

PATTERN OF PSYCHIATRIC SYMPTOMS AMONG THE POST LIGATED WOMEN

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Summary :

A prospective study was done covering a total of 100 post ligated women attending two model family planning clinics of Dhaka city during the period of July 1991 to December 1991 to determine the psychiatric symptoms among permanently sterilized women. Sociodemographic characteristics revealed that the most of the cases fell into the 26-30 years age group with a mean of 29.23 (SD=3.91) years. Majority of the cases were illiterate, housewives and came from poor economic class with urban background. On clinical assessment of psychiatric symptoms, it was found that 73 of the cases had considerable amount of psychiatric symptoms. Among them 44(60.20%) cases had only psychological symptoms and 29(39.80%) cases had somatic symptoms with overlapping psychological symptoms. Qualitatively the symptoms of anxiety, depression, headache, gastrointestinal symptoms, hypochondriasis were found significantly higher. The findings confirm the existence of psychiatric symptoms and indicate the persistence of considerable psychiatric morbidity after permanent sterilization.

Key Words : Psychiatric symptoms, Postigated Women.

Introduction :

Considerable number of post ligated women attend in different psychiatric units of general hospitals of our country with psychiatric complaints. Several studies have been carried out in abroad regarding psychiatric aspects following permanent sterilization in women and adverse physical and psychological outcome were reported¹⁻³. A collaborative reserach was undertaken in India, Colombia, Philippines and

UK to study the effect of permanent sterilization in relation to psychiatric problems and psychiatric problems were reported higher after ligation than non sterilization⁴. Another follow-up study was carried out after six month of sterilization. Among them 15% were reported some dissatisfaction and 2.6% had significant regret⁵. In one study in Bangladesh on psychosexual outcome of female sterilization, 8% of the cases experienced psychological symptoms like insomnia, irritability, restlessness and fear of loss of love of husband⁶. The present study was done to assess the pattern of psychiatric symptoms following permanent sterilization.

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Materials and Methods :

The study was carried out in the Family Planning Center of Mitford Hospital and Family Planning Center of Dhaka Medical College Hospital of Dhaka city. One hundred sterilized women withing six months of operations were selected randomly during the period of July 1991 to December 1991. They were interviewed by a pretested questionnaire consisted of sociodemographic parameters. relevant informations about sterilization and relationship with husband, Psychiatric complaints were assessed on clinical interview. The collected data were processed and statistical analysis was done.

Results :

In total 100 cases of postligated wokment were collected. On clinical assessment of psychiatric symptoms it was found that 73 of the cases had considerable amount of psychiatric symptoms. Among them 44(60.20%) had only psychological symptoms and 29(39.80%) had somatic symptoms with overlapping psychological symptoms.

Table-I shows the sociodemographic parametes of permanent sterilized women. It revealed that 48 cases fell into age group of 26-30 years with a mean of 29-23 (SD=3.91) years. Their age ranged between 21 and 38 years. Fifty six of them were illiterate, 28 were primarily educated. Graduate were only 2 cases. Eighty six cases were housewives, Only 12 cases were service holders. The urban rural distribution of the cases were 78 and 22 cases respectively. They were predominantly of lower and middle income group with 52 and 41 cases respectively.

Table-I : Sociodemographic characteristics of post ligated women

| Characteristics | Number (n = 100) |
|------------------------------|------------------|
| Age : | |
| 21- 25 | 17 |
| 26 - 30 | 48 |
| 31 - 35 | 29 |
| 36 - 4 | 05 |
| Mean : 29.23(SD = 3.91) yrs | |
| Range : 21 - 38 yrs | |
| Education : | |
| Illiterate | 56 |
| Primary | 28 |
| Secondary | 4 |
| SSC | 4 |
| HSC | 5 |
| Graduate | 2 |
| Postgraduate | 1 |
| Occupation : | |
| Housewife | 86 |
| Service | 12 |
| Self employed | 2 |
| Social background : | |
| Rural | 22 |
| Urban | 78 |
| Economic background : | |
| Higher | 7 |
| Middle | 41 |
| Lower | 52 |

Forty seven of the subjects identified poor socio-economic condition as the main reason for their sterilization. To keep small family size and too many children were expressed as main reasons by 32 and 21 cases respectively. Forty one of the cass told that they were partially aware about permanent sterilization. Awareness were well in 37 cases. Only 22 cases expressed their awareness as good.

Table-II revealed that relationship with husband decreased in post ligated women comparing the degree of relationship before and after sterilization but the difference was not significant ($P > 0.05$).

Table-II : Distribution of cases according to relationship with husband.

| Degree of relationship | Number (N = 100) | |
|------------------------|------------------|-----------------|
| | Before operation | After operation |
| Good | 64 | 62 |
| Average | 31 | 30 |
| Below average | 5 | 8 |

$X^2 = 1.72$. $df = 2$. $P > 0.05$

The frequency of psychiatric symptoms which was found in 44 of the total number of cases is shown in Table-III. Anxiety, depressed mood, diminished interest & pleasure were found 40.9% for each. Hypochondriasis was found 38.64%. Feeling of hopelessness and suicidal thought were found 36.36% and 22.73% respectively.

Table-III : Distribution of cases according to frequency of psychological symptoms (More than one symptoms were present).

| Symptoms | Number (n = 44) | % |
|--|-----------------|-------|
| 1. Anxiety & Worriness | 18 | 40.90 |
| 2. Depressed mood | 18 | 40.90 |
| 3. Feeling of restlessness | 9 | 20.45 |
| 4. Guilt feeling | 12 | 27.27 |
| 5. Diminished interest and pleasure | 18 | 40.90 |
| 6. Hypochondriasis | 17 | 38.64 |
| 7. Fatiguability | 16 | 36.36 |
| 8. Irritability | 9 | 20.45 |
| 9. Lack of attention and concentration | 5 | 11.36 |
| 10. Hopelessness | 1 | 2.27 |
| 11. Suicidal thought | 10 | 22.73 |
| 12. Loss of libido | 5 | 11.36 |

Table-IV : Shows the somatic complaints overlapping with psychological symptoms which was found in 29 of the subjects. Most common symptom was found heaviness or pain in the abdomen (86.21%). Menstrual problem including scanty, irregular or excessive bleeding was complained by 48.28% cases. Headache and cardiovascular problems like palpitation, chest compressin, hurried respiration were reported 65.52% of the cases respectively. Genital symptoms 62.07% and sleep disturbances 55.17% were reported. Pain during intercourse was complained by only 1 (3.45%) cases.

Table-IV : Distribution of cases according to frequency of somatic symptoms overlapping with psychological symptoms (more than one symptoms were present).

| Symptoms | Number (n = 29) | % |
|------------------------------------|-----------------|-------|
| 1. Heaviness or pain in abdomen | 25 | 86.21 |
| 2. Menstrual problems | 14 | 48.28 |
| 3. Headache | 19 | 65.52 |
| 4. Sleep disturbances | 16 | 55.17 |
| 5. Genital symptoms | 18 | 62.07 |
| 6. Weighth loss | 2 | 6.90 |
| 7. Burning micturation | 2 | 6.90 |
| 8. Pain during intercourse | 1 | 3.45 |
| 9. Abnormal pain sensation in scar | 5 | 17.45 |
| 10. Cardiovascular symptoms | 19 | 65.52 |

Discussion :

Cultural, social and personal attitude play an important role in the client who has been sterilized and reaction to the procedure will be influenced by these factors. The procedure of sterilization has been popular in our country almost since last two decades. In the early part, the programme of population control was very sensitive issue and people had a negative attitude towards the procedure. This negative attitude was mostly based on prejudice, social customs and religious

belief. The present study included only hospital based clients and 73% of the cases had considerable amount of psychiatric symptoms. The finding is consistent with the report of other studies⁹⁻¹².

Most of the cases were illiterate, housewives and came from poor economic class with urban background. These were because of the pattern of client of the hospital based family planning center and urban influence of the sample. Moreover, women infrequently work in this country outside the family and being housewife is widely accepted as an occupation.

Main reason for sterilization was found poor socio-economic condition (47%) which is consistent with an American study report where a series of 51% tubectomised subjects almost a 100% adoption of this permanent sterilization primary being concerned for economic reason⁷. This indicates unsatisfactory motivation which is again proved by their level of awareness. 41% were found partially aware about sterilization.

Ligation itself can act a stressor for the ligated women. Beside this though not significant, degree of confined relationship with husband were decreased after ligation in our study which might be a precipitating factor of psychiatric symptoms. Of the psychological symptoms, anxiety, depression, lack of interest & pleasure, hypochondriasis, feeling of hopelessness and suicidal thought were found more frequent in the present series. These are all indicative of persistences of psychiatric morbidity like anxiety and depressive disorder. Moreover, of the the somatic symptoms with overlapping psychological symptoms, heaviness or vague pain in the abdomen, psychogenic headache, sleep disturbances, cardiovascular symptoms, genital symptoms were found much more frequent. These findings are congruent somatic features of anxiety and depressive disorders

which is further evident of existence of psychiatric morbidity among the permanent sterilized women.

Conclusion :

Permanent contraception through female sterilization is playing increasingly important part in the limitations of family size and its acceptance needs to be increased.

Psychiatric complaints among postligated women are very much significant. It needs thorough clinical assessment and quantitative & qualitative psychiatric examination to find out psychiatric morbidity in permanent sterilized women.

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DELUSIONAL WORM INFESTATION — A CASE REPORT

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Summary :

An interesting case of Monosymptomatic Hypochondriacal Phychosis was reported in the department of psychiatry of Institute of Post Graduate Medicine & Research, Dhaka. The patient had the delusion of worm infestation in and around the anus for long twelve years. The patient was treated with haloperidol and showed clinical improvements.

Introduction :

Delusional worm infestation- a monosymptomatic hypochondriacal phychosis is a rare psychiatric entity. It is the psychiatric morbidity with the single delusional system and is categorized as delusional disorder, somatic type in DSM - IV¹ and as persistent delusional disorder in ICD-10². Delusional worm infestation is not uncommon entity in monosymptomatic hypochondriacal psychosis³. Pimozide has been successfully used in its treatment. However haloperidol may be an alternative treatment for this syndrome.

Case Report :

A 32 years old unmarried male muslim literate from rural background attended the psychiatric OPD of Institute of Post Graduate Medicine & Research, Dhaka, with the complaints of persistent worm like feeling in and around the anus for last twelve years, This belief developed on a rainy evening when he went to defaecate in an open place. He felt itching in and around the anus, introduced his finger into the anus, found a

helminth on the tip of his finger. For the presumed helminthiasis, he took anthelmintic of different trades and name frequently. In spite of this medication, his worm infestation was not relived.

He moved from physician to physician, starting from quack to very renowned specialists. Lot of investigations including procto-sigmoidoscopy was done and no significant finding was explored. He used to carry stool with him to show it to physician. Failing in cure, he visited the christian missionary hospital with firm conviction and hope about the treatment of foreign doctors, but came out as unsuccessful.

Meanwhile, he started believing that he could not make understand the severity and real feelings about the worm how it was disturbing him. His all activities became centered to his problem of worm sensation around the anus. To make understand he discovered a maneuver made up of magnet and iron granules. The feeling is like peculiar movement of iron granules toward the magnet as he stated. Lastly he attended a highly qualified physician with the maneuver who referred him to a psychiatrist. His early childhood development was normal and attended school for few days. Father was in jail during childhood and had step mother in the family. Positive family history of psychiatric illness in second degree

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relative was noted. Personal history of masturbation, decreased libido, alcohol and ganja abuse were also noted. There was no past history of psychiatric illness.

On physical examination, findings were within normal limit. On mental state examination, he was found tidy, clean, well dressed and well groomed. Rapport was easily established and sustained. Mood was anxious. Somatic delusion of persistent worm like feeling in and around the anus for long twelve years was noted in spite of contrary investigation reports and adequate, easy scientific explanation. Perceptual disorders were absent. His sensorium and cognitive functions were normal. Insight was partially impaired regarding illness.

Diagnosing as delusional disorder and he was treated with haloperidol 5mg b.d. because of non-availability of pimozide, along with supportive psychotherapy. Patient was discharged with advice to continue the drug, to come for follow up at monthly interval following partial improvement of his symptoms.

Discussion :

Monosymptomatic hypochondriacal psychosis is characterized by a single delusional system which can occur at any age from late adolescent onwards, affects the both sexes equally, has a poor prognosis without treatment. Within the delusional system, the patient shows marked illogicality, insisting against all evidence on a physical aetiology. Its presentation is relatively independent of cultural factors. A previous history or a family history of psychiatric illness seems uncommon⁴. The content of the delusion is very variable though there are several common themes including a conviction that the subject is infested with insects, his bowel contain worm or other parasite and that he emits foul smell³. It is uncertain how common the syndrome is, partly because the patient tend to pestes specialist³ like

general practitioner, medical specialist and gastroenterologist for worm infestation and so on without ever seen by psychiatrist. Typically patients complaints remain remarkably unchanged over many years to an endless series of doctors seeking confirmation of diagnosis and a cure and atlast initates strange cure of his own⁴.

Along with paranoid belief, secondary depression, anxiety, shame and avoident behaviour are more frequent with this illness. Substance abuse and or head injury seems to be background factors⁴.

This case findings is consistent with the other studies of monosymptomatic hypochondriacal psychosis manifesting as delusion of infestation in western setting⁵. This patient had a history of substance abuse which may be a background factor as depicted in other study⁴. It is suggested that pimozide may be an effective treatment for monosymptomatic hypochondriacal psychosis whatever their aetiology⁶. Haloperidol may be an alternative treatment for this syndrome specially those with manifesting a delusional infestation due to its similar chemical to that of pimozide⁵. The patient's condition was remitted partially with Haloperidol treatment. The finding is similar in the Riding J, Munro A Pimozide in the treatment of monosymptomatic hypochondriacal psychosis⁴, which indicates the effectiveness of haloperidol in this case. There are scattered reports of improvement or even cure with other neuroleptics or tricyclic antidepressant but less effective than pimozide.

Conclusion :

Monosymptomatic hypochondriacal psychosis, though traditionally have poor prognosis, but recent studies showed good hope about its treatment. Psychotherapy has an important role in establishing trustful relationship without agreement or challenging the patients delusion, improvement of the patients symptoms and social adjustment.

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Conclusion

Monosymptomatic hypochondriacal psychosis, though traditionally have poor prognosis, but recent studies showed good hope about its treatment. Psychotherapy has an important role in establishing fruitful relationship without agreement or challenging the patient's delusion. Improvement of the patient's symptoms and social adjustment should be the main aim of treatment.

Monosymptomatic hypochondriacal psychosis is characterised by a single delusional system which can occur at any age from late adolescence onwards, affects the both sexes equally, has a poor prognosis without treatment. With the delusional system, the patient shows marked hostility, refusing to eat, and evidence of a physical pathology is present. A pre-occupation of cultural factors. A pre-occupation of a family history of sarcoptic infestation seems to be common. The content of the delusion is very variable though there are several common themes including a conviction that the subject is infested with worms, the bowel contain worms or that parasites and that the entire body is infested with worms. The syndrome is fairly common in the Indian subcontinent and is caused because the patient had to eat the soil and

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