

PSYCHIATRIC MORBIDITY IN PATIENTS SUFFERING FROM MENSTRUAL DISTURBANCES

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SUMMARY

Sixty patients attending gynaecology O. P. D. of Smt. Sucheta Kripalani Hospital complaining of menstrual disturbances were compared with 30 controls, who were the relatives of the patients, on PGI-N2, neuroticism scale and Standardized Psychiatric Interview Schedule. Psychiatric morbidity was found to be 51.7% and 26.6% in the studied sample and the controls respectively.

Many gynaecologists have recognised since long that number of their patients suffer from emotional disturbances, various studies in the Gynaecology O.P.D., have shown that the menstrual problems were the most common complaints of the patients (Munro, 1969 ; Worsley and Walters, 1977 ; Bhat et al., 1977 ; Byrne, 1984). Accurate identification of psychiatric disturbances can be extremely important factor in the management of gynaecological patients and they can be saved from needless investigations and unnecessary medication. Present study was undertaken to identify the psychological problems associated with menstrual complaints in patients attending gynaecology out patient department of Smt. Sucheta Kripalani Hospital, New Delhi.

Material and Method

The study was undertaken in the gynaecology out patient clinic of Obstetrics and Gynaecology, Department of Smt. Sucheta Kripalani Hospital, New Delhi. The study group consisted of sixty patients complaining of menstrual disturbances only, attending Gynaecology O.P.D. for the first time. The patients

having any past history of psychiatric illness or complaints related to other specialities like medicine, surgery, E.N.T. or other than gynaecology were excluded from the study. Another control group of thirty healthy subjects was taken, which was constituted by the attendants or relatives of the patients, who did not suffer from any ailment at that time.

The study group as well as the control group were subjected to PGI Health Questionnaire (N-2) (Verma and Wig, 1977). This test was used as screening method to identify probable psychiatric cases. A cut off score of 9 was taken. The patients scoring above this were further examined for psychiatric problems, by using Standardized Psychiatric Interview Schedule (Goldberg et al., 1970). The patients were examined by the senior gynaecologists and their findings were noted.

The statistical analysis were done using chi-square test (X^2) with Yates correction, wherever applicable.

Results

Analysis of the data indicated that 63% of the patients in the study group

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were between 16-35 years of age and the rest above 35, while in the control group 56% of the patients were in the age group 16-35 and the rest above it. Majority of subjects both in the study and control group were Hindus. 39% of subjects of the study group were illiterate, while 28% had less than 10 years of schooling. Similarly in the control group 34% were illiterates and 32% had less than 10 years of schooling. The marital status of the subjects of the study group indicated that 96% of them were married, while in the control group 94% were married. Housewives accounted for 93% and 90% in the study and the control groups respectively. The socio-economic analysis indicated that 67% of the study group and 62% in the control group belonged to lower socio-economic status.

The overall psychiatric morbidity in patients complaining of menstrual problems was found to be 51.7% and among control group it was 26.7% ($p < 0.005$) (Table 1). Irregular periods was the chief complaint of 27 patients (45%) and menorrhagia was complained by 20 patients (33.3%) (Table 2). The psychiatric morbidity was highest in the menorrhagia group which was statisti-

Table 1. *Prevalence of Psychiatric Morbidity.*

Group	Total cases	Normal	Psychiatric cases
Study group	60	29	31* (51.7%)
Control group	30	22	8 (26.7%)

* $p < 0.005$

cally significant ($p < .01$) when compared with the control group. Among psychiatric disturbances depression was seen in 66.6% of patients, next common psychiatric diagnosis was of anxiety (25%). Among 27 patients complaining of irregular periods, 15 (55.5%) suffered from psychiatric disturbances which was statistically significant ($p < 0.05$) when compared with the control group. Out of 20 patients complaining of menorrhagia, only four had any physical lesion (20%) and only one of them had psychiatric disturbance. 27 patients complained about irregular periods but only 6 of these (22.2%) had some definite physical lesion and two of these were psychiatrically dis-

Table 2. *Distribution of Psychiatric cases*

Symptoms	Psychiatric Disorders				Total No. Psychiatric case rate	Percentage of Psychiatric cases	Total No. of cases
	Neurotic depression	Anxiety neurosis	Hysteria	OCN			
1. Irregular periods	8	4	2	1	15**	55.55%	27
2. Menorrhagia	8	3	1	0	12*	60.00%	20
3. Dysmenorrhoea	1	1	0	0	2	22.22%	9
4. Primary amenorrhoea	1	0	0	0	1	33.33%	3
5. Secondary	1	0	0	0	1	100%	1
Total—31					Mean—51.66%	Total—60	

* $p < 0.1$, ** $p < .05$

turbed. Among the 9 patients suffering from dysmenorrhoea, only 2 (22.2%) had psychiatric disturbances. Only one patient was suffering from primary amenorrhoea who had depression, while of the three patients suffering from secondary amenorrhoea only one was suffering from depression.

Discussion

In this study it is clearly shown that a large number of females (51.7%), complaining of menstrual problem suffered from psychiatric disturbances ($p < .005$), which is in contrast to the morbidity in healthy controls from general population (26.7%). There has been no study done earlier to detect psychiatric morbidity in patients with menstrual disturbances. But there had been studies to detect psychiatric disturbances in various physical illnesses. Bagadia et al. (1974) found 86% of newly detected diabetics suffering from psychiatric disturbances. In a study on asthmatics, Ramachandran et al. (1974) detected 45% of their patients having psychiatric disturbances. Srivastava et al. (1975) found a higher level of neuroticism level in patients suffering with skin disorder than in normals. While studying a specific skin illness, neurodermatitis, Srivastava et al. (1977) found that these patients scored high on M.H.Q., and also on all the subscales of M.H.Q., as compared to normals, and the scores were not influenced by the duration of their illness. The psychiatric morbidity in general practice was found to be 36% by Krishnamurthy et al. (1981). While the psychiatric morbidity in Dental OPD, was detected to be 44% (Shukla and Srivastava, 1983). John Mathai (1981) found the prevalence of psychiatric morbidity among tuberculosis patients to be 28.87%. In a study on non-organic dyspeptics, it was found that such patients scored high on M.H.Q., as compared

to organic dyspeptics or normal healthy controls. Bhatia et al. (1988) found the prevalence of psychiatric morbidity among females attending the Medical OPD to be 18.64%, in the same hospital in which the present study was conducted.

The above stated studies clearly indicate that the females suffering from menstrual disturbances are more prone to develop psychiatric disturbances. The higher psychiatric morbidity among females complaining of menstrual disturbances has been shown by many authors (Munro, 1969 ; 1972 ; Worsley and Walters 1977 ; Bhat et al., 1977 ; Byrne, 1984). In our study, the psychiatric morbidity was maximum in menorrhagia group and the presence of definite physical lesion did not influence the psychiatric case rate. Munro (1969) showed that patients who scored high on Foulds Personal Illness Inventory, had more complaints of menorrhagia and a very small proportion of them had physical lesion. The patients complaining of irregular periods had also high psychiatric morbidity and very few had definite physical lesion. As in the case of menorrhagia the presence of physical lesion did not influence the psychiatric morbidity. Though majority of the patients with menorrhagia are likely to undergo surgical procedures, it is probable that the operation may not be of much use in many cases. Correlation between menstrual irregularity, psychosocial maladjustments and high levels of neuroticism, has been reported by various authors (Hain et al., 1970 ; McCormick, 1975).

Dysmenorrhoea in general population is common but seems to have no particular relationship with psychiatric disorders as reported by various authors (Coppen and Kessel, 1963 ; Whittle et al., 1987). In this study, also, we were not able to find any statistically significant

relationship between dysmenorrhoea and psychiatric disturbances.

Amenorrhoea has generally been reported to have a psychogenic cause (Rakoff, 1968 ; Frick et al., 1978 ; Desencarclens and Fisher, 1978). In the present study, though the patients of amenorrhoea had psychiatric disturbances, their numbers being small, we could not find statistically significant relationship.

It is evident from the observations and discussion that the patients with menstrual problems were more prone to psychiatric disturbances than either the healthy controls or patients suffering from other disorders. The need of careful screening of patients with menstrual problem can not be over emphasised. It will mitigate the suffering of the patients on one hand and reduce costly investigations on the other.

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