

MENTAL HEALTH SCREENING IN FISTULA WOMEN IN A DEVELOPING COUNTRY

Hypothesis / aims of study

Obstructed and prolonged labour is the most common cause of genital tract fistula world-wide. Luiz Mercado (1597) commented that the lives of women suffering from genitourinary and/or anorectal fistulas were "empty and tragic.... and how great are their embarrassments; for the bladder and the intestines move at the same time, and the uncontrolled urine and faeces run from the fistulae with ease.....to render life very grim" (1). Most of the women with obstetric fistulas deliver stillborn babies, and many become social outcasts due to their condition.

Although mental health consequences have been implicated in women with genital tract fistulas, there is a paucity of information in the published literature. A literature search (Medline) has failed to uncover any information on psychological health of women with genital tract fistula in the developing countries apart from the occasional case reports published in developed countries.

The aim of this study is to screen women with genital tract fistulas for mental health dysfunction, prior to surgery.

Study design, materials and methods

During a 3-month period, from December 2003 to March 2004, women presenting with a genital tract fistula to the Dhaka Medical College Fistula Unit, Bangladesh were invited to participate in the study. The women were screened using a shortened version of the General Health Questionnaire (GHQ-28). As many women were illiterate, the questionnaires were conducted by a medical officer (non-surgical) or nurse. The GHQ is a validated screening instrument that has been used in many countries including Cambodia, China and India.

The questionnaires were completed prior to fistula surgery. The General Health Questionnaire is a screening instrument designed to detect current psychiatric conditions. The GHQ-28 contains questions covering 4 areas, namely social dysfunction, somatic symptoms, anxiety/insomnia and depression. In the guidelines for interpretation (2) of the GHQ-28, 5 or more positive answers (out of the 28 questions) are used to identify a probable case of mental dysfunction.

Results

Thirty-eight women completed the GHQ-28, and no woman declined to participate. The age of the women presenting with genital tract fistulas ranged from 18-42 years (median 26) and the time from antecedent event causing fistula formation to presentation at the hospital ranged from 3-180 months (median 6). Antecedent events included obstructed labour (37 women) and the remaining developed the fistula following a total abdominal hysterectomy. All women who had a prolonged obstructed labour delivered stillborn babies. Three women (8%) had a combined genitourinary and anorectal fistula while the remainder had genitourinary fistulas only.

Each GHQ-28 took on average 10 minutes to complete. All women who were screened tested positive for probable mental dysfunction. Of the 28 questions, the range of positive answers was 11 to 28 (less than 5 considered normal).

The domain pertaining to anxiety/insomnia had the highest number of positive scores. All women answered positive to 'feeling nervous and uptight all the time' and 37 of the 38 women denied 'feeling well and in good health' and again 37 women 'felt that they were ill' and 'under constant strain'.

The domain on depression had the least number of positive scores, in particular, the two questions on suicide scored the lowest in this domain. In this domain 35 of the 38 women have had thoughts of 'worthlessness', 20 women had thoughts of 'killing' themselves and 23 had the 'idea of taking their own lives.'

Interpretation of results

In this survey, all women with genital tract fistula screened positive for potential mental health dysfunction. The diagnosis for psychiatric conditions requires further verification. Most of the women in Bangladesh belonged to the Muslim religion. During the questionnaire, some had stated that it was against their religion to contemplate suicide or resort to suicide. It was therefore somewhat surprising that some women volunteered that they had contemplated taking their own lives.

Concluding message

This study demonstrated that women with genital tract fistula are at high risk of mental health dysfunction. Further research is required to assess the psychological impact of genital tract fistula together with formal psychiatric evaluation. If the high rates of positive screening are confirmed on psychiatric evaluation, then the management of women with genital tract fistulas must include psychological/psychiatric treatment.

References

1. Vesicovaginal fistula – an historical survey. *Obstet Gynecol* 1954; 3: 337-341.
2. The detection of psychiatric illness by questionnaire. London: Oxford University Press, 1972.