



## HEALTH CONDITION OF WOMEN WITH MENTAL DISORDER

*CONDIÇÕES DE SAÚDE DE MULHERES COM TRANSTORNO MENTAL*

*CONDICIONES DE SALUD DE MUJERES CON TRASTORNO MENTAL*

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This research aimed to evaluate the reproductive, gynecological, sexual and clinical aspects of women with mental disorders. This is an exploratory research with quantitative approach performed in a Psychosocial Care Center, Type III, in Divinópolis, Minas Gerais, Brazil, with 39 women with mental disorders. Data collection took place from October to December 2012, through used semi-structured interviews and checked blood pressure, blood glucose, weight and height. The results revealed normal levels of blood pressure and postprandial blood glucose, change in body mass index, presence of menstrual flow, nulliparity, first sexual intercourse in adolescence, early menarche, and lack of climacteric symptoms and history of abortion. Comprehensive health care for women involves more than the demands and needs of the mental health field.

**Descriptors:** Mental Health; Women's Health; Mental Health Services; Women; Nursing.

Objetivou-se avaliar aspectos reprodutivos, ginecológicos, sexuais e clínicos de mulheres portadoras de transtorno mental. Trata-se de pesquisa exploratória, quantitativa, realizada em Centro de Atenção Psicossocial III de Divinópolis (Minas Gerais, Brasil), com 39 mulheres com transtorno mental. Os dados foram coletados de outubro a dezembro de 2012, por meio de entrevistas semiestruturadas e verificação da pressão arterial, glicemia capilar, peso e altura. Os resultados apontaram níveis normais de pressão arterial e de glicemia capilar pós-prandial, alteração do índice de massa corporal, presença de fluxo menstrual, nuliparidade, sexarca na adolescência, menarca precoce e ausência de sintomatologia climatérica e de aborto. A atenção integral à saúde da mulher implica em cuidados que vão além das demandas e necessidades do campo da saúde mental.

**Descritores:** Saúde Mental; Saúde da Mulher; Serviços de Saúde Mental; Mulheres; Enfermagem.

El objetivo fue evaluar aspectos reproductivos, ginecológicos y sexuales de mujeres con trastornos mentales. Investigación exploratoria, cuantitativa, realizada en Centro de Atención Psicossocial III de Divinópolis (Minas Gerais, Brasil), con 39 mujeres con trastornos mentales. La recolección de datos se llevó a cabo de octubre a diciembre de 2012, a través de entrevistas semiestruturadas y verificación de la presión arterial, glucemia, peso y altura. Los resultados señalaron niveles normales de presión arterial y glucemia postprandial, cambio en el índice de masa corporal, presencia de flujo menstrual, nuliparidad, primera relación sexual en la adolescencia, menarquia precoz y falta de síntomas climatéricos e historia de aborto. La atención integral a la salud de la mujer implica cuidados que ultrapasan las demandas y necesidades del campo de la salud mental.

**Descritores:** Salud Mental; Salud de la Mujer; Servicios de Salud Mental; Mujeres; Enfermería.

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## INTRODUCTION

Public policies concerning comprehensive health care for women have made a great progress in the last two decades, but there is still an urgent need to overcome difficulties and challenges, especially when dealing with the interface between women's health and mental health.

The problems arising from this interaction reveal complex issues (pregnancy, family planning, sexuality) and, when it comes to women with mental disorders, we highlight the need to discuss the ethical, political and technical-scientific aspects involved<sup>(1-2)</sup>.

The reproductive, gynecological, sexual or clinical aspects of women with mental disorder are relevant issues to discuss in the scientific literature. In the practice of health services, these women usually do not receive comprehensive care, ignoring their specificities and their rights in this area of care<sup>(3)</sup>.

For this paradigm shift, there are two crucial points. The first concerns the need to prioritize actions that include respect for the human being, their desires, experience, values and culture. The second aspect relates to what the comprehensive health care for women necessarily requires, reflections related to improving the training of health professionals and the valorization of interdisciplinary work<sup>(1-2)</sup>.

Mental disorders considerably affect a person's life in terms of morbidity, functional impairment and decreased quality of life. Currently, women are more likely to develop mental illnesses, for they play multiple roles in society<sup>(4)</sup>.

Assuming the need to intervene in the current model of mental health care for women, seeking to provide equitable, humane and effective care, demanding actions that give them the improvement of living and health conditions at all stages of life, we conducted this study aiming to evaluate the

reproductive, gynecological, sexual and clinical aspects of women with mental disorder.

## METHOD

An exploratory study of quantitative approach carried out with 39 women in intensive or semi-intensive care at the Psychosocial Care Center (CAPS), type III, in the city of Divinópolis (Minas Gerais, Brazil). CAPS III is a community mental health service of the Unified Health System (SUS), designed to provide monitoring, by an interdisciplinary team, to adults with severe and persistent mental disorders. It aims to provide care for the population of its coverage area, conducting clinical monitoring and social reintegration of users through work, leisure, exercise of civil rights and strengthening of family, social and emotional bonds. Comprising the network of community services, of continuous care 24 hours a day, including holidays and weekends, open for daytime assistance and full hospitality at night, as defined in the Individual Therapy Project to SUS users of Divinópolis.

This was a convenience sampling according to age, place of residence, place of treatment and psychiatric diagnosis. Thus, the sample consisted of adult women aged 18 years and over, under treatment at CAPS III, with psychiatric diagnosis according to the International Classification of Diseases (ICD-10). On average, there are 40 women per month in intensive treatment (daily monitoring according to current clinical status) or semi-intensive treatment (frequent monitoring according to the current clinical status) in CAPS III.

Data collection happened during Nursing Consultation held by three nursing residents in Primary Care/Family Health, from October to December 2012. For data collection, the authors developed a form to guide the interview during the Nursing Consultation. We

tested the form developed in the first three Nursing Consultations. The form includes questions about mental health (information on psychiatric treatment and the history of licit and illicit drug use), physical health (information on history of disease or conditions reported and lifestyle), and women's health (information on marital, sexual, gynecological and obstetric status). After the interview, we checked blood pressure, blood glucose, weight and height. The Nursing Consultation was conducted individually, in a single time, in private rooms and lasting from 25 to 45 minutes.

We entered the data into Excel 2007 and analyzed them statistically using the SPSS 17.0 software (Statistical Package for Social Sciences). We grouped the variables in study according to the health aspects investigated. For the results analysis, we used the chi-square ( $\chi^2$ ) test to verify statistically significant differences. We established a significance level of 5% ( $p \leq 0.05$ ). However, as this is an exploratory study, we chose to include in the results presentation and discussion marginally significant differences, i.e. those with a significance level of 10% ( $p \leq 0.10$ ).

The Research Ethics Committee of Campus Centro Oeste Dona Lindu, Universidade Federal de São João Del Rei, approved the research project under CAE 05562112.1.0000.5545. All participants signed the Informed Consent Form.

## RESULTS

The average age of the women was 41.6 years ( $SD=10.5$ ), of which 17.9% were aged between 15 and 30 years, 41.0% between 31 and 45 years, 33.3% between 46 and 60 years, and 7.7% over 61 years; 38.5% were married; 53.8% had less than eight years of education; 33.3% were working; and 12.8% were studying. Women started psychiatric treatment in CAPS

III on average age of 35.3 years ( $SD=17.6$ ), and 10.4% had performed psychiatric treatment in other services.

Regarding the health conditions, we observed psychiatric comorbidity as marginally significant ( $\chi^2=3.79$ ,  $p \leq 0.10$ ) and a significant alcohol consumption ( $\chi^2=13.56$ ,  $p \leq 0.05$ ) among women under treatment at CAPS III (Table 1). Regarding psychiatric diagnoses, according to ICD-10, we identified that 46.4% presented Mood (affective) disorders (F30-F39), 14.3% had Disorders of adult personality and behaviour (F60-F69), 8.9% had Mental and behavioural disorders due to psychoactive substance use (F10-F19), and 7.1% presented Neurotic, stress-related and somatoform disorders (F40-F48). The clinical comorbidities found were heart disease, kidney stones, Chagas disease, diabetes, AIDS, epilepsy, migraine, leprosy, hypertension, and hypothyroidism.

**Table 1** - Overall health evaluation of women in intensive or semi-intensive treatment in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2012

Variables	No	Yes	$\chi^2$	p-value
	%	%		
Psychiatric comorbidity	65.8	34.2	3.79	$p \leq 0.10$
Clinical comorbidity	56.4	43.6	0.64	$p > 0.05$
Tobacco consumption	38.5	61.5	2.08	$p > 0.05$
Alcohol consumption	79.5	20.5	13.56	$p \leq 0.05$

Table 2 shows the evaluation of blood pressure, blood glucose and anthropometric measurements of the participants. We verified that 92.3% presented normal levels of blood pressure ( $<130/<85$ mmHg) and 94.6% of postprandial blood glucose ( $<140$ mg/dl). We also observed that 69.3% of women had changes in Body Mass Index (BMI), and 43.6% were overweight, 23.1% obese and 2.6% underweight.

**Table 2** - Clinical evaluation of blood pressure, blood glucose and anthropometric measurements of women in intensive or semi-intensive treatment in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2012

Variables	Average	Standard deviation	Normal value%	Altered value%
Weight (Kg)	69.5	17.8		
Height (m)	1.6	0.1		
Systolic Blood Pressure (mm Hg)	109.5	13.1	92.3	7.7
Diastolic Blood Pressure (mm Hg)	71.2	10.1		
Postprandial Blood Glucose (mg/dl)	95.0	22.0	94.6	5.4
BMI (kg/m <sup>2</sup> )	27.8	7.0	30.7	69.3

The participants had menstrual bleeding present ( $\chi^2=5.77$ ,  $p\leq 0.05$ ), first sexual intercourse in adolescence ( $\chi^2=12.60$ ,  $p\leq 0.05$ ), nulliparity ( $\chi^2=21.56$ ,  $p\leq 0.05$ ), and had performed Pap smears in the last three years ( $\chi^2=5.77$ ,  $p\leq 0.05$ ). Pain during intercourse (dyspareunia) among women was marginally significant ( $\chi^2=3.10$ ,  $p\leq 0.10$ ). Furthermore, we observed absence of climacteric symptoms ( $\chi^2=13.56$ ,  $p\leq 0.05$ ), history of miscarriage ( $\chi^2=11.31$ ,  $p\leq 0.05$ ), and early menarche ( $\chi^2=10.53$ ,  $p\leq 0.05$ ) (Table 3). The menarche occurred on average at the age of 12.45 ( $\pm 1.77$ ) and the first sexual intercourse at 17.83 ( $\pm 6.77$ ) years.

**Table 3** - Evaluation of sexual, reproductive and gynecological health of women in intensive or semi-intensive treatment in the Psychosocial Care Center III. Divinópolis, MG, Brazil, 2012

Variables	No (%)	Yes (%)	$\chi^2$	p-value
Child-bearing age	41.1	58.9	1.26	$p>0.05$
Active sex life	48.7	51.3	0.03	$p>0.05$
Orgasm	40.5	59.5	1.32	$p>0.05$
Dyspareunia	64.1	35.9	3.10	$p\leq 0.10$
Use of contraceptive methods or to prevent STDs	58.9	41.1	1.26	$p>0.05$
Menstrual flow present	30.7	69.3	5.77	$p\leq 0.05$
Climacteric symptoms	79.5	20.5	13.56	$p\leq 0.05$
First sexual intercourse in adolescence	20.0	80.0	12.60	$p\leq 0.05$
Early menarche	76.3	23.7	10.53	$p\leq 0.05$
Nulliparity	87.2	12.8	21.56	$p\leq 0.05$
History of Abortion	76.9	23.1	11.31	$p\leq 0.05$
Performed:				
Breast self-examination	46.1	53.9	0.23	$p>0.05$
Cervical cytology in the last three years	30.8	69.2	5.77	$p\leq 0.05$
STD/AIDS examination	46.1	53.9	0.23	$p>0.05$
Mammography	56.4	43.6	0.64	$p>0.05$

## DISCUSSION

Average age, marital status, education and occupation of women under treatment at CAPS III are similar to those found in surveys in mental health services from other municipalities in Brazil<sup>(2,5)</sup>.

Currently, the consumption of licit substances (alcohol and tobacco) is considered a serious public health problem, since it has increased considerably, favoring the appearance of neoplasms, cardiovascular diseases, mental and behavioral disorders, accidents, homicides, suicides, and increased hospital admissions<sup>(6)</sup>.

The alcohol consumption among women under treatment at CAPS III is worrying. It is known that the alcohol abuse produces psychological, social, cultural, legal, political, and economic effects that cause various damages, such as reducing conditions and quality of life for the user and family, biopsychosocial disabilities that can result in the loss of opportunities in the productive, affective and family process<sup>(7)</sup>. These effects may further compromise the mental health and treatment of these women.

We verified the presence of psychiatric comorbidity and higher incidence of mood (affective) disorders in women undergoing treatment at CAPS III. Corroborating these results, there are national surveys that indicate greater vulnerability of women to mental disorders in comparison to men, especially mood and anxiety disorders, and psychiatric comorbidities<sup>(3,6,8)</sup>. It is worth mentioning that, the anxious and depressive situations affect not only the person involved, but also their entire family, particularly children, who blame themselves for the difficulties and sorrows of parents, especially the mother, blaming themselves for the unhappiness of the parents. Thus, an anxious or depressed mother may transmit to their children, especially to the daughters, the need to please, to be responsible for the happiness of other people, as an obligation, that when not accomplished leaves a sense

of failure, frustration, anxiety and depression, forming the vicious circle of sick woman<sup>(9)</sup>.

There is a correlation between mental disorders and cardiovascular diseases. These comorbidities are important for the difficulty of general practitioners and specialists in finding depressive disorders in the diagnosis and treatment of their patients. Among the known risk factors for Hypertension, personality traits, depression and anxiety may be important triggers of the disease<sup>(10)</sup>. Despite this correlation in the scientific literature, in this study there was prevalence of blood pressure levels within normal limits among women with mental disorders. The levels accepted as great and normal for systolic pressure are 120-130 mmHg, while for diastolic pressure are 80-85 mmHg, and as borderline systolic and diastolic pressure, respectively, in the limits of 130-139 and 85-89 mmHg<sup>(11)</sup>.

Diabetes Mellitus (DM) is a chronic metabolic disorder and affects approximately 7.6% of the Brazilian population from 30 to 69 years. Studies on concurrent mental disorders to chronic organic diseases, especially DM, have indicated the presence of depression, anxiety and abuse of substances (alcohol and sedatives)<sup>(12)</sup>. Also in this study, we did not verify the prevalence of change in postprandial blood glucose.

Despite the prevalence of normal blood pressure and blood glucose levels, we identified that 69.2% of women had a change in Body Mass Index (BMI), and 43.6% were at overweight and 23.1% obese. There is a high prevalence of overweight and obesity in patients with mental disorders<sup>(13)</sup>. Overweight relates to the higher prevalence of hypertension and DM from young ages<sup>(11-12)</sup>. In adulthood, even among physically active individuals, an increase of 2.4 kg/m<sup>2</sup> in BMI leads to a greater risk of developing hypertension<sup>(11)</sup>. A systematic review of epidemiological studies shows, among female patients, a significant increase in BMI with prolonged use or early onset of psychoactive drug use and mood disorders, particularly bipolar disorder and depression<sup>(13)</sup>.

In this study, women with mental disorder were sexually active and of child-bearing age. The current National Policy for Comprehensive Health Care for Women (PNAISM) reveals the importance of developing actions for socially excluded individuals. And in this case, it highlights the importance of comprehensive care for women with mental disorders, since they have a similar gynecological obstetric profile to the majority of women of child-bearing age without mental disorder diagnosis, thus identifying the need for actions to this target audience<sup>(2,14)</sup>.

The importance of comprehensive care for women with mental disorders is urgent, because women are susceptible to unplanned pregnancy and, consequently, to issues involving the relationship of pregnancy/maternity and mental disorders, including teratogenicity of psychotropic, which if not used can cause psychiatric outbreaks; the possibility of impaired autonomy and psychiatric hospitalizations, which can hinder the childcare<sup>(14)</sup>.

These women were on schedule with cervical cytology, were using contraceptive methods, performed breast self-examination and, at some point in life, underwent STD/AIDS examinations. At the same time, there is insecurity among mental health practices conducted by CAPS and in Primary Care<sup>(14)</sup>. Despite the results found, many individuals do not adopt the preventive behaviors recommended by professionals, even when they are well informed. Therefore, even though women are aware of the risk factors related to the development of cervical cancer, some changes are independent of their desires, since cultural and environmental circumstances, and social standards affect their daily choices<sup>(15)</sup>. It is important mentioning that, we considered as women on schedule with cervical cytology those who performed the examination in the last three years. Although screening guidelines consider the inclusion of the results of recent studies<sup>(16)</sup>.

The incidence of unplanned pregnancy is high among psychiatric patients, due to the frequent lack of insight given the mental disorder, lack of planning and behavioral control, in addition to potential drug interactions between hormonal contraceptives and some psychotropic drugs, reducing the effectiveness of contraceptive<sup>(17)</sup>. Nevertheless, this study found a profile of nulliparous women without history of miscarriage and first sexual intercourse in adolescence.

Early menarche, found in some women, may have contributed to the development of the mental disorder situation, because the female sex steroids, particularly estrogen, act in the mood modulation, which in part explains the higher prevalence of mood disorders and anxiety in women<sup>(8)</sup>. A worrying data refers to the gynecologic characteristics found among the women in study, which are considered risk factors for developing breast cancer, such as early menarche, late menopause, and nulliparity<sup>(16)</sup>.

Menopause has a different development for every women, depending on their psychological characteristics and the sociocultural context. The most common symptoms relates to the occurrence of vasomotor symptoms, mood changes, sleep disorders, and symptoms from genital atrophy, in addition to the effects observed in long-term, such as osteoporosis and increased cardiovascular morbidity.

A study warns health professionals, especially in Nursing, to work with women, preparing them for this important stage of their lives, encouraging them to take responsibility for the self-care, giving new meaning and redirecting their behavior, thus assuming the main role in their lives to healthily experience menopause<sup>(18)</sup>.

Another important fact refers to women with little information about this phase, predominantly seen in its negative (or uncomfortable) aspects arising from the manifestations of the climacteric syndrome<sup>(19)</sup>.

Many women experience this period asymptotically or with insignificant symptoms<sup>(20)</sup>. As in this study, we observed that most of the women experienced this climacteric period asymptotically.

## CONCLUSION

This study allowed us to identify the reproductive, gynecological, sexual and clinical aspects of women with mental disorder under treatment at CAPS III, in a municipality of Minas Gerais, Brazil. Starting from the assumption of the need for comprehensive health care to women, showing that we must see them beyond the demands and needs of the mental health area.

In the study, we identified an alarming rate of alcohol consumption among women with mental disorders, since we know that alcohol abuse can compromise the effectiveness of psychiatric treatment and interfere with social relationships. This reinforces the need for a care network, in which the CAPS and Primary Care staff must be prepared to meet this demand in order to minimize the consequences of the use and abuse of alcohol.

Most women were overweight, which confirms the need for the development of preventive actions, such as nutritional counseling in primary health care and in CAPS, aimed at promoting healthy eating and encouraging physical activity in order to contribute to the improvement of the quality of life of these patients.

The importance of comprehensive care to women with mental disorders also relates to sexuality, since many of these women are sexually active. This reinforces the need for the work of professionals in mental health care networks to seek the comprehensive care for these women. Therefore, it is necessary to build new knowledge and practices, considering the complexity of the dimension of health services and work processes, to ensure such care.

## COLLABORATION

Botti NCL, Ferreira SC, Nascimento RG and Pinto JAF contributed to the design, field data collection, analysis, interpretation of data, drafting and final approval of the version to be published.

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