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Research Article

**TO DETERMINE THE DEPRESSION AMONG WOMEN
AFTER HYSTERECTOMY A COHORT STUDY IN
BHAKKAR**

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Abstract:

Aim: To Determine the incidence of Depression among the Women after Hysterectomy and association between hysterectomy and long-term psychological health.

Method: it is Cohort Study conducted in July to august 2017 in DHQ Bhakkar and other hospital of Bhakkar on 44 women in which hysterectomy had performed. Data is collected by Personal Health questionnaire Depression Scale. Data is Entered and analysis by SPSS Version 23.

Results: 13% Women face psychiatric disorder after Hysterectomy. Among Depressed Women 6.8% face severe psychiatric problems, 2.2% face moderate Psychiatric problems while 4.5% face mild psychiatric problems. Psychiatric disorder is determining more in young age group 67.2% while odds of psychiatric disorder decrease with increase in age. Psychiatric disorder is more common in rural area that is 66.6%. Psychiatric disorder decreases with husband and Family Support. Psychiatric disorder decreases with education because more in uneducated women up to 50% of depressed women are uneducated. Psychiatric disorder increases with co-removal of ovaries 66.5%.

Conclusion: Our findings suggest that women who undergo hysterectomy at a young age are a group who suffer more psychological problems and require more support than women of middle-age or old age group which are able to maintain their good psychological health.

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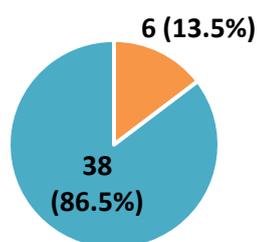
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INTRODUCTION:

The term mental confusion (disorders of emotional well-being) implies a psychological problem or illness that interferes with the way an individual acts, associates with others and has abilities in daily life [1]. Hysterectomy is a careful expulsion of all or part of the uterus to treat any problem, and hysterectomy is one of best known gynecological medical procedures in numerous nations throughout the globe. Hysterectomy is mainly used to treat diseases of uterus in addition ovaries, genital prolapse in addition fibroids. About 82% of hysterectomies are done for cure of benevolent illnesses of womanly genital tract [2]. The hysterectomy is the major and intrusive clinical process, having the death proportion of one in 1200 women or many symptoms, such as death, illness, readmission to a medical clinic, dyspareunia and decreased physical labour, etc. A hysterectomy strongly affects a woman's sexuality and some different elements that can cause moroseness [3]. In general, women see the uterus as the sexual body part in addition controller of significant physiological capacities in body and an image of the limit of youthfulness. Many examinations have shown that on the grounds that a hysterectomy feels damage of a significant body part is the powerful improvement for anxiety and mental issues in females. The link among hysterectomies in addition mental problems were raised up since early 90s. It is generally accepted that hysterectomy has an influence on mental well-being, so women experience mental problems after hysterectomy [4]. The national rate for a similar course of events was 338 per 100,000 population in 2007, down from

Scoring criteria for depression:

| Depression | Score |
|---------------|----------|
| No Depression | 0-4 |
| Mild | 5-9 |
| Moderate | 10-14 |
| Sever | Above 14 |

RESULTS:**Depression positive**

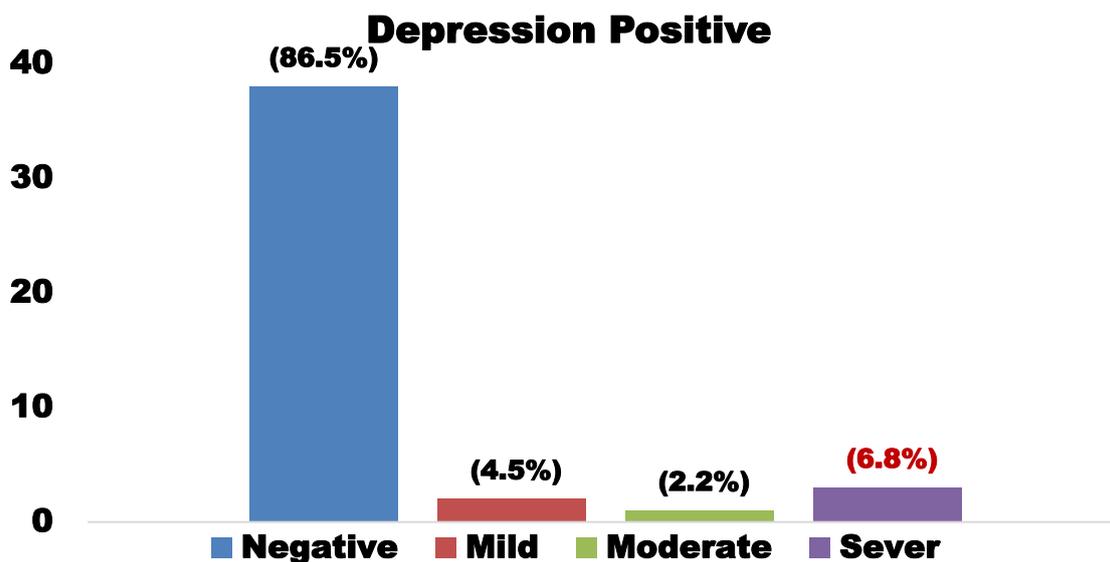
■ Yes ■ No

484 per 100,000 population in 2011. Hysterectomy is the second most important basic medical procedure for women in the United States (the first is Caesarean section). In the United States, one in three women can expect a hysterectomy before the age of 60. 22 million women in the United States have already benefited from this strategy, 8.93 per cent of whom face psychiatric problems. In the United Kingdom, one in five women are likely to have a hysterectomy before the age of 55, and the ovaries are expelled in about 20% of hysterectomies [5].

While ratio of mental illness in these women is about 6.13%. In Germany the number of hysterectomies was constant for many years but from 2007, the number of hysterectomies decreased. In 2006, 149,456 hysterectomies were performed among then 4.9% ladies suffer from psychiatric problems.

METHODOLOGY:

It is Cohort Study conducted in July to august 2017 in DHQ Bhakkar and other hospital of Bhakkar on 44 women in which hysterectomy had performed. Data is collected by Personal Health questionnaire Depression Scale (PHQ). PHQ contain 9 questions. Each question has four possible option not at all (score zero) to nearly every day (score 3). PHQ is used to make a diagnosis of depression in risk population and also monitor the severity of depression. We translated PHQ in Urdu and Data Collected. Data is Entered and analysis by SPSS Version 22.



Relation of psychiatric status with Age Groups:

| Variable | Woman is in Psychiatric disorder | | Total | X ² | P value |
|----------|----------------------------------|------------|------------|----------------|---------|
| | Yes | No | | | |
| Age | | | | | |
| 35-45 | 04 (67.2%) | 03 (7.9%) | 07 (15.9%) | 3.09 | 0.03 |
| 45-55 | 01 (16.4%) | 09 (23.7%) | 10 (22.7%) | | |
| 55-65 | 01 (16.4%) | 26 (68.4%) | 27 (61.3%) | | |
| Total | 06 | 38 | 44 | | |

Relation of Psychiatric disorder with Address:

| Variable | Woman is in Psychiatric disorder | | Total | X ² | P value |
|----------|----------------------------------|------------|-------|----------------|---------|
| | Yes | No | | | |
| Address | | | | | |
| Rural | 4 (66.6%) | 15 (39.4%) | 19 | 2.70 | 0.01 |
| Urban | 2 (33.4%) | 23 (60.6%) | 25 | | |
| Total | 06 | 38 | 44 | | |

Relation of Psychiatric disorder with Educational Level:

| Variable | Woman is in Psychiatric disorder | | Total | X ² | P-value |
|-----------------|----------------------------------|------------|-------|----------------|---------|
| | Yes | No | | | |
| Education level | | | | | |
| Un-Educated | 3 (50%) | 15 (39.4%) | 18 | 6.37 | 0.045 |
| Less Educated | 2 (33.3%) | 12 (31.7%) | 14 | | |
| Highly Educated | 1 (16.7%) | 11 (28.9%) | 12 | | |
| Total | 06 | 38 | 44 | | |

Relation of Psychiatric disorder with Co-oophorectomy:

| Variable | Woman is in Psychiatric disorder | | Total | X ² | P-value |
|---|----------------------------------|------------|-----------|----------------|---------|
| | Yes | No | | | |
| Oophorectomy is done along with hysterectomy | | | | | |
| Yes | 04 (66.5%) | 21 (55.2%) | 25 | 14.79 | 0.03 |
| No | 02 (33.5%) | 17 (44.8%) | 19 | | |
| Total | 06 | 38 | 44 | | |

DISCUSSION:

The subset of women with a significant risk factor for psychiatric disorders should be considered for additional mental support after hysterectomy [6]. These women should be assisted through their families and by quickly distinguishing evidence and treatment of grief. We have seen that some females sense soothed after the hysterectomy because medical procedure is used to treat embarrassing problems [7]. Women after a hysterectomy feel depressed because after a hysterectomy, women stopped menstruating and did not have the opportunity to become pregnant, which caused stress during pregnancy and feelings of bitterness [8]. The loss of skill to become pregnant remains difficult for some females, resulting in increased depression. A hysterectomy may bring you into menopause at an early age. Entering menopause out of nowhere can influence your disposition and prosperity [9]. It can also trigger embarrassing side effects. A strategic hysterectomy individually evacuates uterus, not ovaries. The ovaries produce female gender hormones progesterone in addition estrogen. In some cases, the ovaries are discharged at the same time as the hysterectomy, which increases the frequency of sadness [10].

CONCLUSION:

Our findings suggest that women who undergo hysterectomy at a young age are a group who suffer more psychological problems and require more support than women of middle-age or old age group which are able to maintain their good psychological health.

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