

ORIGINAL RESEARCH

To determine the prevalence of mental illness in postmenopausal women

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ABSTRACT

Aim: The purpose of this study is to determine the prevalence of mental illness in postmenopausal women.

Materials & Methods: This research comprised both one hundred postmenopausal women who had gone through the menopause naturally and one hundred postmenopausal women who had not gone through surgical menopause (Post Hysterectomy). The control group consisted of individuals who were related to postmenopausal patients wherever possible. It was documented that a semi-structured performa was completed, which included information of personal identity, socio-demographic characteristics, and a detailed gynaecological and physical history. The Hamilton Anxiety Rating Scale, the Goldberg General Health Questionnaire-28, and the Beck Depression Inventory were the instruments that were used.

Results: The researchers observed prior history in 15% of the study group but only 5% of the control group. In the study group, 53 people had a GHQ score of more than 4, whereas 79 people in the control group had that level. 12 people in the study group and 7 people in the control group had a mixed anxiety and depressive condition. Five people in the study group had severe depression, but none of the people in the control group did. Two people in the study group had severe depression, whereas no one in the control group did. **Conclusion:** According to the ICD-10, a mental diagnosis was assigned to 47% of the individuals who participated in the research group. Three percent of patients were found to be suffering from a mild form of depression, nine percent from a moderate form, and six percent from a severe kind.

Keywords: Mental illness, Postmenopausal women, ICD-10

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INTRODUCTION

The menopause is a significant stage in a woman's life that should not be ignored. In spite of the fact that this reality was overlooked or covered up for a significant amount of time, it has become abundantly evident that this is a challenging period in one's life owing to the high frequency of both physical and psychological diseases that afflict the majority of women. The symbolic aspect of menopause, which makes the "bereavement" of reproductive life, further enhances this sensation of rupture between life before and life after menopause [1-3]. This is because the "bereavement" of reproductive life occurs during menopause. It's possible that women who have placed a high level of importance on their reproductive capabilities will view menopause as the end of their "career" as women. However, for most women, menopause is a devastating blow to their sense of self-worth, which can lead to extramarital affairs, withdrawal, and excessive focus on appearance [4]. Hypochondriasis, impatience, despair, extensive

searches for new hobbies or occupations, constructing or remodelling houses are just a few examples of the numerous potential restitutive behaviours. Menopause, on the other hand, may come as a source of much-appreciated comfort for some women [4,5]. From an endocrinological standpoint, menopause may be thought of as an all-encompassing notion of gradual ovarian functional failure [6]. This period of time corresponds, for the most majority of women, with what is generally considered to be the years of middle age. Hence, changes in endocrinology take place during a period of the linked with psychosocial stress [7]. Psychological symptoms are prevalent among menopausal patients. [8] One of the most debatable topics in the field of menopause research is the question of whether or not these problems are related to the onset of menopause. This research was carried out with the intention of determining the prevalence of mental illness in postmenopausal women who were patients in the gynaecological outdoor patient department.

MATERIALS & METHODS

This research comprised both one hundred postmenopausal women who had gone through the menopause naturally and one hundred postmenopausal women who had not gone through surgical menopause (Post Hysterectomy). The control group consisted of individuals who were related to postmenopausal patients wherever possible. It was documented that a semi-structured performa was completed, which included information of personal identity, socio-demographic characteristics, and a detailed gynaecological and physical history. The Hamilton Anxiety Rating Scale, the Goldberg General Health Questionnaire-28, and the Beck Depression Inventory were the instruments that were used. The thorough physical examination, the gynaecological examination, and the laboratory investigations were all documented in a methodical manner. Also noted was the family history of any mental and gynaecological disorder. The tabulated and

Table 1: Age of the patients

Age Group	Study Group =100	%	Control Group =100	%
35-45	62	62	64	64
45-55	31	31	29	29
Above 55	7	7	7	7

Table 2: Past history of psychiatric illness

Past History	Study Group	%	Control Group	%
Present	15	15	5	5
Absent	85	85	95	95

Table 3: GHQ score of the patients

GHQ	Study Group	%	Control Group	%
≤4	53	53	79	79
>4	47	47	19	19

Table 4: Psychiatric morbidity according to the ICD-10

Diagnosis (GHQ>4)	Study group	%	Control group	%
Mild depression	3	3	0	0
Moderate depression	9	9	2	2
Severe depression	6	6	2	2
Mixed anxiety depressive disorder	12	12	7	7
Generalized anxiety disorder	10	10	3	3
Not fulfilling the ICD-10 criteria	7	7	5	5
Total	47	47	19	19

Table 5: Distribution of the cases who scored more than 4 on GHQ and given BDI

Group	No Depression(0-9)	Mild depression(10-18)	Moderate depression(19-29)	Severe depression(30-63)	Total
Study	11	20	11	5	47
Control	13	3	3	0	19

Table 6: Hamilton's Anxiety Rating Scale

Score on HAM-A	Anxiety disorder	Mild Anxiety(18-24)	Moderate Anxiety(25-30)	Severe Anxiety(>30)	Total
Study	20	15	8	4	47

statistically examined results may be seen below. A significance level of 0.05 or less was required for the P value.

RESULTS

According to Table 1, the majority of patients in both the study group (62, or 62%), and the control group (64, or 64%) were in the age range of 35-45 years. According to Table 2, the researchers observed prior history in 15% of the study group but only 5% of the control group. In the study group, 53 people had a GHQ score of more than 4, whereas 79 people in the control group had that level. According to Table 4, 12 people in the study group and 7 people in the control group had a mixed anxiety and depressive condition. Table 5 reveals that five people in the study group had severe depression, but none of the people in the control group did. Table 6 reveals that two people in the study group had severe depression, whereas no one in the control group did.

Control	11	6	2	0	19
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DISCUSSION

The primary objective of this study was to determine the prevalence of different types of mental comorbidity that are associated with menopause in women. In order to accomplish this goal, one hundred women were drawn from the gynaecological outpatient department, which is where postmenopausal women were receiving treatment, and an equal number of controls were drawn from the people who were accompanying the patients in the gynaecological outpatient department. Also, the association between socio-demographic factors and mental disease was investigated as part of this study. We discovered that the majority of patients in both the study group (62, or 62%), and the control group (64, or 64%) were in the age range of 35 to 45 years. The menopausal transition and early postmenopausal years may constitute a phase of vulnerability linked with an increased risk of suffering symptoms of depression or for the development of an episode of major depressive disorder, according to the findings of Juang et al. [9]. On the other hand, those who have a history of depression may suffer a recurrence of their condition at this time of transition, while others may have their very first episode of depression at this point in their life. We discovered that previous history was present in 15 people in the research group, but just five people in the control group. We discovered that a GHQ score of more over four was present in 47 people in the research group and 19 people in the control group. According to research done by Yasui et al. [10], the prevalence rate of OCD in the sample was 7.1%. Just two women (0.7% of the sample) indicated that they experienced the onset of OCD after menopause. The most prevalent types of obsessions were related to contamination and symmetry or exactness. On the other hand, the most prevalent types of compulsions were cleaning/washing and checking. OCD was not connected to any of the factors that were investigated in this research. Patients who suffered from OCD had a comorbidity rate of other mental diseases that was 63.2%. The generalised anxiety disorder was the comorbid condition that was seen the most often. We found that 12 people in the study group and 7 people in the control group suffered from mixed anxiety and depression. We found that five people in the study group suffered from severe depression, but none of the people in the control group did. According to the findings of Krystal et al. [11], ninety-two women, or 34.2%, had at least one mood or anxiety condition. The generalised anxiety disorder was the particular condition that occurred the most often (15.6%). There was a correlation between lower economic status and the presence of any kind of mood or anxiety problem. We discovered that five people in the study group had severe depression, while none of the people in the control group did. P. It was noted by Moller et al.[12] that there is evidence to show that menopause and

depression are related, despite the fact that there is not a single unambiguous component that causes both conditions. Women who have climacteric symptoms, such as hot flushes, night sweats, vaginal dryness, and dyspareunia, are more likely to report experiencing feelings of anxiety and/or depression. The presence of bothersome vasomotor symptoms may be linked to sleep difficulties, which, in turn, may lead to a rise in the number of reports of anxious and depressed symptoms. The majority of antidepressants may have a detrimental impact on sexual responsiveness, and biopsychosocial and relationship variables both have a substantial influence on the sexuality and depressive disorders of middle-aged women. The presence of bothersome vasomotor symptoms may be linked to sleep difficulties, which, in turn, may lead to a rise in the number of reports of anxious and depressed symptoms. The majority of antidepressants may have a detrimental impact on sexual responsiveness, and biopsychosocial and relationship characteristics have a substantial influence on the sexuality and depressive disorders of middle-aged women.

CONCLUSION

According to the ICD-10, a mental diagnosis was assigned to 47% of the individuals who participated in the research group. Three percent of patients were found to be suffering from a mild form of depression, nine percent from a moderate form, and six percent from a severe kind.

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