QUALITY OF LIFE, SEXUAL SATISFACTION AND PSYCHIATRIC CO-MORBIDITY IN WOMEN POSTED FOR HYSTERECTOMY

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ABSTRACT

BACKGROUND

Uterus holds a deeply symbolic meaning to women. Its removal can have a significant effect on one's quality of life, sexual functioning and psychological well-being.

Aims and Objectives- To evaluate the quality of life, sexual satisfaction and psychiatric co-morbidity in women posted for hysterectomy.

MATERIALS AND METHODS

30 subjects aged between 18 and 50 years were taken for convenience, posted for hysterectomy, were evaluated using a semi-structured socio-demographic proforma, World Health Organisation Quality of Life- BREF, sexual satisfaction scale for women and clinical version of Structured Clinical Interview DSM-IV before surgery.

Statistical analysis used- Parameters were assessed using correlation coefficient and Mann-Whitney U-test and the p-value of <0.05 was considered significant.

Setting and Design- Study was conducted in a tertiary care hospital. A cross-sectional study design was used.

RESULTS

Subjects with low income and who were literates showed statistically significant psychological problems. Quality of life of those with low income was also significantly affected in environmental domain.

CONCLUSION

High prevalence of psychiatric co-morbidity, decreased sexual satisfaction and quality of life pre-operatively in women posted for hysterectomy suggests the need for better awareness among treating professionals and need for adequate psychological support for them.

KEY WORDS

Hysterectomy, Quality of Life (QOL), Sexual Satisfaction, Psychiatric Co-morbidity.

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BACKGROUND

The uterus is a major female reproductive organ in mammals including humans. Historically, uterus has been regarded as the regulator and controller of important physiological functions, as a sexual organ, a source of energy, strength, vitality as well as a maintainer of youth and attractiveness among women. Thus, it influences the quality of life [QOL] and sexual functioning, and its loss is known to cause psychiatric morbidity.[1-3]

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A hysterectomy is the surgical removal of the uterus and is the most frequently performed gynaecological operation worldwide.[4,5]

The symbolic meaning of uterus in women's psychological health is well known. Historically, physical displacement of uterus throughout the body was thought to cause various psychological symptoms in women.

Quality of Life (QOL) is the general well-being of individual in the society, outlining negative and positive features of life. It includes life satisfaction in domains of physical health, familial life, education, work, religious beliefs, finance and with one's environment [Table 1].[4]

Sexual satisfaction is a broad construct closely linked to overall satisfaction in relationship. Sexual satisfaction is positively associated with indicators of quality of relationship such as love, commitment and stability, and is inversely related to likelihood of divorce.[6-9]

The current literature does not give a conclusive picture about the effect of hysterectomy on QOL, sexual satisfaction and psychiatric morbidities. The current study aims to

evaluate the quality of life, sexual satisfaction and psychiatric morbidity in women who have been posted for hysterectomy.

MATERIALS AND METHODS

The study was conducted in a tertiary care hospital, by the Department of Psychiatry, in liaison with Obstetrics and Gynaecology department in Rajarajeshwari Medical College and Hospital, Bangalore. A cross-sectional study was conducted on women who were posted for hysterectomy over a period of three months. A sample size of 30 was taken for convenience to the study. Thirty subjects between age group of 18 and 50 years were included for the study. Subjects who were on Hormonal Replacement Therapy [HRT] with malignancy and who had attained menopause were excluded from the study. Written informed consent was obtained from all the participants who enrolled in the study. The study was approved by Institutional Review Committee and ethical clearance was obtained.

The socio-demographic details of these women were gathered using a semi-structured proforma, developed by the Department of Psychiatry [Table 3] and the subjects were assessed prior to surgery using World Health Organisation Quality of Life- BREF [WHOQOL-BREF] [Table 1].[4] Sexual satisfaction was evaluated using sexual satisfaction scale for women [SSS-W] [Table 2].[10] Clinical version of Structured Clinical Interview DSM-IV [SCID-I][5] was used to determine the psychiatric co-morbidity.

Statistical Analysis

All statistical analysis was carried out using SPSS 16.0 software. Parameters were assessed using correlation coefficient and Mann-Whitney U test and the p-value of < 0.05 was considered significant.

RESULTS

Majority of the subjects were in the age group of 41 - 45 yrs. 90% of the subjects were Hindus, 86.7% were married, 43.3% were illiterates and 56.7% were housewives [Table 3].

More than half (56.6%) of the subjects were suffering from psychiatric illnesses, among which fifty percent had mood disorders and six percent had anxiety disorders.

There was a significant difference between literates and illiterates in domain 2 QOL with p-value < 0.05 [Table 4]. Also significant difference for subjects with family income of > Rs. 10,000/ month in domain 2 and domain 4 with p-value < 0.05 was noted [Table 5].

The study also showed environmental factors (Domain 4) had significant effect on prevalence of psychiatric co-morbidity among subjects [Table 6].

Sexual compatibility differences had significant effect on social relationships (Domain 3) and prevalence of psychiatric morbidity [Table 7 and 8].

Subjects who had low income and who were literates showed statistically significant psychological problems (Domain 2) [Table 4 and 5] and those with low income also had statistically significant low score in domain 4 (Environment factors).

1. Physical health	Activities of daily living Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work capacity
2. Psychological	Bodily image and appearance Negative feelings Positive feelings Self esteem Spirituality/ Religion/ Personal beliefs Thinking, learning, memory and concentration
3. Social relationships	Personal relationships Social support Sexual activity
4. Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation/ leisure activities Physical environment [pollution/noise/ traffic/climate] Transport

Table 1. WHOQOL-BREF Domains

Domains	
Contentment	Contentment with emotional and sexual aspects of the relationship
Communication	Ease and comfort discussing sexual and emotional issues
Compatibility	Compatibility between partners in terms of sexual beliefs, preferences, desires and attraction
Relational concern	Distress regarding the impact of their sexual problems on their partner and relationship at large
Personal concern	Personal distress concerning sexual problems

Table 2. Sexual Satisfaction Scale for Women (SSS-W)

Socio-Demographic Variables			Percentage
1.	Religion	Christian	3.3%
		Hindu	90%
		Muslim	6.7%
2.	Education	Higher	23.3%
		PUC	3.3%
		Primary	30.3%
		Illiterate	43.3%
3.	Occupation	Employed	36.7%
		Housewives	56.7%
		Others	6.7%
4.	Marital Status	Married	86.7%
		Single	3.3%
		Widow	10.0%
5.	Family Income	< 10,000 Rs./mnth	80%
		> 10,000 Rs./mnth	20%

Table 3

Domains	Education	Median	Inter-quartile Range	Mann-Whitney U	P value
Domain 1	Illiterate	13.00	11.00-14.00	81.500	0.205
	Literate	14.00	13.00-14.00		
Domain 2	Illiterate	11.00	11.00-13.00	61.000	0.033
	Literate	13.00	12.00-14.00		
Domain 3	Illiterate	14.00	11.00-16.00	103.000	0.745
	Literate	15.00	14.00-16.00		
Domain 4	Illiterate	11.00	9.00-13.5	70.500	0.089
	Literate	12.50	11.5-14.5		

Table 4

Domains	Family Income	Median	Inter quartile Range	Mann-Whitney U	P value
Domain 1	< Rs. 10,000/month	13	11.00-14.00	50.000	0.233
	> Rs. 10,000/month	14	13.00-14.00		
Domain 2	< Rs. 10,000/month	12	11.00-13.00	33.500	0.040
	> Rs. 10,000/month	13.5	12.75-15.00		
Domain 3	< Rs. 10,000/month	15	13.00-16.00	55.000	0.360
	> Rs. 10,000/month	16	12.75-16.00		
Domain 4	< Rs. 10,000/month	12	11.00-13.00	25.500	0.014
	> Rs. 10,000/month	15	12.50-16.00		

Table 5

Domains	Psychiatric Comorbidity	Median	Inter quartile Range	Mann-Whitney U	P value
Domain 1	Present	13.00	11.00-14.00	80.500	0.171
	Absent	14.00	13.00-14.00		
Domain 2	Present	13.00	11.00-13.50	105.000	0.781
	Absent	13.00	11.50-13.50		
Domain 3	Present	15.00	12.00-16.00	77.000	0.131
	Absent	16.00	15.00-16.00		
Domain 4	Present	11.00	10.00-12.50	65.000	0.047
	Absent	13.00	12.00-14.50		

Table 6

SSS-W	Psychiatric Co-morbidity	Mean	P value
Contentment	Present	20.87	0.339
	Absent	21.07	
Communication	Present	17.00	0.725
	Absent	17.21	
Compatibility	Present	22.33	0.041
	Absent	26.93	
Concern Relational	Present	27.40	0.406
	Absent	29.00	
Concern Personal	Present	26.73	0.405
	Absent	28.71	

Table 7

QOL		Contentment	Communication	Compatibility	Concern Relational	Concern Personal
Domain 1	Correlation coefficient	0.030	0.039	0.246	0.076	0.075
	Sig. (2-tailed)	0.875	0.839	0.190	0.689	0.693
Domain 2	Correlation coefficient	0.209	0.249	-0.054	-0.115	0.016
	Sig. (2-tailed)	0.268	0.185	0.776	0.545	0.935
Domain 3	Correlation coefficient	-0.048	0.183	-0.383	0.194	0.147
	Sig. (2-tailed)	0.803	0.332	0.037	0.304	0.440
Domain 4	Correlation coefficient	0.076	0.080	0.252	-0.065	0.009
	Sig. (2-tailed)	0.689	0.674	0.180	0.732	0.366

Table 8

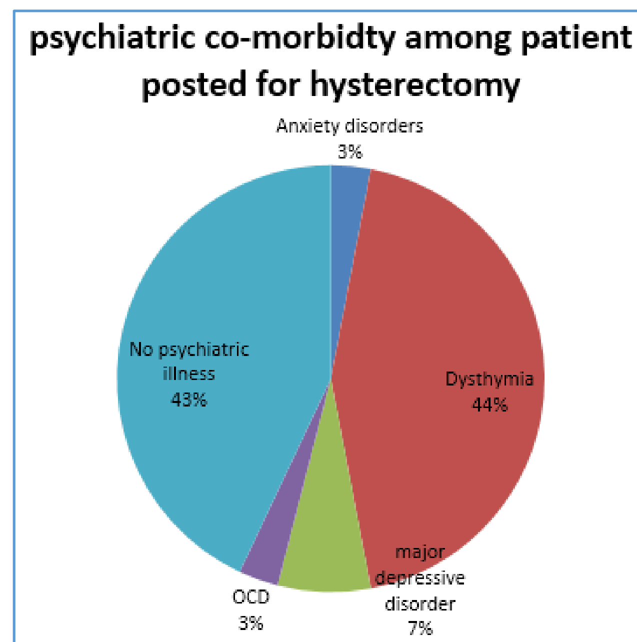

Figure 1

DISCUSSION

Hysterectomies are one of the most common major surgeries performed in the world. Around 90% of all hysterectomies are carried out for benign conditions[11] with the commonest indications being uterine fibroid, dysfunctional uterine bleeding, endometriosis, vaginal prolapse and chronic pelvic pain.[12]

A higher frequency of hysterectomy is seen in the Western countries (10-20%),[13] while lower rate has been reported from India (4-6%).[14-17]

Surgical removal of the uterus and frequently even the ovaries is widely accepted both by medical professionals and the public, as appropriate treatment for various common non-cancerous uterine conditions that can produce often severe pain, discomfort, uterine bleeding and psychological

distress. The current study was done with a view to derive the socio-demographic profile, psychiatric morbidity and quality of life among women who were posted for hysterectomy.

Most of the Western studies report that hysterectomy has a negative influence on women, as they feel that the uterus is a very important organ and losing it would reduce their self-respect and self-confidence. They were also worried about their body image, sexual lives and relationships. Women in the West also had a notion that they would not feel like a woman and it would affect their social functions [QOL Domain 2, 4].[11,18,19] This was in accordance with the current study where there was a worry about the body image, reduction of self-esteem and relationship issues mostly with literate women with a family income of < Rs. 10,000/month.

Indian studies also supported the present study where women expressed fears about possible change in body image, sexual dysfunction and discomfort [QOL Domain 2].[20-23]

Permanent surgical procedure like hysterectomy will invariably influence the sexual functioning of the women who are subjected to it. Indian as well as Western studies report that removal of uterus would result in sexual dysfunction, low self-confidence and the belief that their spouses would not be interested in them anymore, which leads to interpersonal problems, impaired body image and reduction in quality of life,[11,18,19] which is in accordance with the present study.

Seventeen out of 30 subjects (56.6%) who were posted for surgery were suffering from mood disorders, among which (43.3%) and 6.7% had dysthymia and major depressive disorder respectively. The high prevalence of mood disorders was similar to earlier studies.[20,24-27] However, the prevalence of anxiety disorders in our study was only 6.6%, which is much lower than the others studies.[28-30]

CONCLUSION

It was found that there was a higher prevalence of psychiatric co-morbidity, mostly mood and anxiety disorders in women who are undergoing hysterectomy. There was a decrease in sexual satisfaction and quality of life in the preoperative period. Awareness on the part of surgeons and other medical professionals for certain pre-existing psychological and psychosocial problems in the pre-operative period would enable timely reference of high risk women for psychiatric consultation and intervention. There were a few limitations for the present study, as it was carried on a limited sample size and hence the results could not be generalised to a larger population.

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