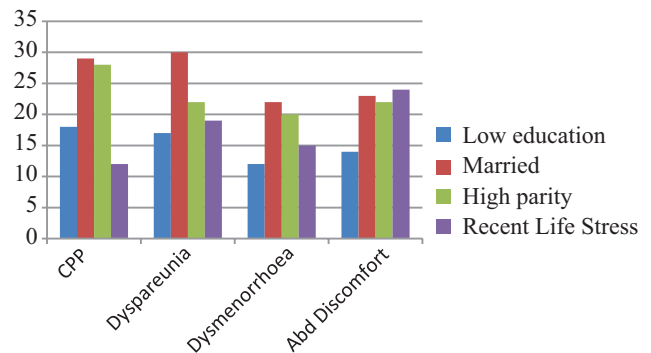


Chart-2: Represents the relation between education, marital status, parity and stress with the gynaecological complaints which are commonly associated.

could not draw any inference based on marital status which is similar to study done in New Delhi by Agrawal et al.^{12,13} Chronic pelvic pain and vague abdominal pain was quite common in our study group. This is similar to study done by other authors.⁵ In the present study group affective disorder were most common. Those women who had severe psychiatric illnesses were put on psychotropic medication. Theses medication resulted in hyperprolactinaemiawhich is a known side effect of many psychotropic medications.

The limitation of the study is that the study is cross sectional and therefore we could not assess the real magnitude of the problems. A study in future with valid tools and larger samples will give us robust data and conclusion.

CONCLUSION

This is the first of its kind study in the Institute of Medical Sciences, Banaras Hindu University in which department of Obstetrics & Gynaecology and department of Psychiatry have worked in close liaison with each other for care of our women with psychological problem. This study shows that there is significant association between psychiatric illness and gynaecological illnesses especially those ones which are relatively difficult to cure. It indicates that if both gynaecologist and psychiatrist are more vigilant, patients can be helped in both departments and cure rate would be higher.

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