

PSYCHIC AND SOMATIC COMPLAINTS IN FEMALES AFTER SURGICALLY INDUCED POSTMENOPAUSE AND THEIR MANAGEMENT

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Complaints of females with surgically induced menopause are numerous. Most patients report a night sweating, warm waves, asthma, vertigo, headache, painful legs, head and back, hypochondric fixativeness, emotional lability, low spiritus and feeling of tension manifested to one or another extent [1-5]. Very often, after surgical castration some disturbances in sexual life, libido reduction, etc., occur, too [6,7].

Estrogen replacement therapy of these complaints is the most widely used one [2,4,6,7]. However, it can not ease or eliminate most symptoms and especially those related to psychics to a sufficient degree, indeed [2,3,6]. That is why we added to the hormonal therapy an antidepressive one in order to improve therapeutic results.

The purpose of our work was to evaluate the effect of estrogen replacement therapy alone and in combination with an antidepressant on the treatment of symptoms induced by surgically caused menopause.

MATERIAL AND METHODS

Our study covered 150 patients who had undergone a total hysterectomy with bilateral adnexectomy on the occasion of proved benign gynaecological diseases where there were no contraindications for both estrogen and antidepressive therapy. In the beginning of the study, all participants were informed about the specificity of surgical menopause, the aims of the investigation, and then they agreed to be divided without any special selection into two groups. Females of the first group were treated during the first three months after operation with Progynon Depot in a dose of 10 mg i.m. two times monthly. Between the 4th and 6th month incorporated, to the continued estrogen replacement therapy an antidepressant, Lerivon in a dose of 30 mg daily was added. No medicamentous therapy was administered to females of the second group. All participants possessed file-cards with questionnaires to be filled every month by them. The questionnaire contained issues about the following complaints: night sweating, warm waves, asthma, vertigo, painful legs, head or back, dysthymia, emotional lability, tension, hypochondric fixativeness and disturbances of libido.

The study was terminated by 60 females of the first group and by 50 ones of the second. Rest patients interrupted by their own will their participation or started an unreglamented receipt or stopping of medicaments. That was why they were excluded from the investigation.

In the course of processing of the information obtained the methods of variation and alternative analyses were applied. A testing of significance of single parameters was done in both patients' groups.

RESULTS AND DISCUSSION

Patients' distribution according to indications for surgical intervention are presented on table 1.

Patients' distribution according to age, educational level and social belonging is indicated on table 2.

Table 1

Indications for surgical intervention

Indications	I st group		II nd group	
	n	%	n	%
Myoma	37	62	32	64
Endometriosis	14	23	10	20
Septic genital inflammation	2	3,4	1	2
Gynaecological coagulopathy	1	1,7	0	0
Bilateral ovarian cystomata	6	10	7	14
Total	60	100	50	100

Table 2

Patients' distribution according to age, education and social belonging

Group	Age		Education		Social belonging				
	M +/- SD	Xmin - Xmax	basic	gradual	higher	worker	farmer	employees others	
I st	47,1 +/- 2,9	38 - 55	16	26	18	11	2	31	16
II nd	46 +/- 2,2	40 - 54	17	21	12	10	1	26	13

To the end of the 3rd month, a significant improvement of some symptoms was achieved in patients under estrogen replacement therapy in comparison with these of the control group as followed: concerning warm waves ($p < 0,001$), night sweating ($p < 0,001$), and disturbances of libido ($p < 0,05$). However, differences between two patients' groups concerning the rest symptoms were statistically insignificant ($p > 0,10$) (table 3).

Addition of antidepressant therapy led after the 3rd month to a considerable improvement of dysthymia ($p < 0,05$), tension ($p < 0,05$), hypochondric fixativeness ($p < 0,001$) and emotional

Table 3

Complaints in females with surgical menopause in dependence on the treatment followed-up for 6 months after castration

Symptoms	Group	I Month - E		II Month - E		III Month - E		IV Month - E + A		V Month - E + A		VI Month - E + A	
		n	% p	n	% p	n	% p	n	% p	n	% p	n	% p
Warm waves	I	22 37	S**	18 30	S*	10 17	S*	5 8	S*	5 8	S*	6 10	S*
	II	40 80		42 84		49 98		48 96		49 98		45 90	
Night sweating	I	23 38	S*	15 25	S*	9 15	S*	6 10	S*	5 8	S*	5 8	S*
	II	41 82		44 88		48 96		48 96		48 96		45 90	
Disturbances of libido	I	38 63	NS	30 50	NS	22 37	S**	20 33	S**	18 30	S**	14 23	S**
	II	30 60		29 58		30 60		25 50		24 48		22 44	
Tension	I	48 80	NS	40 67	NS	42 70	NS	34 57	NS	24 40	S***	23 36	S**
	II	35 70		35 70		32 64		30 60		27 54		26 52	
Hypochondria	I	54 90	NS	52 87	NS	46 77	NS	40 67	NS	32 53	NS	28 47	S*
	II	43 86		42 84		40 80		33 66		32 64	NS	32 64	
Emotional lability	I	41 68	NS	35 58	S*	28 47	NS	18 30	NS	10 17	S**	8 13	S**
	II	20 40		21 42		19 38		18 36		18 36		15 30	
Dysthymia	I	39 65	NS	30 50	NS	30 50	NS	24 40	NS	18 30	S**	12 20	S**
	II	25 50		24 48		22 44		20 40		20 40		18 36	

ability ($p < 0,05$). However, it could not exert a significant effect on vertigo ($p > 0,10$), asthma ($p > 0,10$) and pains in legs, back or head ($p > 0,10$) (table 3).

Dynamic follow-up of every symptom examined in both groups is illustrated on fig. 1.

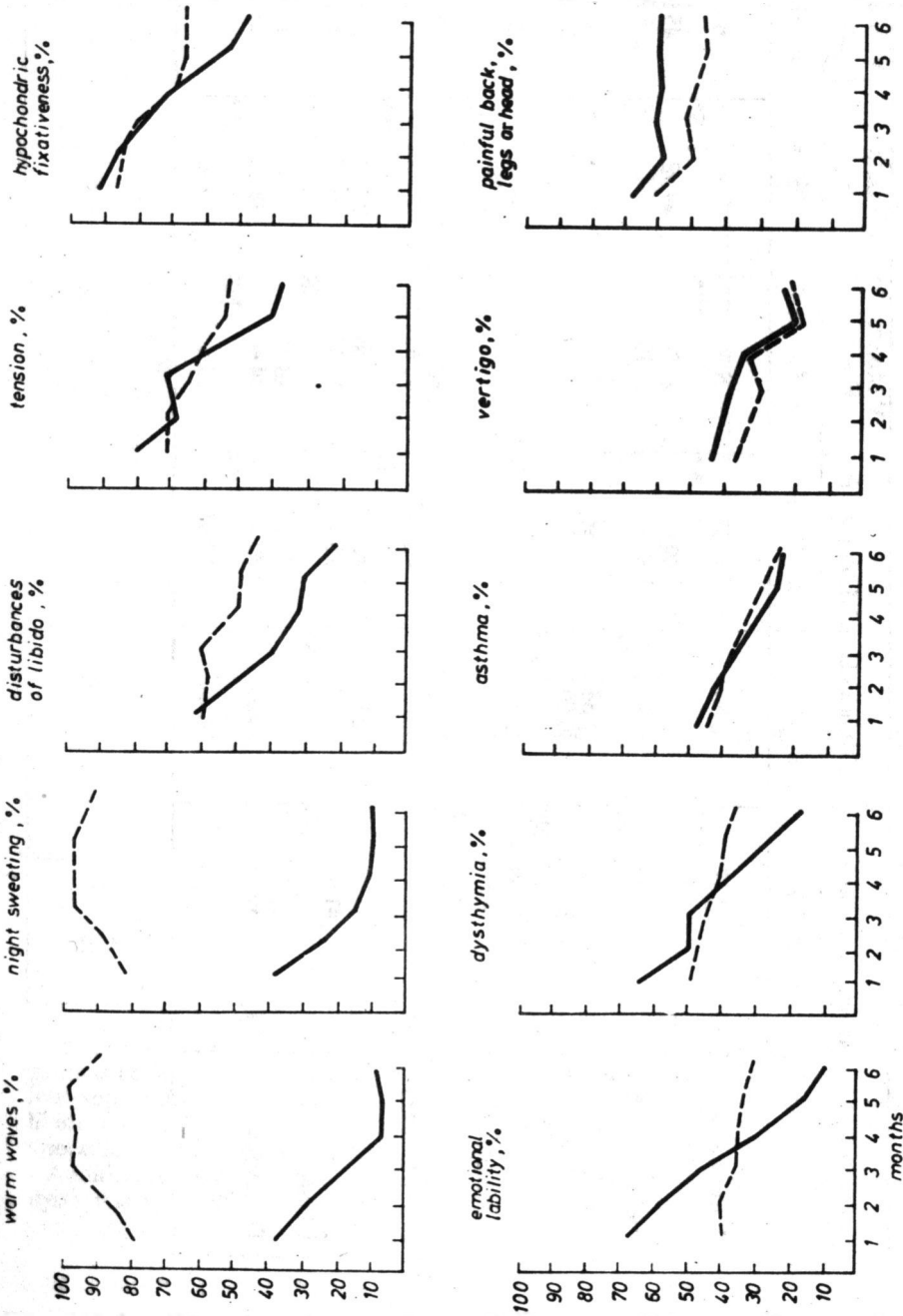


Fig. 1. Percentage of females with complaints after surgical menopause in dependence on treatment

Legend:
 Patients under medicamentous treatment (group one) = —
 Patients without medicamentous treatment (group two) = - - -

No serious side-effects resulting from the medicamentous therapy could be established. There were 8 women from the 1st group who reported a nausea and 12 ones who reported breast tension. These complaints were reported by 5 and 8 females of the 2nd group, respectively. No cardiovascular, cerebro-vascular, thrombotic and hepatic complications could be observed.

Benign gynaecological diseases leading to ovariectomy affect most often women in mature and young age which requires a very precise determination of the kind and volume of the surgical intervention [5-7]. It is undoubtedly that somato-vegetative complaints after castration are to a greatest extent immediately related to the disbalance between the endocrine and vegetative nervous systems as well as within these systems.

On the other hand, one can not ignore the fact that the operation itself causing a dramatic alteration of the anatomy of female genital organs determines a complete readjustment concerning the perception of the own body, numerous life stereotypes and in the last reckoning undoubtedly influences upon patient's psychic life [2,6,7]. Our results confirm these assumptions. The alone administration of estrogen replacement therapy was proved to be effective on the warm waves, disturbances of libido and night sweating. However, it was without any effect on the rest symptoms mainly related to psychics. An antidepressant addition to the therapy led to a favourable influencing upon the tension, dysthymia, hypochondric fixativeness and emotional lability. We failed to detect any serious side-effects and complications as results from this medicamentous therapy. However, our investigation can not answer the question about unwanted late side-effects in the course of a long-lasting estrogen and antidepressive therapy. Therefore, it is a problem requiring a comprehensive independent investigation.

CONCLUSION

Surgical castration of the female patient leads to a complete readjustment of the organism resulting from profound endocrine, neuro-vegetative, metabolic and psychic changes. This is a common fact that physician involved in the treatment of somatic complaints often neglects that of psychic discomfort. Our studies demonstrate that every woman with surgically induced menopause who does not possess any contraindications is indicated for hormonal replacement therapy. In most cases, an additional antidepressive treatment seems rather purposeful because of the possibility to ensure a less painful social and family patient's readaptation.

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ПСИХИЧЕСКИЕ И СОМАТИЧЕСКИЕ ЖАЛОБЫ ПОСЛЕ ИНДУЦИРОВАННОЙ ХИРУРГИЧЕСКИМ ПУТЕМ ПОСТМЕНОПАУЗЫ У ЖЕНЩИН И ИХ ЛЕЧЕНИЕ

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РЕЗЮМЕ

Исследовано 110 женщин в возрасте 33-54 лет после применения тотальной гистеректомии с двусторонней адвексектомией по поводу доброкачественных гинекологических заболеваний. Пациентки были разделены на две группы без специального подбора. 60 пациенткам первой группы в течение первых трех месяцев после операции применяли Progynon Depot 10 mg i.m. два раза в месяц. С четвертого до шестого месяца к эстрогенной замещающей терапии включили антидепрессивную терапию (Legivon 30 mg в день). Пациенткам второй группы, состоящей из 50 женщин, не применяли никакого медикаментозного лечения. В конце третьего месяца был установлен благоприятный эффект эстрогенов на теплые волны ($p < 0,001$), ночное потение ($p < 0,001$), и на нарушение либидо ($p < 0,05$). Влияния на остальные симптомы не было установлено ($p > 0,10$). Включение препарата Legivon оказало благоприятное воздействие на психику пациенток: на дистимию ($p < 0,05$), напряженность ($p < 0,05$), на гипохондрическую неподвижность ($p < 0,05$) и на эмоциональную лабильность ($p < 0,05$). Не было установлено значительного влияния на остальные симптомы.

Авторы делают заключение, что эстрогенная замещающая терапия необходима, но она недостаточна при лечении пост-менопаузальных жалоб, вызванных хирургической кастрацией. Эта терапия необходима также в связи с симптомами психического характера и более легкой адаптацией пациенток, когда антидепрессивное лечение приобретает важность.