



The prevalence of psychiatric disorders among genitourinary fistula patients: A study in a tertiary care hospital, Bangladesh

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Abstract

Background: Maternal morbidity and mortality are very potential women's health issues in many developing countries. Many of these are preventable. The World Health Organization estimated that, the prevalence of obstetric fistula at 0.3% of all deliveries. In Asia, over 200 thousand maternal deaths occur in every year. World-wide it is estimated that, there are over 1000000 new cases of fistula are found each year. Information from UNFPA and Engender health indicates that, well over two million women worldwide are suffering from genital tract fistulas.

Aim of the study: The aim of this study was to assess the prevalence of psychiatric disorders among genitourinary fistula patients.

Methods and Materials: It was a non-interventional, descriptive, cross sectional study conducted on a special group of population suffering from genitourinary fistula. Prior to commencement of study written permission was taken to work in the "National Fistula Centre" from the Department of Gynaecology & Obstetrics, DMCH. This study was conducted at the National Fistula Centre. This center was established in 2003 in DMCH under the supervision of Gynaecology and Obstetrics Department. One hundred and two (102) patients were included in the study as the study population. Non-probability convenient sampling procedure was used. Samples were collected in two days per week. It was decided that, if any patient refuses, next one will be taken into account, but fortunately none refused the interview. By adopting this method, 102 patients were included and the study was conducted during the period from December 2003 to December 2004.

Results: In our study, among total 102 participants the prevalence of the study was 85.29% where include psychiatric illness, depression (63.72%) being the commonest illness. Anxiety disorder was 15.68%, minor emotional disorder was 2.94% and somato form disorder was 2.94%. Fifteen patients (14.70%) were found to be free from psychiatric symptoms.

Conclusion: One hundred and two patients diagnosed as genitourinary fistula are studied by Self Reporting Questionnaire (SRQ) to find out psychiatric morbidity among them. Psychiatric diagnosis was confirmed by using DSM – IV criteria under the direct supervision of psychiatrist. The findings of this study may help in the treatment procedure of genitourinary fistula.

Keywords: prevalence, psychiatric disorders, genitourinary, fistula.

1. Introduction

Maternal morbidity and mortality are significant women's health issues in many developing countries. Many of these are preventable. The World Health Organization estimated that the prevalence of obstetric fistula at 0.3% of all deliveries. In Asia, there are over 200 thousand maternal deaths occur per year. For every maternal death, however, there are over 30 women who are seriously injured or disabled during child birth. World-wide it is estimated that, there are over 1000000 new cases of fistula each year, most likely an underestimation. Information from UNFPA and Engender health indicates that well over two million women worldwide are suffering from genital tract fistulas. This again is probably an underestimation as recent surveys from Nigeria estimate as many as one million women living with fistula in Nigeria along. In Bangladesh the incidence is 1.9% women are suffering from vesico-vaginal fistula (BIRPERTH). In recent study done by Engender health, they found that the incidence is 1.69% per thousand ever married women¹. Obstetric fistula is the commonest cause of genital tract fistulas worldwide. The etiology of most

obstetric fistula is prolonged, obstructed and neglected labour. Unfortunately, many of the women who suffer from fistulas live in rural communities with no access to health care. Over 60% of these women develop the fistulas during their first labour and over 90% deliver a stillborn baby^[1]. Fistula women have had a traumatic life event. They leak urine uncontrollably and continuously from the vagina down their legs. They are ashamed of their incontinence and their constant offensive smell. They are an embarrassment to their husbands and families who abandon them. These women are social outcasts. They are seen as failures. They have failed in their roles as mother (by delivering a still born baby), as wife (by not being able to have relationship with their husbands) and even failed to live as a civilized citizen by spreading foul smell and making the nuisance. So most of them suffer from different psychological problems and some of them develop suicidal tendency^[1]. These are young women, who have had just their first child birth. When the sun supposed to start shining their life it gets covered by complete darkness. There is a report of a patient who suffers from fistula for long time and got repaired her fistula. When

decision was made to remove the catheter she refused to remove it and at night she cut her throat with kitchen knife and had to have tracheostomy on emergency basis, head emergency 4 units of blood transfusion and whole night reconstructive surgery by ENT surgeon. Post-operative psychological counseling by psychiatrist found that she attempted suicide because she was afraid if she again develops dribbling after removal of catheter [1]. Female genital tract fistula is not a new condition. It is as old as mankind. Mercado, the Spanish physician, over half a millennium ago describe the fistula women-“Empty and tragic life is led by the affected victims and how great are their embarrassments. uncontrolled urine and faeces run from the fistula with ease.....to render life very grim [1]” There are several studies in our country about the psychiatric morbidities among cancer patients, postmenopausal women, garments workers, hypothyroid patients, among hospital outpatients etc. But there is no known study of psychiatric morbidities among genitourinary fistula patients. So to identify the psychiatric morbidities and their specific pattern and also to see the relationship of socio demographic variables with these morbidities this study has been under taken. This study will open a new thought regarding the management of genitourinary fistula patients in our country and will facilitate the logistic approach in their management.

2. Objectives

General objective

To find out the prevalence of psychiatric disorders among genitourinary fistula patients.

Specific objective

- To see the specific pattern of psychiatric illness among genitourinary fistula patients.
- To find out the correlation of these psychiatric morbidities with their socio demographic variables.

3. Methodology and Materials

It is non-interventional, descriptive, cross sectional study done on a special group of population suffering from genitourinary fistula. Prior to commencement of study written permission was taken to work in the “National Fistula Centre” from the Department of Gynaecology & Obstetrics, DMCH. This study was conducted at the National Fistula Centre. This center was established in 2003 in DMCH under the supervision of Gynaecology and Obstetrics Department. In total 102 patients were included. Nonprobability convenient sampling technic had been used. Samples were collected in two days per week. It was decided that, if any patient refuses, next one will be taken into account, but fortunately none refused the interview. By adopting this method, 102 patients were included the study was conducted during the period from December 2003 to December 2004. Prior to commencement of interview, the patient was explained about the study & their verbal consent was taken. Screening was done by SRQ (Self-Reporting Questionnaire). As our patients were mostly illiterate the questionnaire was filled up by the investigator. All who are

scored over 5, that is within the range of probable psychiatric morbidity were interviewed under the direct supervision of psychiatrist & subsequently diagnosis was confirmed on the basis of DSM IV diagnostic criteria. All patients were interviewed individually & their socio-demographic data & information were also noted. After collecting the data, data editing & clearing were done manually & were prepared for data entry which was done using minicomputer. Data analysis done using a computer software SPSS for windows, univariate and bivariate analysis were done accordingly. According to the inclusion criteria patients with genitourinary fistula admitted in National Fistula Centre DMCH were included. On the other hand according to the exclusion criteria patients with fistula due to genitourinary malignancy and patients with congenital genitourinary fistula were excluded from the study.

4. Results

In this study among total participants, 85% patients were with the fistula score 0 to 7 and rest 15% were with score of more than 7. In total 102 patients diagnosed as genitourinary fistula, were studied by Self Reporting Questionnaire (SRQ), to detect the psychiatric morbidity in these patients. The psychiatric diagnosis was confirmed under the direct supervision of psychiatrist using DSM-IV diagnostic criteria. Eighty seven (85.29%) patients were found to have psychiatric illness, depression (63.72%) being the commonest illness. Anxiety disorder was 15.68%, minor emotional disorder was 2.94% and somato form disorder was 2.94%. Fifteen patients (14.70%) were found to be free psychiatric symptoms. Along with this, socio demographic parameters were studied among the total patients. In analyzing age of the participants it was found that, the highest number of patients with psychiatric morbidities was 37 in number which was 36.27% among 102 patients were from 21-30 years' age group. Then 22.55% psychiatric morbidities were from 10-20 years' age group, 14.71% were from 31-40 years' age group, 8.82% were from 41-50 years' age group and 2.94% were from >50 Years' age group. On the other hand, among total 87 patients with psychiatric illness the maximum, 81 were from urban and only 6 patients were from rural areas. According to the analysis of the educational status of the fistula patients with psychiatric illness it was found that among total 87 patients the maximum patients, 66 were illiterate which was 64.71% among total 102 participants. On the other hand, According to the analysis of the professional status of the fistula patients with psychiatric illness it was found that among total 87 patients the maximum patients, 82 were housewives which was 80.39% among total 102 participants. Besides these, According to the analysis of the socio-economic status of the fistula patients with psychiatric illness it was found that, among total 87 patients the maximum patients, 80 were from lower class families which was 78.43% among total 102 participants. In this study it was also found that, the maximum, 76 patients got fistula as well as psychiatric illness after their first child birth which was 74.51% among total 102 participants.

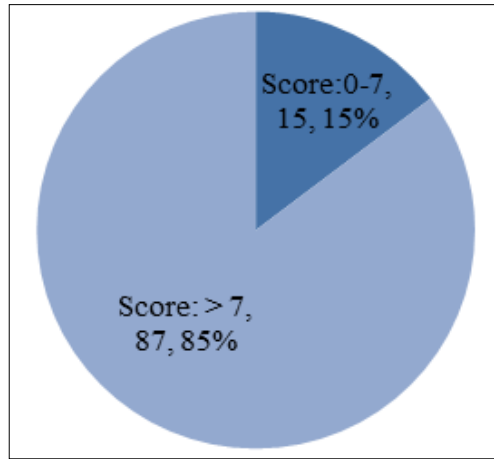


Fig 1: Distribution of fistula patients according to score (N= 102)

Table 1: Distribution of types of psychiatric illness in fistula Patients (N=102)

Psychiatric illness	n	%
Depression	65	63.73
Anxiety disorder	16	15.69
Minor emotional disorder	3	2.94
Somatoform disorder	3	2.94
Normal	15	14.71

Table 2: Distribution of psychiatric morbidities according to age (N = 102)

Age (Yrs.)	n	%
10-20	23	22.55
21-30	37	36.27
31-40	15	14.71
41-50	9	8.82
>50	3	2.94

5. Discussion

The study was carried out during the period between Dec 2003 to Dec 2004 at “National fistula Centre” at DMCH, Dhaka among 102 patients diagnose as genitourinary fistula. The place was selected because patients from different corner of the country are being referred here. So a pen picture of total psychiatric disorders would be available. Among the 102 patients, 85.29% were considered psychiatrically ill, depression (63.72%) being the considered illness. The prevalence of anxiety disorder in the present study was 15.68% & other minor emotional disorder like guilt, shock disturbed sleep & altered appetite etc was 2.94%. Somatoform disorder was found only 2.94%. Fifteen patients (14.7%) were found to be free from psychiatric symptom though they showed normal emotional reaction during the interviewed.

There are several studies available nationally & internationally about the psychiatric morbidities among cancer patients, post-menopausal woman garments worker, among hospital outpatients, psychiatric illness following injury etc. but there is no recognizable study of psychiatric morbidity among genitourinary fistula patients. There was a study in our country carried out in the Radiotherapy Dept. of Rajshahi Medical College in 1998 – showed that among 50 cancer patients 54.10% were suffering from major depressive episodes & 12% suffering from generalized anxiety disorder [8], which is more or less coincides with our finding. Though these are not cancer patients but they pass their life as an abandoned person and are rigid example of

suffering and neglect. Studies done in western countries also correlate with this finding. (Eastwood & Traveyan, 1972; Maquire & Granville- Grossman 1968). Craig & Abeloff (1974) reported high level of depression in one-half and elevated levels of anxiety in one third of cancer patients which more or less corresponds with our findings [5]. A recent study (eGautom et-al 1987) showed that 53% of their patients suffered from depression following diagnosis of cancer [18]. This result also correlates with our findings. Fras *et al* 1967 carried out a study among patients with carcinoma pancreas & found that depression was present in almost half of the cases [5]. Results of our study has similarity with this findings. There was study in Department of psychology, University of Melbourne, Parkville, Australia, in March 2004 on “psychiatric morbidity following injury”. Result showed that post-traumatic stress disorder and major depressive disorder were the most frequent diagnosis following injury [10]. The age of the patient include in this study ranged between 10-50 years or more. Maximum patients belonged to the age group of 21-30 (43.13%) followed by 10-20 years (26.47%) and 31-40 years (16.66%) which are consistent with the age when the prevalence of becoming pregnant and developing obstetric fistula is more. This is also the time when the women are more sensitive with their family life and emotionally more labile which increases the chance of psychological morbidity after developing fistula. As evident from the result, majority of the patients had rural background (93.13%), this number is quite high. In the present study the people residing in the Upazilla level were also considered as rural. As we know, in Bangladesh most of the people live in rural areas, so our results reflect the normal distribution of population. Though people living in rural areas do not always have easy access to hospital facilities, however no significant difference was found among urban and rural patients regarding the prevalence of psychiatric morbidity. As regards educational background 74.45% patients were illiterate, but the prevalence of psychiatric morbidity between literate and illiterate patients does not vary significantly. No difference was observed regarding the prevalence of psychiatric morbidity in relation with their occupational background although most of them are housewife but the traumatic events of fistula make them psychologically ill near equally. If we consider the marital status of these patients, it was seen that the psychiatric illness is much more common among the women who are separated (63.72%) and divorced (15.68%) than those

women who live with their husband during the interview. The women who were separated were more pre occupied about the thoughts of their family. They were also more concern about their own future, the uncertainty of their spouses and the offspring on the other hand those who have alive children. The present study shown that the fistula patients with lower economic background have had higher prevalence of psychiatric illness in comparison with the patient with upper economic background., This is in conformity with other studies done in western countries that the prevalence of psychiatric disorders is higher in lower socio economic status (Faris & Dunhan 1939) [5]. It is also evident from the results that psychiatric morbidities are more pronounced among women those age of marriage is within 10-20 years. Development of fistula after first child birth is 85.29%, 2nd child birth 4.9% and after 3rd child birth 2.94% but no important difference was observed regarding the prevalence of psychiatric morbidity and their number of child birth. It is also evident from the result that, among the psychiatrically ill patients only 6 (6.69%) patients have family history of psychiatric illness, but 81 (93.10%) patients have no family history. It reflect that the development of fistula is the main devil for their embarrassment and tragic life. It is very much surprising from the result that among the psychiatric ill patient 70.11% had recurrent thought of suicide and 1.14% patients attempted suicide to get rid of from their intolerable livelihood. From the above discussion if we think about the physical morbidities, the fistula patients having – incontinence of urine and faces throughout the whole day and night; vaginal stenosis which make them incapable to maintain sexual relationship with their husband; foot drop which make them physically cripple and their social situation—as abandoned by husband, family, friends and memory of her only still bone baby and traumatic delivery – so it is very much clear to understand that psychological problems are more likely to be present among them.

Limitations of the study

This was a single centered study with small sample size. So, the findings of this may not reflect the exact scenario of the whole community.

6. Conclusion

One hundred and two patients diagnosed as genitourinary fistula are studied by Self-Reporting Questionnaire (SRQ) to find out psychiatric morbidity among them. Psychiatric diagnosis was confirmed by using DSM – IV criteria under the direct supervision of psychiatrist. Eighty seven (85.29%) patients were found to have psychiatric illness, depression (63.72%) being the commonest illness. Anxiety disorder was 15.68%, minor emotion disorder was 2.94% and somatoform disorder was 2.94%. 14.70% patients were found to be free from psychiatric illness. In spite of certain unavoidable limitations, the present study finding however, provides an indication for further intensive research in the context of Bangladesh. The present study though have been carried out within limited time with a small patients sample has indeed looked into all the possible parameters related to the prevalence of psychiatric morbidity in fistula patients. Thus it is expected to enrich the existing level of knowledge in this field. In the long run thus fortified knowledge can aid us in detecting psychiatric morbidities among fistula patients. Finally it to keep in mind that all illness have both

psychiatric & psychological components. Such awareness requires the physician not only to treat the fistula but also to morbidities & involve the patients & her family in this successful confrontation with this life crisis.

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