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Psychological impact of gynecological diseases: the importance of a multidisciplinary approach

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ABSTRACT

Gynecological diseases are among the most common disorders diagnosed in the female population and may have a negative impact on quality of life and psychological well-being of the affected women. The aim of this mini review is to investigate the psychological consequences of some of the most common gynecological diseases in order to underline the importance of a psychological approach for gynecological patients and improve therapeutic compliance and quality of life.

Keywords: gynecology, psychology, sexuality, quality of life.

SOMMARIO

Le patologie ginecologiche rientrano tra i disturbi più frequentemente diagnosticati nella popolazione femminile e possono avere un impatto negativo sulla qualità di vita e il benessere psicologico delle donne che ne sono colpite. Lo scopo di questo lavoro è quello di indagare le conseguenze psicologiche di alcune delle più frequenti patologie ginecologiche al fine di sottolineare l'importanza di un approccio multidisciplinare per le pazienti ginecologiche e migliorare la compliance terapeutica e la qualità di vita.

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Gynecological diseases are among the most common disorders diagnosed in the female population. These conditions are often associated with high stress and have a negative impact on quality of life and psychological well-being of women affected. The psychological impact depends on the level of severity of the disorder and on how much the symptoms interfere with occupational and social activities. In many cases, gynecological disorders can be considered disabling conditions that significantly affect women's everyday life, social relationships, sexuality and mental health. The aim of this brief commentary is to show the psychological repercussions of some of the most common gynecological diseases in order to underline the importance of a psychological approach for gynecological patients to improve therapeutic compliance and quality of life.

Gynecologic cancer is certainly the condition that has the greatest impact on quality of life and psychological well-being of women affected⁽¹⁻⁴⁾. It has been estimated that gynecologic cancer has an incidence of 17% in the world⁽¹⁾. Endometrial cancer is the most common and has an incidence of 53%^(3,5,6). Ovarian cancer is the second most common gynecologic malignancy and is the leading cause of death among women diagnosed with gynecological cancer in Western countries^(7,8). Multimodal treatments including surgery, chemotherapy and radiotherapy are needed and may be associated with negative consequences in sexual, psychological and social functioning both of women and their partners^(1-4,9). Literature about this topic underlines that diagnosis and treatment of gynecological cancer are often associated with sexual dysfunctions, body image disorders, decreased quality of life, anxiety and depressive symptoms⁽⁹⁻¹³⁾. Also partners of women affected can experience sexual and psychological problems because of the distress and the changes within the couple^(9,13). Therefore, a psychological support for women with gynecologic cancer and their partners is fundamental to reduce as much as possible the negative impact of this experience.

Endometriosis is another very common gynecological condition that significantly affects psychological and social functioning of women affected^(15,16). It is a benign and chronic disorder characterized by the presence of endometrial glands and stroma outside the uterus⁽¹⁷⁻²⁰⁾. The incidence of endometriosis is about 6-10% in women in reproductive age with a peak among women between 25 and 30 years of age^(17,19). Women with endometriosis may suffer from a variety of

symptoms including menstrual irregularities, chronic pelvic pain, dysmenorrhea, dyspareunia, dyschezia and dysuria⁽¹⁸⁻²⁰⁾. Several studies about this topic underlined that women with endometriosis show high levels of somatization, depression, sensitivity and anxiety^(15,16,21-23). Moreover, women with endometriosis associated to pelvic pain experience low levels of quality of life and psychological comorbidities may amplify the perception of pain in these patients^(19,24,30). Also in this case, it is evident that a psychological support should be an integral part of the therapeutic process for endometriosis in order to improve the general well-being of women who suffer from this disorder.

Other benign conditions that can compromise quality of life and psychological well-being are uterine fibroids and pelvic prolapse. Uterine fibroids are benign tumors of various sizes that originate from the uterus muscle tissue and have an incidence of 20-50%⁽²⁴⁻²⁷⁾. The most common symptoms of uterine fibroids are bleeding, heavy menstrual periods, anemia, pelvic pain, heaviness and, in some cases, infertility⁽²⁵⁾. Literature about this topic investigated the impact of treatments for uterine fibroids on quality of life of the affected women^(28,29). More specifically, hysterectomy has a negative impact on psychological and emotional well-being of the patients, mainly because of the consequent infertility^(30,31). New non-invasive techniques, such as uterine embolization, have recently been developed, improving psychophysical wellbeing of women who undergo this treatment^(31,32). A psychological counseling is recommended for these patients in order to choose the most suitable treatment and adequately manage its consequences.

Pelvic prolapse is a complex condition defined as the descent of anterior vaginal wall, posterior vaginal wall, the uterus (cervix), or the apex of the vagina⁽³³⁾. Cystocele is one of the most common type of pelvic prolapse and is characterized by the pathological herniation of the anterior vaginal wall^(33,34). Prolapse may be associated with a variety of urinary, bowel and sexual symptoms which may significantly compromise the sexuality and quality of life of the patients. In these cases, surgical treatment may significantly reduce the negative impact of the symptoms on quality of life and psychological wellbeing⁽³⁵⁻³⁷⁾. Urinary incontinence is a problem frequently associated with pelvic prolapse and can further reduce the overall well-being of the woman⁽³⁸⁻⁴⁰⁾. In these cases, it would be appropriate to use validated instruments to assess quality of life of these

patients in order to provide psychological support in high-risk cases.

In conclusion, this brief reflection aimed to demonstrate that women with gynecological problems are often at risk to develop psychological diseases such as anxiety and depression, and to have a poor quality of life. For this reason, psychologists should be involved in a team approach and assist gynaecologists for an adequate management of these diseases.

DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper. No specific funding was obtained.

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