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Psychiatric Disorders among Women after Late-Term Therapeutic Abortions (Clinical Findings and Risk Factors).

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ABSTRACT

There were examined 137 women aged between 18 and 49 (25.7±0.5) who had late-term pregnancy terminated due to medical reasons. It was ascertained that in 69.3% cases they suffered from psychiatric disorders: acute stress response accompanied by posttraumatic stress disorder symptoms (9.5%) and adjustment disorders (59,8%). Personal characteristics (emotional lability, spontaneous aggression) and social environment characteristics (absence of children, high significance of pregnancy for salvation of the marriage and unexpectedness of the necessity to terminate the pregnancy) are the risk factors for psychiatric disorders onset. The investigation results evidence the necessity for appointment of a consultation of a psychiatrist for the women who have to terminate their late-term pregnancy due to medical reasons.
Keywords: therapeutic abortion, acute stress response, adjustment disorder.

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INTRODUCTION

30%-70% of the pregnant women suffer from the marginal psychiatric disorders [1, 2] more then a half of which are manifested through depressive symptomatology. Artificial pregnancy termination induces increase of the risk of psychiatric disorders [3, 4, 5, 6] and termination of a late-term pregnancy is associated with the risk of depression and anxiety as well as with posttraumatic stress disorder [7, 8, 9]. Since abortion is one of the principal methods of termination of an unwanted pregnancy in the Russian Federation this investigation was aimed at verification of incidence and clinical structure of the psychiatric disorders appearing after late-term therapeutic abortions and at elaboration of recommendations for medical and psychological assistance.

MATERIAL AND METHODS

137 women aged between 18 and 49 (25.7±0.5) who were terminating their late-term pregnancy (from 19 to 27 weeks) due to medical reasons were examined by means of the continuous sampling method on the basis of the perinatal center of the Belgorod Regional Clinical Hospital. All of the women gave their voluntary informed consent to examination by a psychiatrist. The investigation protocol was approved by the Ethical Committee of the Faculty of Medicine of Belgorod State National Research University. The investigation excluded women whose psychiatric disorders were the cause for therapeutic abortion.

The principal methods of investigation were as follows: clinical-psychopathologic, psychological: Freiburg Personality Inventory (FPI) [10], psychometric: Hamilton depression rating scale (HDRS, 17 items), Hamilton anxiety rating scale (HARS) and statistic: descriptive statistics (median and interquartile range Q25-Q75), Mann-Whitney test for independent variables, discriminative analysis by means of Statistica 6.0 application statistic software set. Psychiatric disorders diagnostic was carried out on the basis of criteria of the International Classification of Diseases, 10th Edition (ICD-10), Chapter F5. Clinical-psychopathologic, psychologicaland psychometric examination was performed on the first day after pregnancy termination.

INVESTIGATION RESULTS

The medical reasons for abortion were as follows: fetal malformation – 61 (44,5%) and intrauterine death– 43 (31.4%) cases, serious somatic diseases in pregnant women – 27 (19,7%) and administration of teratogenic medicines in the course of pregnancy – 6 (4,4%) cases.

Psychiatric disorders occurred as a response to psycho-traumatic impact of abortion were diagnosed in 95 (69.3%) cases: in 13 (9.5%) women – acute stress response (F43.0) with posttraumatic stress disorder symptoms – the first panel and in 82 (59.8%) women adjustment disorders – the second panel. The second panel was divided into 3 patient sub-panels: the first sub-panel included those who showed temporary depressive reaction (F42.20) – 26 persons, the second one included women with mixed anxious and depressive reaction (F43.22) – 42 patients and the third one included the patients with psychogenic depressive reaction (F43.28) – 14 persons. In 42 (30.7%) cases clinical evidences of psychiatric disorders were not detected (the third panel).

The psychometric investigation (see Table) showed (Mann-Whitney test) that the first panel was demonstrating severe depressive disorder, anxiety symptoms and alarm state statistically more significant ($p<0.0001$) as compared to the second panel.

FPI showed that the patients from the first panel have significantly higher statistical values at “Neuroticism” rating scale by contrast to the second and the third panels which is indicative of higher sensitivity and lower excitability threshold in this panel as well as of impulsive behavior, low self-control, low social comfort (“Spontaneous aggression” rating scale), emotional instability, susceptibility to emotive type of reactions and emotional lability – “Irritancy” and “Emotional lability” rating scales. In regard to “Depressiveness scale” the first panel logically precedes the second and the third panels which is consistent with HDRS test results. Besides unsociability (“Sociability” rating scale), behavioral disorders, difficulties with appetence control and nonequability (“Equability” rating scale), as well as aggression (“Reactive aggression” rating scale), anxiety, tenseness, lack of self-confidence (“Modesty” rating scale) were detected.

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Table: Results of psychometric examination of women terminating their late-term pregnancy due to medical reasons

Tests	I panel			II panel									III panel		
	F43.0			F42.20			F43.22			F43.28					
	Me	Q25	Q75	Me	Q25	Q75	Me	Q25	Q75	Me	Q25	Q75	Me	Q25	Q75
HDRS	21.2	19.0	21.0	11.0	10.0	12.0	17.0	14.0	19.0	9.0	8.0	10.0	5.0	4.0	5.0
HARS	17.6	13.0	21.0	9.0	9.0	10.0	14.0	11.0	16.0	16.0	15.0	18.0	4.0	3.0	5.0
Freiburg Personality Inventory (FPI)															
I**	8.0*	7.0	9.0	6.0	5.0	6.0	8.0	7.0	9.0	8.0	6.0	8.0	4.0	3.0	4.0
II	5.1*	4.0	6.0	5.0	4.0	7.0	6.0	5.0	6.0	7.0	6.0	8.0	4.0	3.0	4.0
III**	7.0*	7.0	8.0	5.0	5.0	6.0	7.0	6.0	8.0	7.0	5.0	8.0	4.0	3.0	5.0
IV	5.6*	5.0	7.0	5.0	3.0	5.0	4.0	4.0	6.0	6.0	5.0	7.0	3.0	2.0	4.0
V	4.4*	4.0	5.0	5.5	5.0	7.0	4.0	3.0	4.0	4.0	4.0	6.0	6.0	5.0	7.0
VI	3.7*	3.0	5.0	6.0	5.0	7.0	3.0	3.0	3.0	4.0	3.0	5.0	6.0	6.0	7.0
VII	5.5*	4.0	7.0	5.0	4.0	6.0	5.0	5.0	6.0	6.0	5.0	6.0	4.0	4.0	5.0
VIII**	6.5*	6.0	7.0	4.0	3.0	5.0	7.0	6.0	7.0	7.0	4.0	8.0	3.0	3.0	4.0
IX	5.9	5.0	6.0	6.0	6.0	7.0	6.0	5.0	7.0	6.0	5.0	7.0	7.0	7.0	8.0
X	5.4	5.0	6.0	6.0	4.0	7.0	5.0	4.0	6.0	6.0	6.0	7.0	4.5	4.0	5.0
XI**	7.4*	7.0	8.0	6.0	5.0	6.0	8.0	7.0	8.0	7.0	6.0	8.0	4.0	3.0	4.0
XII	4.0	4.0	4.0	5.0	4.0	6.0	3.5	3.0	4.0	4.0	3.0	4.0	5.0	4.0	6.0

Rating scales: I Neuroticism, II Spontaneous aggression, III Depressiveness, IV Irritancy, V Sociability, VI Equability, VII Reactive aggression, VIII Modesty, IX Openness, X Extroversion-introversion, XI Emotional lability, XII Masculinity – femininity.
*Mark for statistically significant differences (p<0.005-0.000000) of the first panel as compared to the third one.
** Mark for statistically significant differences (p<0.05) of the first panel as compared to the second one.

Study of the examined women panels (both with psychiatric disorders and without them) by means of the discriminative analysis (Table 4) demonstrated that 5 indicators had statistical significance: personal characteristics (emotional lability: Wilks criterion 0.204927 and p=0,000000; spontaneous aggression – 0.136318 and p=0.021 respectively) and social environment characteristics (absence of children in the family: Wilks criterion 0.149857 and p=0.000026; high significance of pregnancy for salvation of the marriage –0.138050 and 0.008377 respectively; unexpectedness of the necessity to terminate the pregnancy – 0.230067 and 0.000000). The mentioned indicators in the aggregate in the course of the discriminative analysis assumed the Wilks criterion value equal to 0.13089 at F (5,131)=173.97 and p<0.0000.

DISCUSSION

The women from the first panel within the period of 2-3 years before abortion experienced neurotic disorders originating from the problems with reproductive health. After induced labor the following disorders prevailed: depression symptoms with anxiety component, asthenic symptomatology (elevated physical and mental fatigue, irritable weakness, emotional lability, lack of initiative, inactivity), vegetative functions disorders (disorders of sleep, appetite, loss of weight, arterial pressure fluctuation). After 1-2 months the clinical picture showed prevailing agonizing feeling of guilt for the happened, suicidal thoughts, sleep disorders accompanied by nightmares, anxiety and vegetative instability. The patients demonstrated stereotypically repeating emotional stress because of abortion followed by negative emotions. The majority of women occasionally started to drink alcohol, they couldn’t work, had to change for occasional labor, take leave without pay or started to live in dependence of other family members.

In the second group the *temporary depressive* reaction was expressed by such symptoms as persistent subdued mood followed by absence of appetite and interest, intention to “forget about what happened as soon as possible”, feeling of hopelessness, despair, disappointment. There was observed uneasy restless sleep which was insufficiently deep. Within a month depressive symptoms disappeared, adaptive capabilities restored. In case of *anxiety and depressive reaction* the clinical picture was characterized by internal stress, expectations of something unpleasant, oppression, despondency, hyperirritability, emotional lability as well as by sleep deepness and duration disorders, palpitation, arterial pressure fluctuation. In case of *depressive reaction with conversion symptoms* the patients demonstrated aimless juctitation or motive retardation, aglossia followed by feeling of lumpy throat, feeling of numb limbs. Deep despair, fear, suicidal thoughts, sleep and appetite disturbances prevailed at the peak of affective disorders.

Provision of psychiatric assistance to the patients was hampered by their short-time stay at the inpatient facility (2-3 days) and their belief in situational nature and psychological comprehensibility of psychiatric disorders. Notwithstanding that all of the patients acknowledged presence of psychiatric disorders only half of them were ready to accept a short-time psychotherapeutic assistance and one third – psychopharmacotherapy.

CONCLUSION

The investigation found that the following psychiatric disorders occur in 69.3% of women due to therapeutic termination of late-term pregnancy: acute stress response followed by posttraumatic stress disorder symptoms (9.5%) and adjustment disorders (59.8%). Personal characteristics (emotional lability, spontaneous aggression) and social environment characteristics (absence of children, high significance of pregnancy for salvation of the marriage and unexpectedness of the necessity to terminate the pregnancy) are the risk factors for psychiatric disorders onset.

FINDINGS

The investigation results necessitate recommending appointment of consultations of a psychiatrist and a psychotherapist to women who are going to terminate their late-term pregnancy due to medical reasons as well as carrying out a short-term crisis psychotherapy and psychopharmacotherapy during their stay at the inpatient facility along with recommendation of the following medical supervision and treatment by the specialists in the sphere of mental health.

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