

Abdominal hysterectomy as a risk factor to psychological stress, alteration of sleep and quality of life

J MO-CARRASCAL (CO) [1], A MONTERROSA-CASTRO (CO) [2], M Madrid-Salgado (CO) [3]

CONTEXT: Abdominal Hysterectomy (AH) is the gynecological surgery that most often performed in women.

OBJECTIVE: To estimate if AH a risk factor associated is with severe somatic, psychological, urogenital and quality of life deterioration, as well as sleep disturbances and psychological stress.

METHODS: Cross-sectional study carried out on women living in the Colombian Caribbean, who identified healthy women in their communities through voluntary assessment, door-to-door through pollsters. Investigation without risks and approval of the ethics committee. Data analysis with EPI-INFO 7. They were divided into two groups: hysterectomized (HI) and non-hysterectomized (NHI). Unadjusted logistic regression was performed to identify whether AH behaved as a risk factor. Study that is part of the CAVIMEC research project [Quality of Life in Menopause and Colombian Ethnicities]

PATIENTS: Hispanic women residents of the Colombian Caribbean coast, with ages between 40-59 years. Pregnant women were excluded.

INTERVENTIONS: Form of sociodemographic variables and scales were applied: Perceived Stress Scale (PSS-10), Menopause Rating Scale (MRS) and Jenkins Scale, all in Spanish versions.

MAIN OUTCOME MEASURES: Severe somatic, psychological, urogenital and quality of life, perceived stress. alteration of sleep

RESULTS: We studied 471 women, 237 HI and 234 NHI, with ages 50.6 ± 4.4 and 46.0 ± 4.8 respectively, significant difference. Both ovaries conserved 66.2% of HI and 97.4% of NHI. No differences were observed in menopausal symptoms, psychosomatic deterioration or quality of life. Women with HI had greater urogenital deterioration than NHI, p=0.009; more awakenings during the night, p=0.0026; they had more sleep disturbance p<0.05 and greater perceived stress p<0.05. It was found that AH was a risk factor for perceived stress OR 4.6 [95% CI: 2.6-7.9] and severe urogenital deterioration OR 1.57 [95% CI: 1.08-2.28]. It was not for severe somatic impairment OR 1.55 [95% CI: 0.85-2.81], psychological OR 1.25 [95% CI: 0.85-1.83] or quality of life OR 1, 29 [05% CI: 0.88-1.89], neither for sleep disturbances OR: 1.37 [95% CI: 0.95-1.97].

CONCLUSIONS: AH was a factor associated with severe urogenital deterioration and perceived stress in climacterics of the Colombian Caribbean.

