

## To Assess Anxiety and Depression Disorder in Patients with Leucorrhoea

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### ABSTRACT

To study the prevalence of depression and anxiety in patients with leucorrhoea in Sree Balaji Medical College and Hospital, Chromepet, Chennai. This study is aimed to describe the psychosocial problems associated with complaint of abnormal vaginal discharge. The major finding of our study is that psychosocial factors, notably anxiety and depression are associated with the complaint of vaginal discharge, but not strongly. The present study is aimed to evaluate the psychological problems associated with the vaginal discharge both physiological and pathological. After proper evaluation of the vaginal discharge, all they need is proper counseling. Women with complaint of discharge that are of non-infectious etiology need psychosocial interventions.

**Keywords:** fatigue, fidgeting, headaches, nausea and hands feet

### 1.INTRODUCTION

Reproductive health, in its broadest definition, has been described as a fundamental and inalienable part of women's health and includes as varied as sexuality and women's empowerment. While it has been suggested that mental health is also a component of Reproductive health (Ford Foundation, 1997)[1]The symptom of vaginal discharge is extraordinarily common among women in South Asia (Gittelsohn et al.1994; Bhatia & Cleland 1995)[2]There are several medical disorders from which women suffer and leucorrhoea is one of them. Leucorrhoea, actually is a whitish vaginal discharge. It is a natural defense mechanism that the vagina uses to maintain its chemical balance. Normally, the secretion is just enough to lubricate vagina and the sources of secretion are mainly the anxiety disorder is an excessive uncontrollable and often irrational worry, that is, apprehensive expectation about events or activities. [3]This excessive worry often interferes with daily functioning, and are overly concerned about everyday matters such as health issues, money, death, family problems, friendship problems, interpersonal problems, or work difficulties. Individuals often exhibit a

variety of physical symptoms, including fatigue, fidgeting, headaches, nausea, numbness in hands feet, muscle tension, muscle aches, difficulty swallowing, stomach pain, vomiting, diarrhea, bouts of breathing, difficulty concentrating, trembling, twitching, irritability, agitation, sweating, restlessness, insomnia, hot flashes, and inability to fully control the anxiety (ICD-10) Depression, is a mental disorder characterized by at least two weeks of low mood that is present across most situations. It is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy.[4-7]

This study serves to examine the prevalence of depression and anxiety, the most common mental health problem in women, with the complaint of vaginal discharge, the most common reproductive health complaint in women. If the infection is caused by trichomoniasis or a bacterium, the sexual partner should be treated also. This prevents the partners from being re-infected after the treatment.[8] Vaginitis is diagnosed using clinical criteria and testing. First, vaginal secretions are obtained with a water-lubricated speculum, and pH paper is used to measure pH in 0.2 intervals from 4.0 to 6.0. Then, secretions are placed on 2 slides with a cotton swab and diluted with 0.9% NaCl on one slide (saline wet mount) and with 10% K hydroxide on the other (KOH wet mount). The KOH wet mount is checked for a fishy odor (whiff test), which results from amines produced in trichomonal vaginitis or bacterial vaginosis.[9-11]

## **2.MATERIALS AND METHODS**

### **Setting:**

This is a cross sectional study carried out at Sree Balaji Medical college & Hospitals, Chrompet attached to BIHER University.

### **Study population :**

The study population was women of reproductive age group attending OBG op with primary complaint of vaginal discharge from February 2015 – August 2016 .

### **Selection Of Cases:**

Cases Selected In The Study Had To Fulfill The Following Inclusion

Criteria.

### **INCLUSION CRITERIA :**

- Women in reproductive age group(18 – 45) with complaint of leucorrhoea.
- Women who volunteer to participate.
- Non pregnant women

### EXCLUSION CRITERIA :

- Pregnantwomen
- Post menopausalwomen
- Women who are not willingto participate
- Women who are previously diagnosed to have psychiatric illness, or on antipsychoticdrugs.

### METHODOLOGY:

All the Patients coming with primary complaint of vaginal discharge were recruited in the study after obtaining informed consent. Assessed with grouping.

GROUP A – 18-28 years

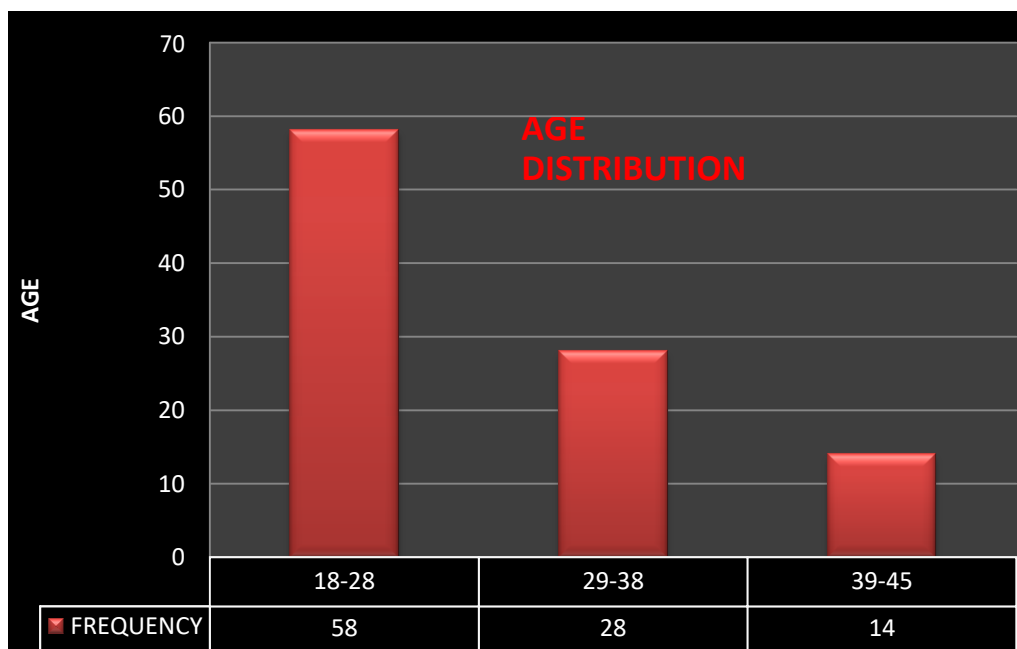
GROUP B - 29-38 years

GROUP C – 39-45 years

### 3.RESULTS

Characteristicsofstudy populationof physiological leucorrhea

Figure 1:AGE DISTRIBUTION

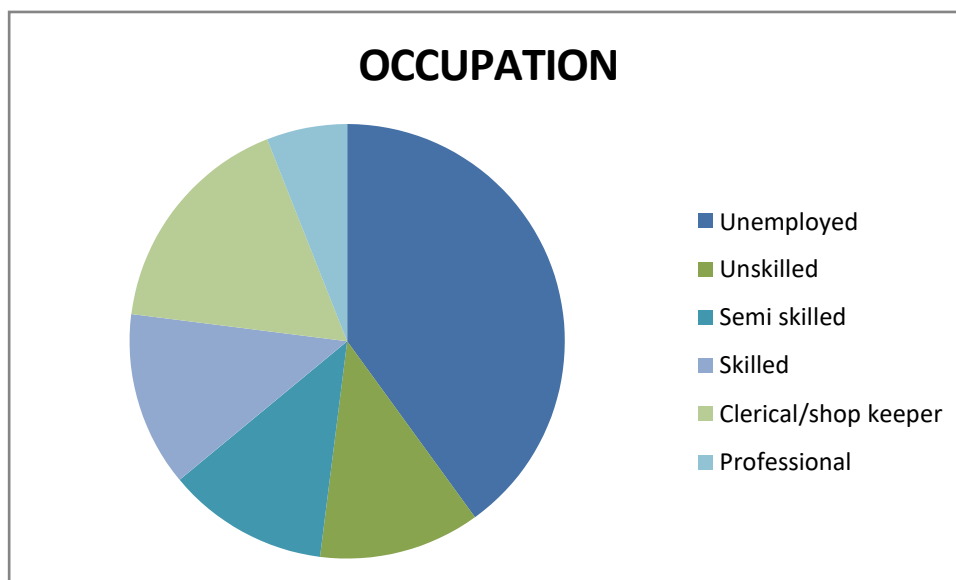


Among 100 patients, majority of them, 58% belongs to Group A, 28% belongs to Group B and 14% belongs to Group c.

**Table 1 : EDUCATION**

<b>Variables</b>	<b>Frequency (N = 100)</b>	<b>Percentage (%)</b>
Illiterate	3	3%
Primary school	8	8%
Middle school	12	12%
High school	19	19%
Diploma	49	49%
Graduate	9	9%

**Table 2 : OCCUPATION:**



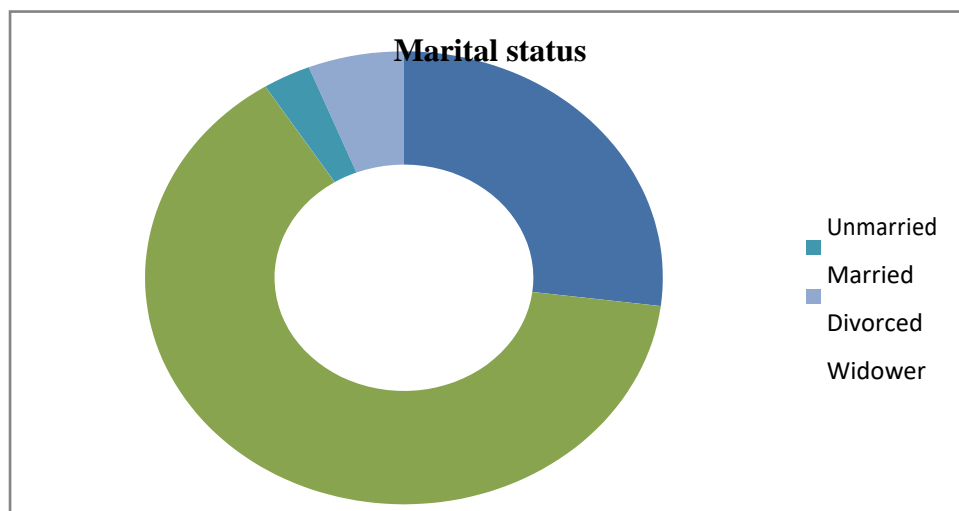
Among 100 women majority of them, 40% were unemployed, 17% clerical, 13% skilled, 12% each of unskilled and semi-skilled and 6% professional

**Table 2 :SOCIO ECONOMIC STATUS**

<b>Variables</b>	<b>Frequency N = 100</b>	<b>Percentage (%)</b>
Class I	9	9%
Class II	14	14%
Class III	37	37%
Class IV	23	23%
Class v	17	17%

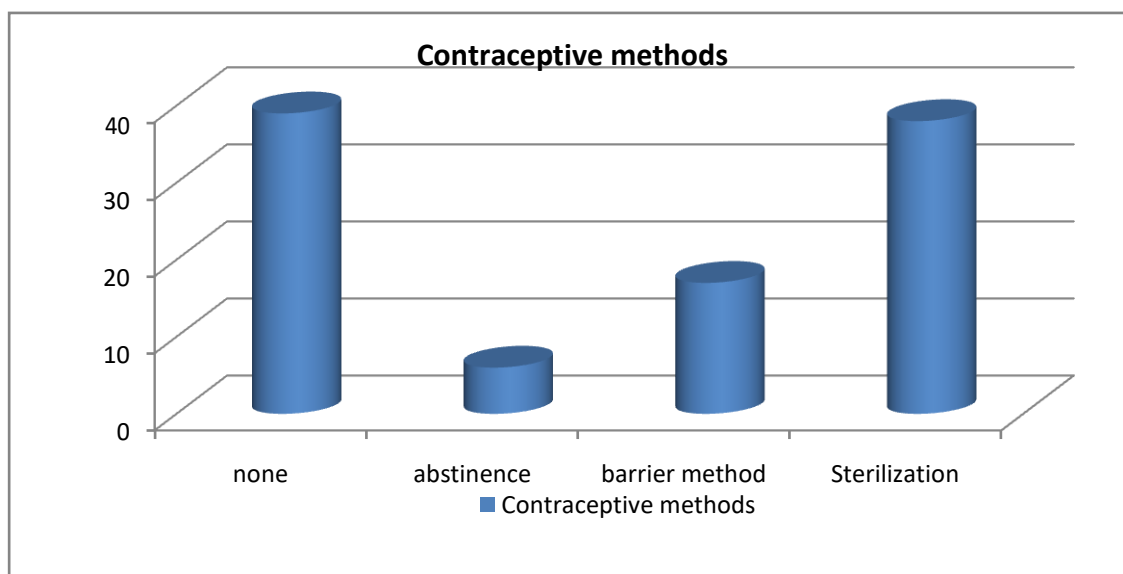
Among 100 women, majority of them 37% belongs to class III, 23% class IV, 17% class V, 14% class II and 9% class I

**Figure3: MARITAL STATUS**



Among 100 women, 64% was married and 27% unmarried, 9% divorced & widower.

Figure 4: Contraceptive methods



Among 100 participants, 64 were married, and out of it, 39% did not use any contraceptive method, 38% had undergone sterilisation, 17% followed barrier method and 6% followed abstinence.

**Table3: AGE DISTRIBUTION**

VARIABLES	FREQUENCY N=50	PERCENTAGE %
Group A	10	20
Group B	20	40
Group C	20	40

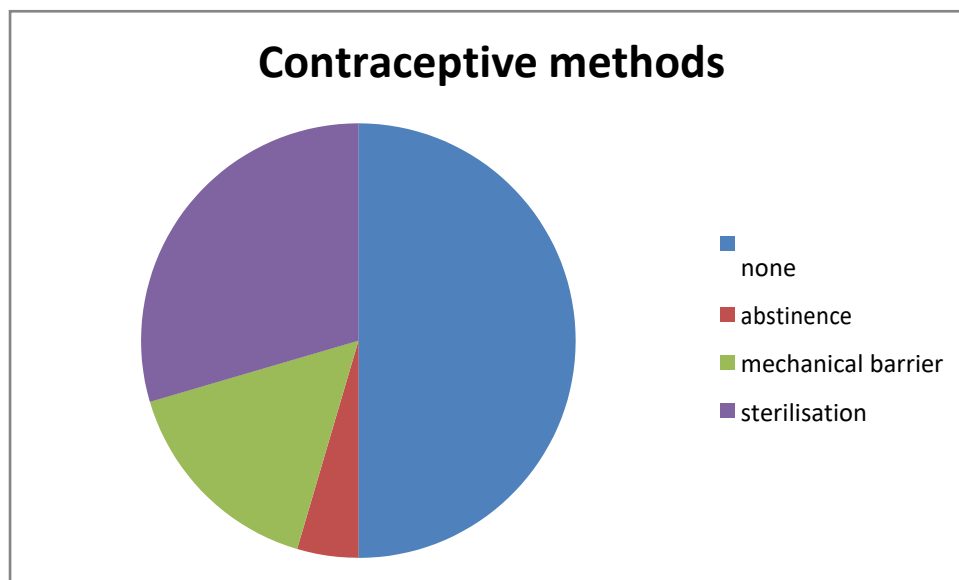
**Table 4: MARITAL STATUS**

Variables	Frequency N = 50	Percentage (%)
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Unmarried	8	16.0
Married	35	70.0
Divorced	1	2.0
Widower	6	12.0

Among 50 women, 70% were married, 16% were unmarried, 14% were widower/divorcee

Figure 4: **Contraceptive methods**



Among 35 married women, majority of them (44%) did not use any contraceptive method, 36% had undergone sterilization, 14% used mechanical barrier method and 4% followed abstinence

**Table 5: DURATION DISCHARGE**

Variables	Frequency N=50	Percentage %
≤3 months	7	14
4-6 months	17	34

7-9 months	14	28
10 months -1 year	6	12
>a year	6	12

Among 50 women, majority of them, 34% had discharge for 4-6 months duration, 28% had discharge for 7-9 months, 14% had discharge  $\leq 3$  months, 12% had discharge for 10 months to 1 year and 12% had discharge > a year

## DISCUSSION

This study is aimed to describe the psychosocial problems associated with complaint of abnormal vaginal discharge. The major finding of our study is that psychosocial factors, notably anxiety and depression are associated with the complaint of vaginal discharge, but not strongly.[12] After menstrual disorders, vaginal discharge is considered to be the second most common gynecological complaint, for which patients seek consultation. [13] However, when evaluated for etiopathological causes only about 30-56.6% are found to have evidence of infection.[14] Low prevalence of infective causes have led many researchers to evaluate these patients further and authors proposed that leucorrhoea may represent a culturally shaped "bodily idiom of distress," and concerns of loss of genital secretions reflect wider issues of social stress. [15]

Hence, it appears that women over-report vaginal discharge because of its deep cultural meanings. A study in India reported higher rates of depression in women attending a general medical clinic. There is evidence from clinical and community studies linking the complaint of vaginal discharge with mental disorders in India. It has been hypothesized that the complaint of vaginal discharge may represent a culturally shaped 'bodily idiom of distress'[16], in which concerns about loss of genital secretions reflect wider issues of social stress.

Association with BG Prasad scale - Among the class III, 60.9% experienced discharge for  $\geq 3$  months and 50% had discharge for 10 months to 1 year duration. Whereas, in class IV 32% had discharge for 7-9 months. P value- 0.003 which is statistically significant Association with education –Among 50 women, 34% were



diploma candidates, out of which 41.2% had discharge for 4-6 months duration and 35.7% had discharge for 7 -9 months duration. 26% high school, in which 42.9% had discharge of duration for 7-9 months. In general, studies of patients with common mental disorders suggest a higher prevalence of somatic symptoms in women compared to men. Previous studies too have reported a higher prevalence of common mental disorders in patients with vaginal discharge and have also reported vaginal discharge as a symptom in patients with common mental disorders. Therefore, all women with non pathological vaginal discharge may need evaluation for psychological morbidity.

## **5.CONCLUSION**

In a women's life, especially in the prime period of 18-45 years, one of the distressing problem is vaginal discharge next to menstrual irregularities. Many a times vaginal discharge is physiological and sometimes, it may be pathological too. Many of the women take it very seriously thereby developing certain psychological problems of various degrees. The present study is aimed to evaluate the psychological problems associated with the vaginal discharge both physiological and pathological. After proper evaluation of the vaginal discharge, all they need is proper counseling. Women with complaint of discharge that are of non-infectious etiology need psychosocial interventions.

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**Ethical approval:** The study was approved by the Institutional Ethics Committee

## **CONFLICT OF INTEREST**

The authors declare no conflict of interest.

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