

IS05**Psychosomatic medicine in gynecology and obstetrics**

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Throughout history, the body and mind have been connected. Today, thanks to deeper study and understanding of psychology and physiology and the relationship between the mind and the body, the influence of psychosocial factors on physiological changes in the body has been confirmed. Modern understanding of psychosomatics takes into account the interaction of physical and psychological factors in all disorders and illnesses. Therefore, psychosomatic medicine is an interdisciplinary medical field that relates the influence of social, psychological, and behavioral factors on bodily processes and quality of life. It integrates interdisciplinary evaluation and multidisciplinary approach to diagnosis and treatment. According to the International Classification of Diseases, 10th revision (ICD-10) of the World Health Organization, these diseases are classified in the category "Psychological and behavioral factors associated with disorders or diseases classified elsewhere" (F54). To be categorized as such, psychological and behavioral factors should be identified in the etiology of physical disorders, such as asthma, dermatitis, gastric ulcers, mucous colitis, ulcerative colitis, urticaria, and others. A psychosomatic disorder is a psychological condition that leads to physical symptoms often without any evident medical explanation. The symptoms are caused by worry or dissatisfaction or other mental problems, and not a physical problem, although it may also exist as a result of the impact of the psychological state on the body or "vice versa". People with this disorder often seek medical help believing that their problems are caused by medical conditions but also becoming frustrated without a diagnosis, and the symptoms of psychological distress remain unrecognized. Women have somatic pain about 10 times more often than men. Studies have revealed risk factors for developing somatic symptoms such as chaotic lifestyle, difficulties in recognizing and expressing emotions, neglect in childhood, a history of sexual abuse, and other psychological conditions such as depression or personality disorders, substance abuse (such as alcoholism or drug addiction), and unemployment. The most common symptoms that can develop are fatigue, insomnia, pain (such as muscle pain or back pain), high blood pressure (hypertension), breathing difficulties (dyspnea or shortness of breath), digestive disorders (upset stomach), headaches and migraines, erectile dysfunction (impotence), skin rash (dermatitis), and gastric ulcers (peptic ulcers). In addition to the somatic symptom itself (such as pain or stomach upset), people with psychosomatic disorders often develop additional symptoms of anger and irritability, depression, and anxiety. Such patients often visit healthcare providers, often jumping from one doctor to another. They have difficulty functioning

at work, school, or in society. The most common problem is precisely the failure to recognize the problem from the medical side, and then the patient's non-acceptance of the diagnosis. These are the two main factors that adversely affect the outcome. In gynecology and obstetrics, there are various conditions that can lead to psychosomatic disorders, such as: loss of a child, premature birth, complications in pregnancy, fear of parenthood, facing the fear of pregnancy, fear of chromosomal or structural defects of the fetus, fear of childbirth (tokophobia), fear of infertility, especially expressed in couples undergoing assisted reproductive techniques. In gynecology, the most common symptoms that can be associated with psychosomatic disorders are abdominal pain, vulvovaginitis, dyspareunia, sexual dysfunction, disrupted body image (aesthetic genital surgeries), dysmenorrhea, oncology patients and other. Treatment is based on the following methods: cognitive-behavioral therapy, medication (usually anxiolytics and antidepressants), mindfulness-based therapy, and referral to a mental health professional (psychiatrist or psychologist). What to recommend to such patients? Talk about awareness of what they can control and what they cannot. Learn methods of controlling their emotions, keep a journal to increase awareness of their thoughts and feelings, engage in regular physical activity, get enough sleep, set boundaries to reduce pressure on themselves, limit alcohol and avoid smoking, maintain a healthy diet and body weight, meditate, practice progressive muscle relaxation, and seek the support of loved ones. In obstetrics, the situation is more complicated as there is a limited time period for diagnosing problems, and therefore, less time to establish the previously mentioned techniques, given that pregnancy itself is a stressor for the body with hormonal and consequent emotional upheavals. Nevertheless, some of the above techniques and lifestyle habits can be learned and acquired to reduce potential complications in pregnancy, childbirth, and early parenthood. In conclusion, a psychosomatic disorder is a psychological condition that leads to physical symptoms, usually without any other medical explanation or diagnosis. People with somatic symptoms often seek medical help for tests and treatment. These are real and distressing symptoms but of psychological origin. Behavioral therapies and lifestyle changes can help. They can also prevent unnecessary tests and treatments and significantly improve treatment outcomes.

