



The Most Supportive Psychotherapies for Premenopausal Women, with a Desire to Bear Children who's Endometrial Cancer Treatment Included a Hysterectomy?

Alice Jane

Abstract

Endometrial carcinoma is that the fourth commonest sort of cancer among women in Germany, with quite 11 000 newly diagnosed cases annually. The present lack of clarity about the optimal clinical management of those patients is due partially to inconsistencies within the scientific evidence and partially to recent modifications of the FIGO classification. In this article, the problems requiring clarification are presented and discussed.

Key words: Endometrial cancer; Younger women; Hysterectomy

Commentary

Endometrial cancer (a cancerous tumour originating in the endometrium) is the most common gynaecological cancers and develops in over 320,000 women worldwide each year. Endometrial cancer is more common in post-menopausal women (most women reach menopause between the ages of 45 and 55) however approximately 14% of women diagnosed with endometrial cancer are premenopausal with 5% being under the age of 40. The most common treatment for endometrial cancer is a total hysterectomy (removal of the uterus and cervix), bilateral salpingo-oophorectomy (removal of ovaries and fallopian tubes), and pelvic lymph node dissection.

For those younger women, this surgery involves the inability to have a child or more children if desired. Involuntary childlessness touches so many aspects of a person's life, it affects relationships, life goals and perspectives, and how someone feels about themselves. There is a myriad of emotions that go along with involuntary infertility, such as guilt, loss, stress, anxiety, depression, isolation and social tension. Menning's

research (1984 & 1980) in the psychological and emotional needs of people dealing with infertility and her recommendation to provide psychological services is commonly mentioned in studies related to fertility and psychosocial support requirements.

There is much belief in the positive effects of counseling and psychotherapies for involuntary infertility, however there is a scares amount of case studies and clinical trials relating to this specific area of research. This review aims to examine relevant clinical trials and case studies with the intent of providing a need and a direction for further research on psychotherapy interventions for involuntary infertile premenopausal women. The review is focused around three main areas or themes; firstly, developing a psychological profile of an involuntary infertile premenopausal women; secondly the relevant psychotherapy interventions to manage the psychological elements within the profile; and finally examining if some interventions are more effective than others.

Discussion

Wilson included participants that had not had a hysterectomy as well as those that had; there was no outline on whether the hysterectomies were voluntary or involuntary, or if they were related to cancer or other health conditions. Lawson included participants with cancer related infertility and non-cancer related infertility. Beatrice participants included 90% who had a hysterectomy for a benign condition. Costanzo included 398 cancer survivors and matched non cancer respondents; however there were no infertility issues. Wirtberg looked at the long-term experiences of involuntary childlessness which shows that childlessness had a large impact on all the women's lives and was for all a major life theme. Canada included participants that had cancer related infertility and surveyed those ten years later to determine if there were any ongoing feelings based on their infertility and or childlessness. Banks included participants that were living with cancer and the psychological aspects of treatment, diagnosis and health decay; there was no investigation into fertility within this study. Leppert participants had a hysterectomy for a benign issue.

The research questions: what are the most supportive psychotherapies for premenopausal women, with a desire to bear children, whose endometrial cancer treatment included a hysterectomy, was not answered by this literature review. Involuntary infertility, be it cancer related or not, is an important area of psychological study. There is much belief in the positive effects of counselling and psychotherapies for involuntary infertility, however there is a scares amount of case studies and clinical trials relating to this specific area of research. We need high quality studies to review all the symptoms related to this group as well as the effectiveness of relevant psychotherapies. It is hoped that the findings within this review will provide direction for further research on psychotherapy interventions for involuntary infertile premenopausal women [1-5].

Conclusion

Recent randomized and controlled trials have cast doubt on two mainstays of the first treatment of endometrial cancer: surgical lymphadenectomy and adjuvant external radiotherapy. The benefit of adjuvant

*Corresponding author: Alice Jane, Chief Executive officer Greater Melbourne Australia; E-Mail: amamelia209@gmail.com

Received Date: 09 June, 2021; Accepted Date: 23 June, 2021; Published Date: 30 June, 2021

chemotherapy or combined radio- and chemotherapy in stages I and II has yet to be demonstrated in clinical trials. Especially for cancers with a high risk of recurrence (e.g., grade 3, serous or clear-cell histology), the present sorts of treatment still yield highly unsatisfactory survival rates. Better treatments are often developed only with the help of latest prospective, randomized and controlled clinical trials that are neat, adequately funded, and properly conducted, which include as many patients as possible, in order that they will conclusively address the questions and controversies discussed during this article (e4).

Reference

1. Dennis CL, Hodnett E, Reisman HM, Kenton L, Weston J, Zupancic J et al. (2008) Effects of peer support on prevention of postnatal depression among high risk women: Multisite randomized controlled trial, 338(a3064) :1-9.
2. Lindahl V, Pearson JL & Colpe L (2005). Prevalence of suicidality during pregnancy and the postpartum. *Archives of Women's Mental Health*, 8 (2): 77-87.
3. Horowitz JA, Murphy CA, Gregory KE & Wojcik J (2011). A community-based screening initiative to identify mothers at risk for postpartum depression. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 40(1):52-61.
4. American College of Nurse-Midwifery. (2002). Depression in women: Position statement. Division of Women's Health Policy and Leadership.
5. Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T et al., (2005). Perinatal depression: Prevalence, screening, accuracy, and screening outcomes. Agency for Healthcare Research and Quality, AHRQ Pub. No. 05-E006-1(119).