

Cognitive Therapy and Surgical Menopause: Emotional Resilience

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Abstract

Surgical menopause, induced by the removal of ovaries, can lead to significant emotional challenges. Cognitive therapy, a psychological intervention focusing on thought patterns and behaviour, offers potential benefits in enhancing emotional resilience during this transitional period. This review synthesizes relevant literature to assess the effectiveness of cognitive therapy in promoting emotional well-being, coping skills, and adaptation to the changes brought on by surgical menopause. The findings highlight the importance of cognitive therapy as a valuable tool in fostering emotional resilience and supporting women's mental health during this life phase.

Keywords: Hysterectomy • Emotional wellbeing • Psychosensory • Cognitive behaviour

Introduction

There are numerous post-menopausal consequences that would alter women's lifestyles. These include physical, emotional, and systemic changes that jeopardise homeostatic mechanisms in everyday life. 6 Unfortunately, emotional changes caused by a long-term lack of ovarian hormones may destabilise women with unstable psychiatric conditions. Hormone replacement therapy has been used and is regarded as the gold standard regimen for reducing postmenopausal symptoms. Estrogen and progesterone supplementation would be beneficial, but Estrogen binding protein gradually increases during the first few days. This reduces the bioavailability of active hormones and has a significant impact on Estrogen's physiological actions. Other than HRT, various intervention protocols have been proposed to control the post-surgical menopause consequences [1,2]. Cognitive Behavioural Therapy is one of the most effective non-invasive intervention protocols for improving the quality and reducing the symptoms of surgical menopause, particularly women's psychological concerns. 14 There are gaps in the literature regarding effective treatment of postmenopausal symptoms.

Menopause is a natural occurrence in women that is associated with physiological changes in bodily systems that have a significant impact on the eminence of women's lives. Surgical menopause is an invasive emergency procedure that involves the removal of the female gonads [3]. Before achieving natural menopause-like ovarian cysts, benign ovarian tumours, and ovarian torsions, the Australian Menopause Society recommended bilateral oophorectomy. The negative effects of prophylactic oophorectomy include hormone deficiency symptoms, an increased risk of developing certain diseases, and increased morbidity and mortality.

Literature Review

A randomised controlled trial with 230 surgical hysterectomy patients aged 25 to 55 was carried out by the researchers. The entire procedure was

reviewed and approved by the host institute's Institutional Ethics Committee [4]. The participants underwent thorough general medical examinations as well as medical histories. If a participant had a well-known psychiatric problem, a history of hysterectomy with malignancy, or were taking hormone replacement therapy, they were excluded. Subjects who met the inclusion criteria were informed about the study's nature and purpose, and informed consent was obtained in accordance with the 1975 Helsinki Declaration and its amendments.

Cognitive behavioral therapy is a psychological process that aims to reduce distress and dysfunction by investigating the user's integration of thoughts, feelings, and behaviour with more positive and acceptable outcomes, resulting in the relief of psychiatric problems in a variety of conditions. A pretest was administered to both the experimental and control groups as part of the preliminary evaluation. The Cognitive Behaviour Therapy programme, which lasted seven months and included all six sessions, included psychoeducation, formulation, behavior-emotional-cognitive connection, behaviour therapy, cognitive restructuring, and relapse prevention. Each session was taught to them every day for six days, with a mix of group and individual sessions depending on the nature and demand of the technique.

Discussion

Pathophysiology caused by menopausal symptoms can increase the risk of disease in the future. According to the Study of Women's Health across the Nation, hot flashes are associated with an increased risk of insulin resistance and glucose levels. According to the SWAN researchers, severe heat flashes were "robustly" associated with increased intima media-thickness, a key indicator of subclinical cardiovascular disease. In the Women's Health Initiative Study, more frequent and severe symptoms were linked to an increased risk of hypertension, cardiovascular disease, and stroke. 85% of the women received estrogen medication after the onset of surgical menopause symptoms [5]. Those who started treatment within five years of surgery and continued for more than ten years had the lowest risk of Alzheimer's disease.

Cognitive Behavioral Therapy (CBT) is a comprehensive, sophisticated, and emerging treatment approach that has been developed for and is used to treat a wide range of mental health and physical issues and diseases. Since its inception, CBT has evolved into one of the most well-known forms of psychotherapy, and it is widely distributed and used all over the world. CBT has been recognised as an evidence-based treatment for a wide range of problems by the American Psychiatric Association, the Australian Psychological Association, the British National Institute for Clinical Excellence, and many others around the world. CBT aims to control an individual's thoughts, feelings, and behaviours, which is critical in women undergoing surgical menopause [6].

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Conclusion

According to the findings of this study, cognitive-behavioral therapy is an effective intervention tool for improving the quality of emotional and social concerns in women undergoing surgical menopause. It is a simple, non-invasive, and effective intervention for preventing further complications in women who have undergone surgical menopause. To rule out further concerns about the implementation and accessibility of CBT, the study findings must be confirmed with a larger sample size. This difference demonstrates the efficacy of Cognitive Behaviour Therapy on differences in post-surgical social changes and the generalisation of reduction between pretest and posttest scores. CBT has provided sufficient evidence that treatment therapy in conjunction with HRT may be more beneficial in reducing postmenopausal consequences. It is a non-invasive, user-friendly protocol that is superior to any other type of behavioural therapy. However, more research is needed to strengthen the findings and generate enough power for CBT intervention.

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Conflict of Interest

There are no conflicts of interest by author.

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