

Original Article**PSYCHIATRIC ASPECT OF HYSTERECTOMY**

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Summary

A prospective psychiatric study of women with hysterectomy was done to find out psychiatric morbidity. Total number of 100 cases has taken. Socio demographic characteristic revealed that most of cases fell into 40 to 45 years with a mean age 14.2. Majority of the cases were illiterate, housewife and came from poor socio economic class with urban background. On clinical assessment of psychiatric symptoms. Among them 57 (73.1%) cases had only psychological symptoms. Qualitatively symptom of anxiety, depression, headache, sleep disturbance, gastrointestinal problem. hypochondriasis were found significantly higher. The finding confirms the existence of psychiatric symptoms and indicated the persistence of considerable psychiatric morbidity following hysterectomy.

Introduction:

The uterus is a vital organ occupies a very special place in the women's emotional thinking.⁴ Freud regarded the uterus as a significant symbol of femininity.³ The surgical operation on the uterus is an insult to the emotional equilibrium. The patient passes through a series of emotional experience resulting in a crisis⁵ (Raphael 1972). Unconsciously she can not accept this unavoidable truth,

the absence of uterus because she believes that uterus give her grace of sexuality and femininity which is exclusively her. From last 35 years modern clinician have been seriously studied the psychological reaction to gynecological surgery.^{1,2} Earlier studies reported that unfavorable post operative psychological outcome comes after hysterectomy 30% to 80% of the patients⁴ (Merzer at all 1957). Another study found that significant depression which begins about a month after

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surgery was twice as common after pelvic surgery as after cholecystectomy.¹ Drellick and Beiber (1958) found that the following were of common to the women undergoing hysterectomy, abrupt changes in appearance, fear of post position in the household.^{1.6.7.} Recharls (1978) followed up 20 woman who had hysterectomy and reported depression- seeking treatment in 36.5% of the patients.^{1.6} He reported a post hysterectomy syndrome consisting of depression, hot flash, extremely tiredness, dizziness, headache, loss of weight and loss of livido whether the ovaries were removed or not.⁶ Tendency to develop depression in the lower age group and history of pre-operative depressive attack. Husband of hysterectomized women also shows emotional and sexual difficulty³ (Daly 1975). Psychiatric referral to be twice as frequent in the hysterectomy patient when compared with other surgical operation.^{1.2.} The objective of this study was to find out frequency and nature of psychiatric disturbances after hysterectomy.

Material and Methods:

The study was carried out in a private clinic of Dhaka City. 100 woman with hysterectomy collected over a period of 11 month time patients were mainly referred by Gynecologists, other physicians and self. They have come for psychiatric help for their problems. Samples were selected randomly

within six month of operation. They were interviewed by a pretested semistructured questionnaire consisted of scio demographic parameters and relevant information about hysterectomy, relationship with husband, nature of psychiatric problem and past history of any psychiatric problem were assumed on clinical interview. In total 100 cases of hysterectomy patients were collected. On them 57 (73.1%) had only psychological problem and 21 (26.9%) had somatic symptoms with overlapping psychological symptoms. Table # 1 present distribution of cases according to their scio demographic characteristic. It revealed that 25 cases fell into age group 40 to 45 years. Their age range between 21 to 55 years.. It was noted that psychiatric symptom more in age above 40 years. 22 (25.6%) were primarily adducted, graduate were 3 (3.8%). 51 cases were housewife only 12 cases were separately. They were primarily adducted, graduate were 3 (3.8%). 51 cases were housewife only 21 cases were service holder the urban rural area distribution 61 and 17 cases were separately. They were predominantly lower and middle economic group with 50 and 12 cases respectively 39 of the subject removed their uterus nut they did not know the consequence of the operation. Complication develops after treatment due to the treatment by quack and traditional healer. 17 cases done operation due to organic cause. 21 (26.9%) cases as past history of

psychological problem. 22 (25.5%) cases. 21 (26.9%) cases have history of depressive illness. 12 (15.2%) cases present past history of somatic complain. The frequency of psychiatric problem were found in 57 of the total number of cases was shown Table # 3. Anxiety, depressed mood, diminished interest, pleasure and hopelessness, 41.8% of cases in hypochondriasis was found 31.5%, loss of interest as suicidal thought were found in 17.5% and 18.31% respectively Table # 4 showed that somatic complains overlapping with psychological disturbance 95%, heaviness or pain in the abdomen 95% and burning during micturation 94.4% headache and cardiovascular problem also found 78.2% and 80.9% respectively. In Table # 5 it was found that the relationship with husband decreased after hysterectomy.

Discussion:

Cultural, social and personal attitude

plays an important role because of misconception and misperception about the operation with doubtful outcomes. 1.3 Most of the cases were illiterate and came from poor socio economic class due to prevailing social prejudice and superstition many of the patient who had hysterectomy believe that it would lead to poor sexual desire, poor sexual performance and general weakness. 1.2.6 So that psychiatric disturbances were more frequent than other major operation and gynaecological operation like tube ligation. 1.4 The study result shows that 73.1% patient who had hysterectomy have some psychiatric disturbance. Somatic symptoms with overlapping psychological symptom indicated somatic features of depressive disorder. Presence of past history of psychiatric illness has tendency to develop psychiatric disturbance which evident of existence of psychiatric morbidity in woman with hysterectomy.

Table # 1

Sociodemographic characteristics of hysterectomy woman

Characteristics	Number (n=78)	%
Age:		
21-25	1	14
25-30	3	4.8
30-35	10	12.8
35-40	17	21.8
40-45	25	32.0
45-50	18	23.1
50-55	4	5.1

Characteristics	Number (n=78)	%
Education:		
Illiterate	42	53.0
Primary	20	2.6
Secondary	4	5.1
SSC	4	5.1
HSC	3	3.8
Graduate	3	3.8
Postgraduate	2	2.6
Occupation:		
Housewife	51	65.4
Service	17	21.8
Self employed	10	12.8
Social background:		
Rural	17	21.8
Urban	16	78.2
Economic background:		
Higher	7	8.9
Middle	21	26.9
Lower	50	64.2

Table # 2

Past history of psychiatric illness

Illness	Number (n=78)	%
Depression	20	25.6
Anxiety state	21	26.9
Somatic symptom	12	15.2
Others	5	6.2

Table # 3

Distribution of cases according to psychiatric symptom
(More than one symptom were presence)

Symptom	Number (n=57)	%
Anxiety and worries	23	40.3
Depressed mood	24	42.1
Diminished interest and	23	40.3
Pleasure and hopelessness Irritability	8	14.1
Lack of attention and concentration	7	12.3
Loss of livido	10	17.4
Hypochondriasis	20	31.5
Suicidal thought	11	17.3
Feeling of restlessness	7	12.3

Table # 4

Distribution of cases according to frequency of somatic symptom overlapping with psychological sympto

Symptom	Number (n=57)	%
Sleep disturbance	20	95.0
Burning micturation	19	94.5
Pain during intercourse	3	13.2
Abnormal pain sensation in sear	7	33.3
Heaviness and pain in the abdomen	20	95.0
Headache	17	80.9
Cardiovascular system	16	78.2

Table # 5

Distribution of patients according to the relationship with husband

Degree of relationship	Before operation (N=28)		After operation (N=78)	
		%		%
Good	46	58.9	43	55.1
Average	22	28.3	20	25.6
Below average	10	12.8	15	19.3

Conclusion:

It is universal that overall psychiatric morbidity among female population significantly higher than male population. Findings of this study should lead of better understanding of the psychological aspect of hysterectomy. Attempt to minimize the intensity and duration of psychiatric symptoms after hysterectomy by proper education and preparation of the patients for hysterectomy.

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