

Dysfunctional uterine bleeding. An alternative approach towards its management - II

Shankar Sarbajna • Biswajit Sen

Burnpur Hospital, Indian Iron & Steel Company Ltd., Burnpur - 713 325, INDIA.

Summary: The finding in the first phase of the study that 72.4% of the DUB patients with assigned psychiatric diagnosis failed to respond to conservative management and required hysterectomy and 81% of the patients requiring surgery had a diagnosis of major depression led us to conduct the second phase of our study. Fifty consecutive new cases of DUB with depressive disorder were treated only with anti-depressant. Within 12 weeks, 68% of the patients recovered from their depressive illness and 48% from their bleeding. Within further 6 months of follow up with anti-depressant as the only medical prescription almost 80% of the patients recovered completely from both depression as well as DUB. This finding might open up a new horizon in the treatment of DUB which has been so unsatisfactory so far.

Introduction :

The finding that nearly four fifth of the DUB cases with assigned depressive disorder need hysterectomy was amazing (1st phase of study). This lead us to explore the possibility of treating the depressive illness only with definite positive impact on DUB, the treatment of which is unsatisfactory so far.

Therefore, it was decided that medical intervention of the depression which would be far less traumatic than hysterectomy should be advised before hormonal or surgical treatment of the condition. This was purely a clinical decision taken with the hope that adequate treatment of depression may through hypothalamico - pituitary axis influence the DUB.

Aim :

To ascertain the impact of treatment with anti-depressants only on the course and prognosis of DUB with assigned depressive disorder.

Subject and Method :

An unduplicated consecutive series of patients of DUB

with depressive illness numbering 50 and attending Gynaecological Outpatient Department of Indian Iron & Steel Company Limited Hospital were selected for the study.

All instruments of the study were the same as used for the first phase with the exception of HAS (Hamilton's Anxiety Score) which was not included (Sarbajna, 1995). The diagnosis of the patient followed the same procedure as described in the first phase except that only patients clinically diagnosed as depressed with HDS score of 12 or above were taken up for study.

The patients were treated with one of the three drugs - imipramine, amitryptiline or nor-tryptiline at doses of 50-150 mgms. daily for a minimum period of 12 weeks. Over next 12 weeks doses were gradually reduced with tailing off the drug in next 12 weeks. No other medication was given during the period.

The final follow up of the patients was conducted at the end of another 4 weeks i.e. 40th week after the commencement of the drug.

Complete haemogram, liver function test and renal func-

tion tests were carried out in all patients initially and at the end of 12th and 40th week.

Observations :

Analysis of the results showed that age group of patients in the study varied from 20 - 45 years (Table - 1). 60% of the patients belonged to 20 - 40 years of age group and 40% to 41 years and above age group.

Table - 1
Age Incidence

Age in Years	No. of Cases	Percentage
20 - 40	30	60%
41 and above	20	40%
Total	50	100%

Parity of the patients in the study varied from P1 to P4 (Table - 2), 52% of the patients belonged to P3 - P4 group whereas 48% to P1 - P2 group.

Table - 2
Parity

Parity	Number of cases	Percentage
P 1 - 2	24	48%
P 3 - 4	26	52%
Total	50	100%

Analysis of socio-economic status showed that 20% of the women in the present study belonged to low socio-economic group, 50% to mid socio-economic group and 30% to high socio-economic group (Table - 3).

Table - 3
Socio - Economic Status

	No. of cases	Percentage
Low	10	20%
MID	25	50%
High	15	30%

Menorrhagia was the commonest mode of presentation seen in 44% of women in the study (Table - 4, oligomenorrhoea was seen in 40% and polymenorrhagia in 16%, thus showing no definite type of bleeding pattern in depressive illnesses. The prevalence of depressive disorder was found to be 52% (Table-5) which was similar to the observation of Agarwal et al (1989) and previous study (Sarbjana, 1995).

Analysis of impact of treatment with anti-depressant alone on the course of depressive illness as well as DUB revealed that almost 80% of the cases are totally relieved of their depressive illness (Table 6 & 7) and DUB at the end of final follow-up (i.e. 40th week). To our knowledge there is yet no literature available investigating the DUB and depressive illness. Reus (1989) has also noted lack of controlled study which elucidates the relationship between menstrual disorder and mood disorder.

Table - 4
Types of Bleeding

	No. of cases	Percentage
Menorrhagia	22	44%
Oligomenorrhoea	20	40%
Polymenorrhagia	8	16%

Table - 5
Prevalence of Psychiatric Morbidity

	DUB
Psych + ve	58 (62.7%)
Psych - ve	52 (47.3%)
Total	110 (100%)

Table - 6
Effect of Treatment on Depressive Illness

	12th Week	40th Week
No effect	11 (22%)	7 (14%)
Improved	5 (10%)	3 (6%)
Remitted	34 (68%)	40 (80%)

Table - 7
Effect of Treatment on DUB

	12th Week	40th Week
No effect	15 (30%)	6(12%)
Improved	15 (22%)	5 (10%)
Remitted	24 (48%)	39 (78%)

Conclusion :

The present study reveals that almost half of the patients, with DUB suffer from psychiatric illness. Depressive illness was commonest type of psychiatric illness.

Majority of the patients (80%) with DUB and depressive disorders recover both from their bleeding and depression by the use of antidepressant alone.

To our knowledge there is as yet no literature available investigating the relationship between DUB and depres-

sive disorder. We strongly recommend that similar studies be conducted in many General Hospitals particularly when other than time and commitment little cost is involved in similar studies.

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References :

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