DYSFUNCTIONAL UTERINE BLEDDING AN ALTERNATIVE APPROACH TOWARDS ITS MANAGMENT - I

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SUMMARY

Dysfunctional Uterine bleeding (DUB) forms 15 - 20 per cent of our total out-patient attendance. But even today its treatment remains unsatisfactory, in a sense, majority failing to respond to conservative management. In the present study an attempt has been made to find out an alternative approach towards management of DUB. Majority of patients belonged to 31 - 40 years of age and para 3 to 4. Menorrhagia was found to be commonest (60%) type of bleeding. Anovulation was found in 30.9 percent of DUB. Approximately 50% of each DUB and controls, were assigned a psychiatric diagnosis. 72.4 percent of cases with assigned psychiatric morbidity failed to respond to conservative management whereas only 23.1 percent case of DUB without psychiatric diagnosis required surgery. 81% of the patients requiring surgery had a diagnosis of major depression. This finding might open up a new horizon in the treatment of DUB.

INTRODUCTION

Dysfunctional uterine bleeding (DUB) continues to be one of the most commonly encounted and perplexing problem in our gynaecological practice. It forms almost 15-20% of our total outpatient attendance. Its impact has been noted in all age groups from adolescent to perimenopausal. A lot of studies have been done about DUB. Biomedical scientist have contributed to the better understanding of patho-physiology of DUB. Sophisticated non-invasive investigative tools, sensitive hormonal assays and surgical investigations like hysterosocopy have made differential diagonosis of DUB

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much easier. But unfortunately even today the treatment of DUB remains unsatisfactory, in a sense a big chunk of the patient fails to respond to conservative management and requires hysterectomy. DUB constitutes almost 1/3rd of the patients undergoing abdominal hysterectomy for benign pelvic conditions. Thus the necessity of an alternative approach towards the management of DUB was felt.

Although the relationship between the psychological status and DUB has been established long back (Youngs and Reamo, 1983) unfortunately not much attention was paid to this. Very few studies has been conducted to find out the prevalence and impact of psychiatric morbidity on DUB. In the first phase of present study an attempt has been made to find out:-

(1) Prevalence of Psychiatric Morbidity in DUB.

(2) Impact of Psychiatric Morbidity on the course and prognosis of DUB.

MATERIAL & METHOD

This study was conducted at Indian Iron & Steel Co. Ltd. Hospital, Burnpur, with the help of Department of Psychiatry where an unduplicated series of consecutively new cases of DUB (N-100) and random sample of the patient with disorders other than DUB (i.e.Prolapse, Fibroid Chronic Cervititis) (N=40) were selected for study. They were screened in the Psychiatry OPD with self replying questionaire (SRQ), Hamilton's Depression and Anxiety Scales (HDS & HDA) and brief mental status examination. All cases were given conventional medical treatment. They were followed up in the Gynaec Out-Patient Department. Course of the disease was correlated with Psychiatric illnesses.

OBSERVATIONS & DISCUSSIONS

Analysis on the results showed that the age group of the patients suffering from DUB varied from 20 - 40 years, 63.60% belonged to the age group 31 - 40 years. Devi and Sutaria (1964) reported 43.4% of DUB between 20 - 40 years (Table - I).

Parity varied from 1 to 4, 63.6% belonged to parity 3 and 4 (Table-II).

Analysis of the types of bleeding in DUB revealed that 60% of the patients had menorrhagia. 12.72% and oligomenorrhoea, 18.18% polymenorrhagia and 9.09% suffered from irregular bleeding

TABLE I
AGE INCIDENCE

Age in Years	No. of Cases	Percentage
20 - 40	70	63.638
40 and above	40	36.378
Total	110	100.000

TABLE II
PARITY

Parity	No. of Cases	Percentage
P 1 - 2	40	36.368
P 3 - 4	70	63.638
Total	110	100.000

TABLE III
TYPES OF BLEEDING

	No. of Patients	Percentage
Menorrhagia	66	60%
Oligomnorrhoea	14	12.72%
Irregular bleeding	10	9.09%
Polymenorrhagia	20	18.18%
Total	110	99.99

TABLE IV
TYPES OF ENDOMETRIUM

Type	No.	Percentage
Secretory	68	61.8%
Proliferative	34	30.9%
Irregular Ripening	5	4.5%
Irregular Shedding	3	2.7%
Total	110	99.99

TABLE V
PREVALENCE OF PSYCHIATRIC MORBIDITY

	DUB	Control
Psych. +ve	58 (52.7)	22 (55)
Psych. -ve	52 (47.3)	18 (45)
Total	110 (100.00)	40 (100.00)

(Figures in Parentheses indicate Percentage)

TABLE VI
PSYCHIATRIC MORBIDITY IN DUB/CONTROL CASES

Illness	Number and Percentage DUB	Control
Major Depressive Illness	46 (79.2%)	16 (72%)
Anxiety Disorder	4 (6.8%)	4 (18%)
Hysteria (Somatization Disorder)	8 (13.6%)	2 (9%)
Total	58 (99.6%)	22 (99%)

TABLE VII
PSYCHIATRIC MORBIDITY AND COURSE OF DUB

	Total Number	Conservative Treatment	Surgical Treatment
Psych. +ve DUB	58 (100.00)	16 (27.5)	42 (72.4)
Psych. -ve	52 (100.00)	40 (76.9)	12 (23.1)

(Figures in Parentheses indicate Percentage)

(Table-III).

Histopathological examination of the endometrium (Table-IV) showed secretory endometrium in 61.8%, irregular ripening in 4.5%, irregular shedding in 2.7% and Proliferative Endometrium in 30.9% of cases (Table - IV). Sutherland, (1949) reported normal endometrium in over 50% of cases. Joshi and Deshpande (1964) reported normal endotrium in 54%, endometrial hyperplasia in 31.7%, irregular shedding in 6.9% and irregular ripening in 8.6%. Menon (1970) found normal endometrium in 62% and endometerial hyperplasia in 30% of cases.

All patients of both the groups, DUB and control, were screened for Psychiatric Morbidity. This showed almost half of the patients in both groups, 52.7% in DUB group and 55% in control group were assigned a Psychiatric diagnosis (Table - V). Even the break up of psychiatric morbidity was found similar in both the groups (Table VI). On further analysing the morbidity we found, 79.2% suffered from depressive illness, 6.8% from anxiety disorder and 13.6% from hysteria in DUB Group. Almost similar break up of Psychiatric illness was seen in control group. 72% depressive illness, 18% anxiety disorder and 9% hysteria. Thus there was no increased prevalence of psychiatric morbidity noted in DUB. Wig & Rustogi (1987) mentioned that menstrual flow may increase, decrease or stop in Psychological disturbances. Abhyankar and Bagadia (1979) showed that patients with Metropathia Haemorrhagica show manifestation of anxiety, depression and stressful life. But there is no study available to show the exact prevalence of psychiatric morbidity and their break up in DUB.

All patients of DUB with or without Psychiatric morbidity were followed up for a period of twelve months with conventional treatment, which revealed that 72.4 percent of the DUB patient with assigned psychiatric diagnosis did not respond to conservative management and required major surgical intervention in the form of hysterectomy. Whereas only 27.5 percent cases responded to conservative treatment. But in the group without assigned psychiatric diagnosis majority of the patients 76.9 percent responded to conservative management and only 23.1 percent required hysterectomy (Table VII). This may be a cause or contributory factor for failure of conservative management of DUB, thus demanding attention.

CONCLUSION

In the present study an attempt has been made to find out an alternative approach towrds the management of DUB.

- Majority of the patient belonged to the age group of 31 - 40 years and Parity from Para three to para four.

- Commonest type of bleeding was menorrhagia (60%).

Anovulation was seen in 30.9% of cases.

- Approximately 50% of each groups, DUB and Control, were assigned a Psychiatric diagnosis. 72.4% of the patients with psychiatric diagnosis failed to respond to conservative management whereas only 23.1% cases of DUB without psychiatric morbidity required surgery.

- 81 percent of patients requiring surgery had a diagnosis of major depression.

- Proper attention to the screening of DUB cases for Psychiatric Morbidity and

its treatment might open up a new horizon in the treatment of DUB which has been very unsatisfactory so far.

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