Original Research Article

Assessment of psychiatric morbidity in postmenopausal women

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Abstract

Background: Menopause is one of the crucial phases of women's life. Although the fact has been ignored or hidden for a long time, it is now clearly established that this is a difficult time of life due to high frequency of physical and psychological disorders which affect majority of the women. The present study was conducted to assess psychiatric morbidity in postmenopausal women attending gynaecological outdoor patient department.**Materials & Methods:** 50 consecutive postmenopausal women attending Gynae OPD in New Medical College hospital, Kota constituted the sample of study whereas 50 randomly postmenopausal women who were not attending Gynae OPD, who had not undergone surgical menopause (Post Hysterectomy). preferably relatives of postmenopausal patients, constituted the control group.**Results:** Maximum patients 32 (64%) in study group and 33 (66%) were in age group 40-45 years. Past history was seen in 8 in study group and 2 in control group. GHQ score >4 was seen in 26 in study group and 40 in control group. 7 in study and 4 in control group had Mixed anxietydepressivedisorder. Severe depression was seen in 3 in study and 0 in control group. **Conclusion:** 42% of the patients from the study group received psychiatric diagnosis according to the ICD-10. Mild depression was present in 2% patients, moderate depression in 8% and severe depression in 6% patients.

Keywords: Depression, Post- menopausal, Women

Introduction

Menopause is one of the crucial phases of women's life. Although the fact has been ignored or hidden for a long time, it is now clearly established that this is a difficult time of life due to high frequency of physical and psychological disorders which affect majority of the women.The symbolic dimension of menopause, which makes the "bereavement" of reproductive life further reinforces this feeling of rupture between life before and life after menopause[1-3].The women who have taken great pride in her reproductively may see the menopause as the termination of her career as women for her it's a deadly assault on her self-esteem resulting in extramarital affairs, withdrawal, and overly vigorous beauty attention[4]. hypochondriasis, irritability, depression, massive searches for new hobbies or jobs, building or redoing homes, among many possible restitutive behaviours. For other women however the menopause may come as a welcome relief[4,5].Endocrinologically, the menopause represents a broad concept of progressive ovarian functional failure[6]. For most women, this coincides with, what is commonly understood to be the years of middle age. Endocrinologic changes occur therefore during a phase of the associated with psychosocial stress[7]. Psychological complaints are frequent among menopausal patients. The association between these complaints and the menopause has been one of the most contentious issues in menopause research[8].The present study was conducted to assess psychiatric morbidity in postmenopausal women attending gynaecological outdoor patient department.

Materials & Methods

50 consecutive postmenopausal women attending Gynae OPD in New Medical College hospital, Kota constituted the sample of study whereas 50 randomly postmenopausal women who were not attending Gynae OPD, who had not undergone surgical menopause (Post Hysterectomy). preferably relatives of postmenopausal patients, constituted the control group.A semi structured performa including details of personal identification, socio-demographic variables and a detail gynaecological and physical history was recorded. Goldberg's general health questionnaire-28, Beck's depression inventory and Hamilton's Anxiety Rating Scale was used. Family history of any psychiatric and gynaecological illness, complete physical examination,gynaecological examination and laboratory investigations were recorded systematically. Results were tabulated and statistically analyzed. P value less than 0.05 was considered significant.

Results

Table 1: Distribution of patients

Age Group	Study Group (N=50)	Control Group (N=50)
40-45	32 (64%)	33 (66%)
46-50	15(30%)	14 (28%)
51-55	3(6%)	3 (6%)

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Table 1 shows that maximum patients 32 (64%) in study group and 33 (66%) were in age group 40-45 years.

Table 2:Distribution according to their past history of psychiatric illness

Past History	Study Group	Control Group
Present	8(16%)	2 (4%)
Absent	42 (84%)	48 (96%)

Table 2 shows that past history was seen in 8 in study group and 2 in control group.

Table 3:Distribution of cases according to their GHQ

GHQ	Study Group	Control Group
≤4	26 (52%)	40 (80%)
>4	24 (48%)	10 (20%)

Table 3 shows that GHQ score >4 was seen in 26 in study group and 40 in control group.

Table 4:Psychiatric morbidity according to the ICD-10

Diagnosis (GHQ>4)	Study group	Control group
Mild depression	1 (2%)	0
Moderatedepression	04(8%)	01(2%)
Severedepression	03(6%)	01(2%)
Mixed anxietydepressivedisorder	07 (14%)	04(8%)
Generalized anxietydisorder	06(12%)	01(2%)
Not fulfilling the ICD-10 criteria	03(06%)	03(6%)
Total	24(48%)	10 (20%)

Table 4 shows that 7 in study and 4 in control group had Mixed anxietydepressivedisorder.

Table 5:Distribution of the cases who scored more than 4 on GHQ and given BDI

Group	No Depression(0-9)	Mild depression(10-18)	Moderate depression(19-29)	Severe depression(30-63)	Total
Study	06 (12%)	09 (18%)	06 (12%)	03 (06%)	24 (48%)
Control	08 (16%)	01 (2%)	01 (2%)	0	10 (20%)

Table 5 shows that severe depression was seen in 3 in study and 0 in control group.

Table 6: Distribution of severity of Anxiety in study Group and control Group on Hamilton'sAnxiety RatingScale

Score on HAM-A	Anxiety disorder	Mild Anxiety(18-24)	Moderate Anxiety(25-30)	Severe Anxiety(>30)
Study(n=24)	22 (44%)	15(30%)	5(10%)	2(4%)
Control(n=10)	5(10%)	4(8%)	1(1%)	0

Table 6 shows that severe depression was seen in 2 in study group and no in control group.

Discussion

Major aim of this investigation was to find out the prevalence and type of psychiatric co morbidity in the menopausal women. For this purpose, 50women were taken from the gynaecological outpatient department of New Hospital Medical College Campus, Kota where postmenopausal women were attending gynaecological outdoor patient department and equal Number of matched controls wereselected from the attendants of the patients.This study also evaluated the relationship of gynaecological complaints and psychiatric co-morbidity. Furthermore, the relationship of socio-demographic variables,with psychiatric illness was also analyzed.We found that maximum patients 32 (64%) in study group and 33 (66%) were in age group 40-45 years.Juang et al[9] reported the menopausal transition and early postmenopausal years may represent a period of vulnerability associated with an increased risk of experiencing symptoms of depression, or for the development of an episode of major depressive disorder. However, those with prior history of depression may face a re-emergence of depression during this transition while others may experience a first episode of depression in their lives. We found that past history was seen in 8 in study group and 2 in control group. We found that GHQ score >4 was seen in 26 in study group and 40 in control group. Yasui et al[10] studied that the prevalence rate of OCD was 7.1% in the sample. Two women (0.7%) reported that OCD developed during the postmenopausal period. The most common obsessions were contamination and symmetry/exactness, whereas the most common compulsions were cleaning/washing and checking. OCD was unrelated to variables examined in the present study. The comorb-idity rate of other psychiatric disorders was 63.2% in OCD patients. The most common comorbid disorder was generalized anxiety disorder.We observed that 7 in study and 4 in control group had Mixed anxietydepressive disorder. We observed that severe depression was seen in 3 in study and 0 in control group. Krystal et al[11]found that Ninety-two (34.2%) women had at least one mood or anxiety disorder. The most common specific disorder was generalized anxiety disorder (15.6%). The existence of any mood or anxiety disorder was associated with poorer economic level.We found that severe depression was seen in 2 in study group and no in control group. P. Moller et al[12] reported that there are data top suggest that menopause and depression are associated, although there is not a common clear causative factor. Women with climacteric symptoms (hot flushes, night sweats, vaginal dryness and dyspareunia) are more likely to report anxiety and/or depressive symptoms. Bothersome vasomotor symptoms could be associated with sleep disturbances, which in turn can increase reports of anxiety and depressive symptoms. Biopsychosocial and partner factors have a significant influence on middle-aged women's sexuality and depressive disorders, and most antidepressants can have a negative effect on sexual response. Bothersome vasomotor symptoms could be associated with sleep disturbances, which in turn can increase reports of anxiety and depressive symptoms. Biopsychosocial and

partner factors have a significant influence on middle-aged women's sexuality and depressive disorders and most antidepressants can have a negative effect on sexual response.

Conclusion

Authors found that 42% of the patients from the study group received psychiatric diagnosis according to the ICD-10. Mild depression was present in 2% patients, moderate depression in 8% and severe depression in 6% patients. Mixed anxiety depressive disorder and generalized anxiety disorder were present in 14% and 12% patients respectively. Whereas only 14% people from the control group could be diagnosed according to the ICD-10 criteria. 0% patients had mild depression and 1% had moderate and 1% severe depression respectively. Mixed anxiety depressive disorder and generalized anxiety disorder were present in 08% and 02% patients respectively in study group.

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