



Prophylactic oophorectomy at elective hysterectomy Effects on psychological well-being at 1-year follow-up and its correlations to sexuality

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Received 5 February 2004; received in revised form 25 August 2004; accepted 31 August 2004

Abstract

Objective: In a prospective study, the 1-year psychological well-being outcome after oophorectomy–hysterectomy, compared to hysterectomy-only and the correlations between the changes in psychological well-being and the changes in sexuality were evaluated.

Study population: Perimenopausal sexually active women ($n = 362$), scheduled for hysterectomy on benign indication, were recruited. Three hundred and twenty-three women (89%) completed the 1-year follow-up; 217 women spared their ovaries and 106 underwent concomitant oophorectomy.

Methods: Psychological well-being was studied by the psychological general well-being index (PGWB) and sexuality by the McCoy's sex questionnaire. The prevalence of climacteric symptoms was reported by the modified Kupperman's index. Hormone-replacement therapy was recorded. Postoperative, all oophorectomized and the hysterectomy-only women with climacteric symptoms were recommended estrogen-replacement therapy.

Results: The two groups did not differ in PGWB, neither before surgery nor at 1-year follow-up. Postoperative, both groups showed increased well-being regarding depressed mood, general health and total score. Besides, the hysterectomy-only group had increased vitality and the hysterectomy–oophorectomy group showed increased positive well-being and decreased anxiety.

Abbreviations: BSO, bilateral salpingo-oophorectomy; HYST, hysterectomy-only; HYST + BSO, oophorectomy–Hysterectomy; ERT, estrogen-replacement therapy; HRT, hormone-replacement therapy; S.D., standard deviation; Preop, preoperative; Δ , 1-year follow-up score—preoperative score

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Most of the sexual parameters showed positive correlation to the PGWB parameters. The correlations were strong regarding parameters of overall sexual satisfaction, weak, regarding sexual motivation and relationship to partner, while absent regarding coital frequency.

Conclusion: Concomitant prophylactic oophorectomy, at elective hysterectomy, does not negatively affect psychological well-being in adequately estrogenized perimenopausal women. Indeed, both hysterectomy-only and hysterectomy–oophorectomy have a positive effect on psychological well-being. Most aspects of sexuality are correlated to aspects of psychological well-being.

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Keywords: Androgen; Estrogen; Hysterectomy; Ovary; Perimenopause; Prophylactic oophorectomy; Psychological general well-being; Sexuality

1. Introduction

Hysterectomy is the most common gynecologic surgery among perimenopausal women. The peak rate for hysterectomy occurs in women aged 45–55, which is a period of major events including social, emotional, endocrinal, and/or health changes. As with any surgical procedure, hysterectomy is a stressor that is associated with anatomical, physiological, and psychological changes.

Prophylactic oophorectomy may be considered at elective hysterectomy, mainly to reduce the risk of future malignancy in the retained ovaries. However, bilateral salpingo-oophorectomy (BSO) deprives the women of ovarian sex steroids. It is reported that endogenous estrogens have no direct effect on well-being and depression [1], while androgens are assumed to play a role on well-being and sexuality [2]. Thus, it is reported that after bilateral oophorectomy, women are more likely to experience decreased psychological well-being and deteriorated sexual life [3]. This conclusion is mainly based on results from some retrospective studies which reported BSO with no subsequent estrogen-replacement therapy (ERT) to cause more negative effects on well being and mood, compared to hysterectomy-only [4]. Besides, trials using exogenous testosterone treatment have showed increased positive well-being and improved mood in natural and surgical menopausal women [5,6].

The role of reduced endogenous androgens after prophylactic oophorectomy at the perimenopause on psychological well-being is still unclear. The wide variations in performance of prophylactic oophorectomy at elective hysterectomy actualize the need for further studies regarding the effects of concomitant oophorec-

tomy at elective hysterectomy on women's psychological well-being and sexuality.

2. Aim

To evaluate, in a prospective observational study, the 1-year psychological well-being outcome after hysterectomy–oophorectomy, compared to hysterectomy-only and the possible correlations between changes in psychological well-being and changes in sexuality.

3. Methods

3.1. Recruitment and inclusion criteria

Perimenopausal women, with last menstruation less than 12 months ago, aged 45–55 at entry, scheduled for elective hysterectomy on benign indications were invited to participate. Inclusion criteria were: sexually active (at least one episode of intercourse/month for the past 6 months), being part of a partner relationship, have not previously sought medical help for sexual problems and have no mental or physical disease that might interfere with the studied parameters. Most of the invited women gave their informed consent, while very few declined. All women were Caucasian. The women were recruited and operated, between March 1996 and December 1999, at two centers; Borås Hospital and Sahlgrenska University Hospital. The study consisted of 362 women; 323 (89%) completed the 1-year follow-up. After information (written and verbal); 217 women chose to spare their ovaries (HYST group) and 106 women chose to undergo concomitant oophorectomy

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