

DEPRESSION IN WOMEN IN THE GENERATIVE PERIOD AFTER TOTAL EXTIRPATION OF THE UTERUS

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Abstract

The loss of the uterus after a hysterectomy has many negative psychological consequences for women who have undergone such an operation. Hysterectomy results in a loss of reproductive capacity, which is why in some countries the younger generation of women is not treated at all.

Even for women who are sure that they do not want to have children in the future, the uterus as an organ is not seen as something that can be easily removed. Side effects of this surgery are loss of menstrual function, loss of reproductive function, impaired sexual function and distorted image of female identity. These changes can contribute to the development of negative emotional reactions, including depression.

This paper presents research findings on the level of depression in women who enter the phase of removal of the uterus and women who have already undergone surgery, in order to gain insight into the psychological state of women who go through this process.

Keywords: hysterectomy, depression, uterus

Introduction

Hysterectomy is one of the most common surgeries performed on women. That operation dates back a long time, and the history of hysterectomy consists of testimonies, collected data, and biographies of a few modest people who have worked hard to dispel the skepticism of the medical community of their time. Although there are other options when it comes to hysterectomy, surgery remains one of the most common gynecological interventions.

The introduction of antiseptics, anesthesia, antibiotics, and transfusions did not help make the hysterectomy a safe procedure. There are currently three different types of hysterectomy: vaginal, abdominal, and laparoscopic. Restrictions on performing conventional laparoscopy have led to the development of robotic surgery, which has evolved over the past decades from simple adjustable camera support arms into more sophisticated four surgical machines. This procedure is currently used worldwide.

Every woman responds differently to a hysterectomy. The reaction depends in part on the character of the woman, it also depends on her point of view on the whole process of hysterectomy, whether she is sufficiently informed or leaves her fate entirely in the hands of doctors. A major factor in the outcome of a hysterectomy is the size of the uterus and whether complications occur during or after surgery. However, complications during surgery are quite rare today, but there are also some physical problems after the surgery.

Hysterectomy is a very big event in a woman's life. Postoperative results are instant menopause and the woman begins to experience several physiological changes of classical menopause, she no longer has a menstrual cycle and is unable to conceive and give birth [1].

Many women also become irritable and suffer from mood swings as a result of hormone withdrawal. Younger women often find it difficult to cope with such changes, and sometimes they become depressed because of the overwhelming burden they feel at such a young age[2]. Hormone therapy is sometimes given to suppress menopausal symptoms such as osteoporosis, cardiovascular disease, vaginal discomfort, and so on. This hormone therapy is also given to patients whose ovaries have been removed [3].

According to research, the frequency of posthysterectomy pathological manifestations in patients is 40-60%, while the occurrence of mental disorders or psychological problems after uterine surgery is 50-80%.[4].

The instability of hormonal homeostasis is characteristic of this category of patients, changes in steroid and genetic activity of the ovaries lead to manifestations of various symptoms such as psycho-vegetative type, systemic and metabolic disorders. According to the data, at present there is no consensus on the mechanism of vegetative disorders and metabolic disorders after removal of the uterus. Some authors believe that hysterectomy has a "detrimental effect" on the connection of the endocrine system, leading to a reduction in compensatory processes in the body after surgery, while others believe that the cause behind psycho-vegetative disorders after hysterectomy is closely related to the psychological factor affecting women before surgery, and that is the feeling of inferiority and infemininity[5].

Some researchers note that in hysterectomy performed on the uterus, the appendages result in a decrease in the secretion of hormones that are specific to female sex characteristics, and at the same time are associated with haemodynamic disturbances due to injury to the blood vessels necessary for gonadal blood supply.

The same researchers demonstrate previous manifestations of menopausal symptoms in women who have had a hysterectomy compared to women who have not had a hysterectomy. The results showed that 27% of women who did not have their ovaries removed before menopause had premature deterioration of hormonal function [6].

Hormone therapy is the most common approach in the conservative posthysterectomy syndrome. Its application is based on the concept of ensuring the normalization of the state of estrogen deficiency. However, it should be borne in mind that hormone therapy is often accompanied by complications on many organs and systems of the body.

It can also lead to serious side effects that can significantly affect a woman's quality of life. In addition, there are a number of contraindications that limit its use. Prolonged use of hormone therapy requires careful monitoring of homeostasis and lipid profile. Given the severity of stress and dysmetabolic changes in homeostasis in women with posthysterectomy syndrome, it is reasonable to optimize conventional drug therapy to alleviate vegetative-vascular and psycho-emotional symptoms, as well as to normalize psychological stress and as an antioxidant and will have lipotropic properties to alleviate hormonal balance [7].

After the operation, the woman will have different variants and often even contradictory emotional reactions. The initial euphoria that the operation she had previously feared so much actually went well can be abruptly replaced by grief at the loss, and she may begin to become anxious about the future. Her recovery can be helped by family and friends. The role of the partner can be essential in helping the woman feel calmer and helping her get through the process in a much easier way.

Hysterectomy as a surgical procedure is known to create very strong emotions due to the side effects it has on women who go through the postoperative phase [8,9]. Many women fear that after a hysterectomy they will no longer be physically attractive, that they will be rejected by their partners and that their sex life will be completely destroyed.

Hysterectomy is considered a major stress factor precisely because it is closely related to the features of femininity. The emotional reaction of women who go through this procedure depends on the entire surgical process that it must go through. It is known that the postoperative phase is followed by several emotional episodes such as depression, anxiety, insomnia, psychosomatic disorders and guilt that further shake a woman's self-esteem [10,11].

This research focuses on the psychosomatic and psychological challenges that women face when preparing for a hysterectomy and for women who have already undergone the operation. Psychosomatic research conducted in gynecology and obstetrics agrees that removal of the uterus in women is accompanied by psychological and physical challenges.

Therefore, based on this knowledge, this study focuses on the level of depression in women under the age of 60 who have undergone hysterectomy, while identifying their fears and revealing prejudices about the procedure and outcome of the hysterectomy.

Purpose and character of the research

The main purpose of the research is the psychosomatic and psychological challenges that women face when preparing for a hysterectomy and for women who have already undergone that operation. The Descriptive research that has a qualitative and quantitative character and is conducted to determine the impact of hysterectomy on the level of depression in patients before and after surgery in women who have undergone hysterectomy in the Republic of North Macedonia.

The paper has the character of a pilot research, which will provide an initial assessment of the situation in the Republic of North Macedonia and will be the basis for further research in the field.

Hypothesis

Hysterectomy has an impact on a woman's mental health, and the level of depression is increased in women who undergo this procedure.

Research variables

The following variables appear in the research:

- *Hysterectomy* - surgical intervention in which the uterus is removed from the woman's body when there are indications for that. This operation can be performed by cutting the abdominal wall by opening the abdominal cavity, or opening the abdominal cavity through the vaginal tract. Therefore, depending on the approach used for it, there is an abdominal and vaginal hysterectomy.
- *Depression* is a state of bad mood and aversion to activity that can affect person's thoughts, behavior, feelings, and sense of well-being.

Research methods, techniques and instruments

The methodological approach of this research consists of a set of quantitative and qualitative data. According to the objectives of the study, the subjects were divided into two groups: control and uncontrolled group, but all patients were affected by hysterectomy. The methods used include the following: analysis, interpretation, abstraction and generalization, and the statistical scientific method is applied in the research. The Zung Scale Test for Self-Measurement of Depression was used as a data collection research technique.

The research involved 54 respondents who were preparing or have already undergone surgery - hysterectomy. The research was conducted in the premises of the Gynecology and Obstetrics Clinic at the Medical Faculty and in the Gynecology and Obstetrics Clinic in Cair, Skopje.

Analysis of the results received from testing with the Zung Scale for self-assessment of depression

To assess the levels of depression in women from the category of control group, ie. A group of women undergoing hysterectomy surgery the Zung Depression Self-Assessment Scale was used, which is used to measure the level of depression in respondents. By answering the given 20 statements from the questionnaire, the respondents estimate how much they refer to them most of the time, in the range of 1 to 4, based on the answers rarely, sometimes, often and very often.

Table 1. Clinical interpretation of the depression levels according to the Zung Scale

Depression Index	Clinical interpretation
Under 50	Within normal limits
50 – 59	Minimum to moderate of depression
60 – 69	Significantly increased to high level of depression
70 and more	Extremely high level of depression

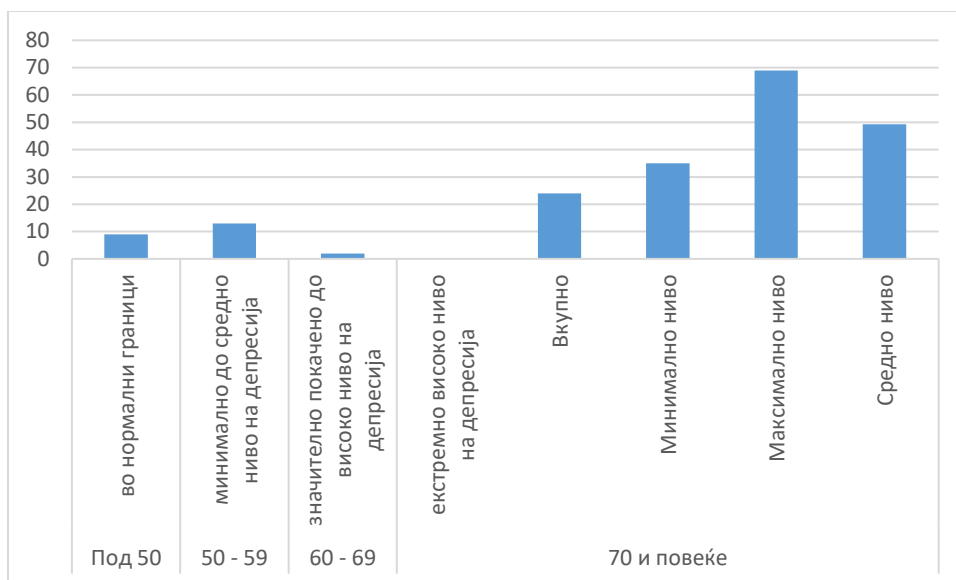
The results obtained from the testing of the respondents from the control group in the research are shown in a table.

Table 2. Levels of depression in respondents obtained by interpreting the results of the Zung scale for self-assessment of depression

Depression Index	Clinical interpretation	f	%
Under 50	Within normal limits	9	38%
50 - 59	Minimum to moderate of depression	13	54%
60 - 69	Significantly increased to high level of depression	2	8%
70 and more	Extremely high level of depression	0	0%
Total		12	100%
Minimum level		35	
Maximum level		69	
Moderate		49.25	

The results shown in Table 2 indicate the levels of depression in the respondents from the control group (24 respondents). The lowest obtained index of depression is 35, while the highest index is 69. The average obtained index is 49.25, which shows that there is a presence of moderate depression in the control group, ie women who are in the initial stage before the hysterectomy. According to the results it can be seen that the respondents have a depression index within normal limits 38% (9 respondents), 54% have a minimal to moderate level of depression (13 respondents), significantly elevated to a high level of depression 8% (2 respondents), while no respondent (0%) showed signs of extremely high levels of depression.

According to the clinical interpretation of the Zung Depression Self-Assessment Scale, any increase in anxiety above an index of 50 is an indication of a depression problem. The obtained results are shown in graph no. 1.



Graph 1. Zung scale test results obtained for self-assessment of depression in the control group.

According to the analysis of the results obtained from testing with the Zung scale for self-assessment of depression, it can be seen that women in the control group, ie respondents preparing for hysterectomy have a moderate level of depression in 62% of respondents, in a range of minimally increased to extremely high levels of depression.

Analysis of the results obtained from testing with Zung scale for self-assessment of depression, in the uncontrolled group

To assess the levels of depression in women from the category of uncontrolled group, ie. a group of women who underwent hysterectomy underwent surgery in the research, the Zung Depression Self-Assessment Scale was used to measure the level of depression in respondents. By responding to the 20 statements in the questionnaire, respondents should rate how much they apply to them most of the time, on a scale of 1 to 4, based on the answers rarely, sometimes, often and very often.

The results obtained from the testing of the respondents from the uncontrolled group in the research are shown in Table 3.

Table 3. Levels of depression in respondents obtained by interpreting the results of the Zung scale for self-assessment of depression

Depression Index	Clinical interpretation	f	%
Under 50	Within normal limits	20	67%
50 - 59	Minimum to moderate of depression	6	20%
60 - 69	Significantly increased to high level of depression	3	10%
70 and more	Extremely high level of depression	1	3%
Total		30	100%
Minimum level		33	
Maximum level		77	
Moderate level		45.866666667	

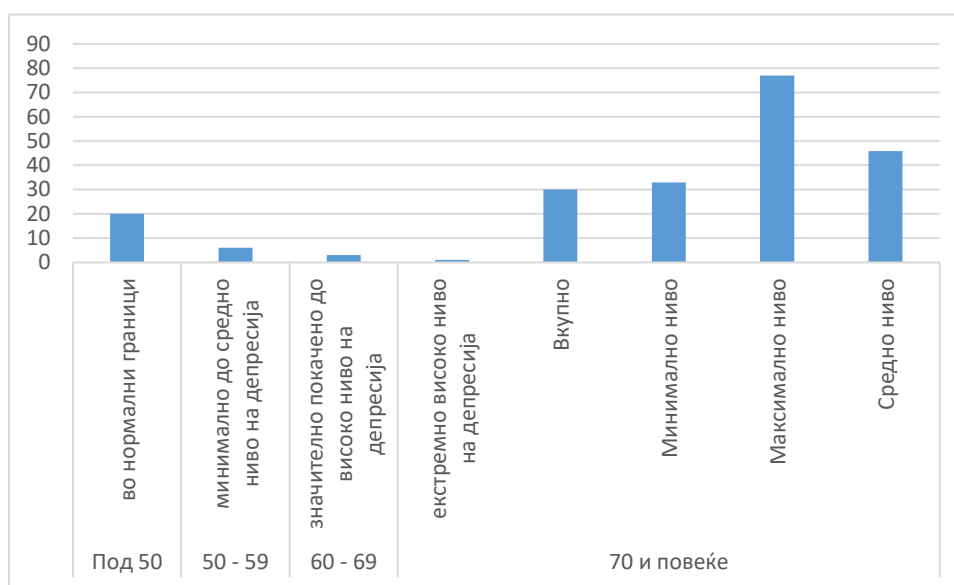
The results shown in Table 3 indicate the levels of depression in the respondents of the uncontrolled group (30 respondents).

The lowest obtained index of depression is 33, while the highest index is 77.

The average obtained index is 45.86, which shows that there is a presence of moderate depression in the respondents from the uncontrolled group, ie women who have undergone hysterectomy.

According to the results it can be seen that the respondents have a depression index within normal limits 67% (20 respondents), 20% have a minimum to moderate level of depression (6 respondents), while 10% have significantly elevated to a high level of depression (3 respondents) and 7% showed extremely high levels of depression (1 respondent).

According to the clinical interpretation of the Zung Depression Self-Assessment Scale, any increase in depression above index 50 is an indicator of a depression problem. The obtained results are shown in graph no. 2.



Graph 2. Zung scale test results obtained for self-assessment of depression in the uncontrolled group

According to the analysis of the results obtained from testing with the Zung scale for self-assessment of depression, it can be seen that women in the uncontrolled group, ie respondents who underwent hysterectomy have a reduced level of depression in 33% of respondents, ranging from minimally increased to extremely high levels of depression.

Conclusions

Hysterectomy creates very strong emotions due to the side effects it has on women who are going through a postoperative phase.

The female reproductive organ symbolizes sexuality, fertility and motherhood, so it plays a very important role in a woman's life and her well-being, and even a life status.

Pregnancy is inextricably linked to femininity, which is why preserving and protecting the uterus is believed to be a key part of a woman's identity.

Precisely because of the fact that the uterus has such an important and significant meaning, its loss can result in intense negative psychological problems for the woman.

According to the results of the test with the Zung scale for self-assessment of depression, it can be seen that with the women from the control group, ie the respondents who were preparing for the hysterectomy, there is an increased level of depression, while in the subjects who have already undergone the hysterectomy the reduction in the level of depression is evident.

It is indisputable that hysterectomy affects the psychological well-being of a woman, and in order to prevent the negative consequences of hysterectomy, the following recommendations and suggestions are given: doctors should be properly informed about the consequences of hysterectomy on the mental state of the patient, doctors to refer their patients for psychological evaluation before and postoperatively, to involve family members in order to support the patient and facilitate the procedure, raise public awareness of hysterectomy information so that there is no stigma around it, organize a support network at an institute or NGO organization for women who have undergone or are about to undergo surgery, the consultation with a psychotherapist to be mandatory for pre- and postoperative patients.

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