Psychotraumatology in Gynaecological Medicine

Dagmar A. Schmid[1], René Hornung[2], Roger Schmidt[1], Monika Krolak[2], Gloria Nobel[3], Nicolas Germann[1], Michelle Schönenberger[1], Katja Hämmerli Keller[1]

[1]Clinic for Psychosomatic Medicine and Consultation Psychiatry, [2]Clinic for Gynaecology and Obstetrics, Cantonal Hospital St.Gallen, Switzerland
[3]Department of Clinical Psychology and Psychotherapy, University of Bern, Switzerland

Kantonsspital St.Gallen

Background

- Up to 30% of patients in somatic medicine suffer from clinically relevant psychiatric symptoms **(1)**
- Consequences: unsatisfactory treatment outcomes, longer hospital stays, higher costs and chronification of disease **(1)**
- Traumatizing life experiences are often causally involved in persistent and complex health disorders **(2, 3)**
- The manifestation of psychotrauma in somatic symptoms and distress carries the risk of remaining clinically undetected **(4)**

Research Questions

- How does the presence of an early and / or current psychotrauma affect the physician-patient relationship?
- How do psychotraumatized patients differ in their current psychological stress levels from those without psychotrauma?
- How do factors such as further training in psychosomatic medicine, psychotrauma or long-standing professional experience in gynaecology affect the physician-patient relationship?

Methods

Sample: N = 200 female patients who presented for a preventive gynaecologist check-up

Age	Min.	18
	1st Quartile	31
	Median	37
	Mean	43.66
	3rd Quartile	60
	Max.	83

Design: One-time psychometric assessment

PRE CHECK-UP POST

QNR for patients	
PRE Check-up	**Questionnaire**
Posttraumatic Stress	**IES-R** [≤0 or >0]
Early Childhood Trauma	**CTQ** [25-125]
Insomnia	**ISI** [0-28]
Depression & Anxiety	**HADS** [0-21]
Dissociation	**FDS-20** [0-100]
Emotional Distress & Problems	**Distress Thermometer** [0-100]
POST Check-up	**Questionnaire**
Physician-Patient Relationship	**PRA-D** [15-105]

QNR for gynaecologists
POST Check-up
Assessment of patient's current psychological stress level & early trauma [YES or NO]

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Insight into our research work? Scan me!

Results

- n = 23 patients (11.5% of the sample) met criteria of an early childhood trauma (CTQ; cut-off score > 51)
- n = 13 patients (6.5% of the sample) had a corresponding score in current psychotrauma (IES-R; suspected PTSD > 0)

	Mann-Whitney U Test				
Hypothesis 1 ✗	**Dependant Variable Psychotrauma?**	**Independant Variable P-P relationship** Mean; Median; SD	**Z**	**p**	**R**
The physician-patient relationship differs in patients with early and / or current psychotrauma compared to those patients without trauma.	**YES** (CTQ)	97.22; 102; 9.49	-.111	.456	.008
	NO (CTQ)	98.81; 100; 6.65			
	YES (IES-R)	95.92; 98; 10.31	-.720	.236	.051
	NO (IES-R)	98.81; 100; 7.09			
	YES (CTQ or IES-R)	96.50; 99; 9.19	-.708	.240	.050
	NO (CTQ or IES-R)	99.00; 100; 6.67			

	Mann-Whitney U Test			
Hypothesis 2 ✓	**Dependant Variable Psychotrauma?**	**Independant Variable Current psychological stress level**	**p**	**R**
Patients with early and / or current psychotrauma have higher current psychological stress level scores than patients without psychotrauma.	**YES** (CTQ)	**ISI, HADS, FDS-20, Distress Thermometer**	all ≤ .046	.119 - .202
	NO (CTQ)			
	YES (IES-R)		all ≤ .007	.175 - .324
	NO (IES-R)			
	YES (CTQ or IES-R)		all ≤ .049	.117 - .289
	NO (CTQ or IES-R)			

	Mann-Whitney U Test & Weighted Regression					
Hypothesis 3 ✗ ✓	**Dependant Variable Expertise level**		**Independant Variable P-P relationship** Mean; Median; SD	**Z / F**	**p**	**R**
Physicians' expertise level has a positive effect on the physician-patient relationship resulting in higher scores.	Psychosomatic training?	**YES**	98.83; 100; 7.29	Z (-1.088)	.138	.077
		NO	97.10; 95; 7.89			
	Trauma training?	**YES**	99.15; 101; 7.20	Z (-1.951)	.026	.108
		NO	97.75; 98; 7.55			
	Professional experience (working years)			F(1,196) = 4.227	.041	.126

Discussion

- Despite excluding patients with diagnosed PTSD or other severe psychiatric disorders based on their medical history, rates of an early childhood trauma (6.5%) or current psychotrauma (11.5%) remain high as reported in similar studies **(5, 6, 7, 8, 9)**. However, the number of unreported cases is likely to be higher.
- **Hypothesis 1** ✗: This finding is not consistent with other studies that have shown an impact of past or current trauma on physician-patient interaction **(10, 11)**. It is repetitively documented that patients with PTSD are more likely to have difficulties in interpersonal interaction **(12, 13)**. Check-up rates in which gynaecologists had an additional psychosomatic (89%) and psychotraumatic training (63%) prior to our study may have led to higher PRA-D scores in patients.
- **Hypothesis 2** ✓: Our results coincide with other studies that have shown a high correlation between PTSD and comorbid depressive or anxiety disorders **(14)**, poor sleep **(15)**, distress **(16)** and dissociation **(17)**.
- **Hypothesis 3** ✗ ✓: Gynaecologist-sided psychotrauma training programs and professional experience (working years) resulted in higher PRA-D scores in patients.

Next Steps

- Gynaecologists of our study consider underlying PTSD as clinically relevant. There is a need for education on psychotrauma-specific know-how and skills, e.g. communication techniques **(17, 18)**, in the form of a "toolbox" for concrete interventions.
- We plan to implement the present study design into existing collaborations with other somatic fields, e.g. oncology or cardiology.

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