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Psychiatric Disorders May Be Linked to Unnecessary Oophorectomies

New study identifies multiple mental health conditions associated with an increased risk of unnecessary bilateral oophorectomy, despite nonmalignant indications

CLEVELAND, Ohio (Sept 4, 2019)—Undergoing a hysterectomy, especially in conjunction with removal of the ovaries, can take a major toll on a woman’s mental health. A new study, however, turns the tables on this relationship and investigates the psychiatric symptoms that may prompt a woman to undergo an oophorectomy, even after confirmation of a nonmalignant diagnosis. Study results are published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

Although multiple studies have previously been conducted to investigate the effects of hysterectomy with or without concurrent bilateral oophorectomy on mental health outcomes, this new study out of the Mayo Clinic is the first to identify psychiatric conditions before a bilateral oophorectomy. The Mayo Clinic’s efforts in this area date back to 2016 when it reported study results that showed a higher frequency of depression, anxiety, and substance abuse occurring before the date of bilateral oophorectomy compared with controls. In 2017, the Mayo Clinic additionally reported an association between adverse childhood or adult experiences and the risk of bilateral oophorectomy.

In this latest study, researchers sought to determine whether various psychiatric symptoms directly or indirectly influence a woman’s decision to undergo an oophorectomy, even if there were no threat of malignancy. The researchers identified several psychiatric conditions that were associated with an increased risk of undergoing surgery. These included mood disorders, bipolar disorders, anxiety disorders, schizophrenia, personality disorders, dissociative disorders, and somatoform disorders, among others. Although mood and anxiety disorders were the most frequently cited, somatoform and personality disorders proved to have the greatest association.

Given the increased desire throughout the medical industry to develop more conservative treatment and prevention strategies in the future, the study’s researchers believe that these results provide valuable insight regarding the relationship between mental health and gynecologic health and how addressing certain emotional issues could lead to alternative, nonsurgical treatment plans.

Study results appear in the article “Mental health conditions diagnoses before bilateral oophorectomy: a population-based case-control study.”

“This study serves as an important reminder that mental health issues are common and can sometimes present with physical symptoms. It is incumbent on primary care providers, including gynecologists, to determine whether mental health conditions are playing a role in gynecologic complaints in order to provide patients with the most appropriate care. We know that there are significant long-term adverse health consequences associated with removing a woman’s ovaries before the natural age of menopause, let alone the potential risks of an unnecessary surgical procedure,” says Dr. Stephanie Faubion, NAMS medical director.

For more information about menopause and healthy aging, visit www.menopause.org.

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Founded in 1989, The North American Menopause Society (NAMS) is North America's leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit www.menopause.org.