ORIGINAL RESEARCH

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

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ABSTRACT

Introduction: There are large number of reported gynaecological complaints among women with psychosomatic disorders so the present study was conducted to know the incidence of Gynaecological complaints 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 complaints. 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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INTRODUCTION

Psychosomatic word implies for psyche and soma of an individual. It is well acknowledged that many a gynaecological disorders have a psychological cause.¹² Pelvic pain is the problem which is seen most frequently among patients with psychosomatic disorder. It is also very difficult to treat as patients do 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.³⁴ 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.⁵⁶ 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-
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The incidence of Gynaecological complaints in a study conducted by Pandey et al. from the period of February 2012 to March 2015 included 45 patients. The study assessed the correlation between education, marital status, number of children, and recent life stress (marital disharmony) with the nature and duration of gynaecological complaints. Patient symptoms were evaluated using a semi-structured sociodemographic data sheet and a clinical profile sheet. Consent was obtained from all patients involved in the study.

**RESULT**

The age group of women in the study varied from 17 to 55 years. Chronic Pelvic Pain was the most common complaint, observed in 36 patients (80%), followed by Dyspareunia in 34 patients (75%). Dysmenorrhoea was reported in 33 patients (73%), and vague abdominal discomfort was noted in 26 patients (57%). Chart 1 demonstrates the commonest gynaecological complaints out of the total 45 patients. These disorders are significantly associated with psychosomatic disorder. Hyperprolactinaemia was present in 4 patients (8%) and Amenorrhoea in 4 patients (8%). These disorders are also associated with psychiatric disorder if they are on medication which results in hyperprolactinaemia. Menorrhagia was reported in 12 patients (26%), Ovarian Cyst in 6 patients (13%), and Fibroids in 4 patients (8%), which are associated with 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 (i.e., marital disharmony). Chart 2 illustrates the relationship 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 gynaecological symptoms to the same extent. Dysmenorrhoea and dyspareunia were more common in women of lower parity.

**DISCUSSION**

This study is unique in itself as it observed a high incidence 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. Chronic pelvic pain and vague abdominal pain were quite common in our study group. In this study, incidence of gynaecological disorders among patients was found to be nearly the same in low-level education and high-level education patient group, unlike other studies which have shown that high-level education has a lower incidence of psychiatric and associated morbidities.

Number of married women is high in our study group, so we could not draw any inference based on marital status which is similar to a study done in New Delhi by Agrawal et al. Chronic pelvic pain and vague abdominal pain was quite common in this study group. This is similar to the study done by other authors. In the present study group, affective disorders were the most common. Those women who had severe psychiatric illnesses were put on psychotropic medication. These medications resulted in hyperprolactinaemia, which is a known side effect of many psychotropic medications.

The limitation of the study is that it is cross-sectional; therefore, we could not assess the real magnitude of the problems. A future study using 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 departments of Obstetrics & Gynaecology and Psychiatry have worked closely with each other for care of our women with psychological problems. 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 vigilant, patients can be helped in both departments, and cure rates would be higher.
REFERENCES