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THE PSYCHOLOGICAL BURDEN IN UROGYNAECOLOGY

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INTRODUCTION

It is estimated that 1 in 6 adults in the United Kingdom experience a 'common mental disorder' in the preceding week with 15% of women and 9% of men in the UK receiving treatment for depression (1). Mental health disorders are known to occur more commonly in females, especially those of a reproductive age (2). The aim of the study is to evaluate the burden of psychological symptoms in the Urogynaecology clinic and assess the need and acceptance of psychological support in Urogynaecology patients.

METHOD

We conducted a prospective cohort study on all patients presenting to the gynaecology outpatient department. An anonymous questionnaire was completed to assess patient demographics, pre-existing mental health disorders, baseline anxiety and depression scores using the validated patient health questionnaire (PHQ-9) and generalised anxiety disorder (GAD-2) scores and acceptance of psychological support.

RESULTS

94 questionnaires were completed. Pre-existing mental health diagnoses were present in 32% (n=34) with 15% (n=16) having a formal diagnosis of more than one mental health disorder. 49% of patients had a diagnosis of depression based on PHQ-9 scores and 24% had a diagnosis of anxiety based on GAD-2 scores. 55% of patients felt that their gynaecological symptoms worsened their mental health. 33% of patients feel that receiving mental health support would improve their gynaecological symptoms and 66% of patients would accept psychological support if it was recommended to them.

CONCLUSION

One in two women presenting to our Urogynaecology clinic have a diagnosis of depression based on PHQ 9 scores and one in four have a diagnosis of anxiety based on GAD 2, which is higher than the prevalence in the existing population. The majority of women would accept psychological support in conjunction with their medical treatment and therefore the support of psychologists within the urogynaecology MDT should be considered.

References:

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