Peculiarities of the psycho-emotional state of patients with endometrial pathology

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The objective: a determination of anxiety and depression levels in patients in perimenopausal period with hyperplastic processes of the endometrium and myometrium.

Materials and methods. 150 patients in the perimenopausal period were examined. The main group included 100 persons with hyperplastic process, the control group – 50 healthy women in perimenopausal period. We used the PHQ-2 and PHQ-9 questionnaires to study the level of anxiety and depression. In order to objectively assess the degree of anxiety and depressive symptoms, a questionnaire was conducted according to the Hospital Scale of Anxiety and Depression (HADS).

Results. The analysis of data on the frequency of major types of extragenital pathology in the examined patients demonstrated that in the structure of extragenital pathology the following diseases dominated: varicose veins of the lower extremities – 61.0±4.9 %, arterial hypertension of 2–3 stages – 46.0±4.98 %; coronary heart disease, stenocardia – 8.0±2.7 %; obesity – 43.0±4.95 %, liver, gallbladder and pancreas pathologies – 42.0±4.93 %. In 78.0 % of patients, somatic pathology was represented by two or more diagnoses.

The results of the survey demonstrated that in the main group 23.0 % of women had mild «subclinical» depression; 19.0 % – moderate, and 12.0 % – moderate depression. The women in the main group had the following psychomotional disorders: the feeling of fatigue and exhaustion – 64.0±4.8 %, sleep disorders – 64.0±4.8 %, appetite problems – 46.0±4.98 %, depressed mood and low interest in ordinary affairs – 54.0±4.98 %, the difficulty concentrating – 33.0±4.7%, hypodynamia – 26.0±4.4 %. Four percent of patients intended to do something with themselves. Analysis of the results obtained using the HADS scale revealed that both anxiety and depressive symptoms in patients in the main group were more pronounced than in the control women.

Conclusion. The identified psycho-emotional disorders are the result of adverse effects of somatic diseases and gynecological pathology. The results of the study indicate the need to correct psycho-emotional disorders and take them into account when choosing a method of treatment for such patients.

Keywords: endometrial pathology, extragenital pathology, psycho-emotional disorders, diagnosis.
Цель исследования: определение уровней тревожности и депрессии у пациенток в перименопаузальный период с наличием гиперплластических процессов эндометрия.

Материалы и методы. Обследовано 150 пациенток в перименопаузальный период. В основную группу включены 100 пациенток с гиперплластическими процессами эндометрия, в контрольную группу – 50 здоровых женщин в перименопаузальный период. Для изучения уровней тревожности и депрессии использовали анкеты РНЖ-2 и РНЖ-9. С целью объективной оценки тревожно-депрессивной симптоматики было проведено анкетирование по Госпитальной шкале тревожности и депрессии (HADS).

Результаты. Анализ данных о частоте основных видов экстрагенитальной патологии у обследованных пациенток показал, что в структуре экстрагенитальной патологии преобладали: вариоз вен нижних конечностей – 61,0±4,9%, артериальная гипертензия 2-3-й степени – 46,0±4,98%; ишемическая болезнь сердца, стенокардия – 8,0±2,7%; ожирение – 42,0±4,95%; заболевания печени, желчного пузыря и поджелудочной железы – 40,0±4,93%. У 78,0% больных соматическая патология была представлена двумя и более диагнозами.

Результаты анкетирования показали, что в основной группе 23,0% женщин имели легкую «субклиническую» депрессию, 19,0% – умеренного уровня и 12,0% – депрессию средней тяжести. В психоэмоциональном состоянии обследованных женщин основной группы наблюдалась такая расстройства: чувство усталости – 33,0±4,7%; гиподинамия – 26,0±4,4%. У четырех процентов пациенток были намерения что-то причинить себе. Анализ результатов, полученных с помощью шкалы HADS, обнаружил, что как тревожная, так и депрессивная симптоматика у пациенток основной группы была более выраженной, чем у женщин контрольной группы.

Заключение. Обнаруженные психоэмоциональные нарушения являются результатом неблагоприятного влияния соматических заболеваний и гинекологической патологии. Полученные результаты исследования свидетельствуют о необходимости коррекции нарушений психоэмоционального состояния, которые следует учитывать при выборе метода лечения.

Ключевые слова: патология эндометрия, экстрагенитальная патология, психоэмоциональные нарушения, диапноэтика.
during perimenopause, is the key to successful prevention of cancer in this localization.

The aim of the study was to determine the level of anxiety and depression in patients with hyperplastic processes of the endometrium and somatic pathology in the perimenopausal period.

MATERIALS AND METHODS

3–5 days before the expected surgery, we conducted a survey of 100 patients of the perimenopausal period with hyperplastic processes of the endometrium and myometrium (Main group). The survey data of 50 healthy women of perimenopausal period served as a control. By age, the control group of patients was representative of the patients of the Main group.

To study the level of anxiety and depression in patients with hyperplastic processes of the endometrium in the perimenopausal period, we used questionnaires PHQ-2 and PHQ-9 in accordance with the requirements of the Ministry of Health (MOH) of Ukraine from 25.12.2014 № 1008. Questionnaire PHQ-2 — consisted of two points. If answered yes to at least one question, the survey was conducted using the PHQ-9 questionnaire, a nine-point depression self-assessment scale that is effective in diagnosing major depressive disorder (ADD). Criteria for assessing the severity of depression were performed in points: 0–4 points (no depression); 5–9 points (mild «subclinical» depression); 10–14 points (moderate depression); 15–19 (moderate severe depression); 20–27 (severe depression).

In order to objectively assess the degree of anxiety and depressive symptoms, a questionnaire was conducted according to the Hospital Anxiety and Depression Scale (HADS). The HADS scale, developed by A.S. Zigmond and R.P. Snaith (1983) is subjective and is designed to screen for anxiety and depression in somatic hospital patients. This scale is easy to use and treat by doctors and patients, which allows us to recommend it for use in general practice for the initial detection of anxiety and depression in patients. and using computer software products included in Microsoft Office Professional 2000, Russian Akademik OPEN No Level license.

### Table 1

| Extragenital pathology          | Main group n=100 | Control group n=50 |
|---------------------------------|------------------|-------------------|
| Anemia                          | 25,0±4,36'       | 2,0±1,98          |
| Hypertension stage 2–3          | 46,0±4,98'       | 20,0±5,66         |
| Coronary heart disease          | 8,0±2,7'         | 4,0±2,8           |
| Varicose veins of the lower extremities | 61,0±4,9'       | 8,0±3,8           |
| Obesity                         | 43,0±4,95'       | 14,0±469          |
| Diffuse euthyroid goiter        | 17,0±3.76'       | 6,0±3,36          |
| Diseases of the gastrointestinal tract | 42,0±4,93'    | 16,0±5,2          |
| Diabetes mellitus               | 13,0±3,36'       | 4,0±2,8           |

* — p<0,05 between indicators in the main and control groups.

### Table 2

| Indicator                                         | Main group n=100 | Control group n=50 |
|---------------------------------------------------|------------------|-------------------|
| Very low interest or satisfaction with ordinary things | 54,0±4,98'       | 10,0±4,2          |
| Bad mood, depression or helplessness               | 52,0±4,99'       | 18,0±5,4          |
| Difficulty falling asleep, intermittent or too long sleep | 64,0±4,8'       | 28,0±6,3          |
| Feeling tired or exhausted                         | 64,0±4,8'       | 14,0±4,9          |
| Poor appetite or overeating                        | 46,0±4,98'       | 18,0±5,4          |
| Bad thoughts about yourself                        | 5,0±2,2'         | 0                 |
| Difficulty concentrating                           | 33,0±4,7'        | 20,0±5,6          |
| Your movements or speech are so slow that others may notice | 26,0±4,4'    | 4,0±2,8           |
| Thoughts about to harm oneself                     | 4,0±1,95'        | 0                 |

* — p < 0.05 between indicators in the main and control groups.
RESULTS

The frequency of extragenital pathology in our examined patients is shown in table 1.

Analysis of data on the frequency of major types of extragenital pathology in the examined patients showed that the structure of extragenital pathology was dominated by: varicose veins of the lower extremities – 61.0±4.9, arterial hypertension of 2–3 stages – 46.0±4.98; coronary heart disease, angina – 8.0±2.7; obesity – 43.0±4.95, liver, gallbladder and pancreas – 42.0±4.93. In 78.0% of patients, somatic pathology was represented by two or more diagnoses.

However, it should be noted that in healthy women who were included in the control group, anemia was diagnosed in only one case 2.0±1.98, the above extragenital pathology was diagnosed 2 times less often. This may indicate that vascular and endocrine pathology has a role in the etiopathogenesis of endo- and myometrial pathology, which should be taken into account when choosing a method of treatment of this pathology.

In the psychoemotional state of the examined women of the main group: feeling of fatigue and exhaustion 64.0±4.8%; sleep disorders 64.0±4.8%; appetite problems 46.0±4.98%; depressed mood and low interest in ordinary affairs 54.0±4.98%; difficulty concentrating 33.0±4.7%; hypodynamia 26.0±4.4%. 4 percent of patients intended to do something with themselves (Table 2).

DISCUSSION

According to the results of the questionnaire revealed a fairly high level of psycho-emotional stress in the surveyed women of the main group. These results may indicate the presence of constant stress in the examined patients, as well as emotional instability and anxiety.

The results of the survey showed that in the main group 23.0% of women had mild «subclinical» depression: 19.0% – moderate, and 12.0% – moderate depression.

Analysis of the results obtained using the HADS scale revealed that both anxiety and depressive symptoms in patients of the main group were more pronounced than in women of the control group.

Clinical manifestations of depressive syndrome in patients of the main group were a state of depression, hypodynamics, passivity and apathy. Anxiety syndrome was manifested by tension, inner anxiety and fear, excitability and panic.

CONCLUSIONS

Thus, patients with hyperplastic processes of the endometrium and myometrium show a high level of concomitant somatic pathology and psycho-emotional stress, which indicates the presence of chronic stress, emotional instability and anxiety. Identified psycho-emotional disorders are the result of adverse effects of somatic diseases and gynecological pathology. The results of the study indicate the need to correct psycho-emotional disorders and take them into account when choosing a method of treatment for such patients.

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