

A Study of Stressful Life Events and Somatoform Disorder



Medical Science

KEYWORDS : Somatoform disorder, Life Event, Anxiety.

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ABSTRACT

BACKGROUND

Life without stresses cannot be imagined. Psychosocial stresses form an inseparable part of life, and up to a degree may be essential for adequate personality development. If these stresses become too severe or too numerous, they may produce Psychiatric illnesses.

AIMS & OBJECTIVES

- 1) To Compare (Stressful) life events in somatoform disorder group (index group) and a control group
- 2) To find out association between stressful life events and onset of somatoform disorder.

MATERIALS & METHODS

The semi-structured interview for introduction life events was used by the of "Presumptive stressful life events scale", modified and standardized for Indian population (Gurmeet Singh et al,1984) to study Life events in period of one year prior to onset of illness.

RESULTS

The PSLES scoring indicates that all the patients with somatoform disorder and of acute fever experienced life events. The number of acute events ranging from 0 to 2 with the mean of 1.12 in the patients of somatoform disorders. Where as the number of acute events ranging from 0 to 1 with mean of 0.77 among the patients with acute fever. The standard deviation was 0.32 and 0.45 respectively in the index and control groups.

CONCLUSION

Somatoform disorder patients ,experienced life events, which were more in number and scored higher in severity as compare to control.

Introduction

Life without stresses cannot be imagined. Psychosocial stresses form an inseparable part of life, and up to a degree may be essential for adequate personality development. If these stresses become too severe or too numerous, they may affect psychic equilibrium producing maladaptive patterns and possibly mental illnesses.

Stress means an internal state, which can be caused by physical demands on the body [disease, exercise] or by environmental or social situation, which are evaluated as a potentially harmful, uncontrollable or exceeding our resources for coping. Once included by stressors, the internal state can then lead to various responses, which are one physical bodily response and on the other hand psychological responses like somatoform disorder.

According to Chandrasekhar et al, the life events which are mainly related to the somatoform disorders are loss of loved ones, loans, son or daughter getting married or leaving home, conflict with in-laws. These life events are called as somatoform disorder related events (SRE).

Significant higher number of stressful life events in the preceding one-year, as compared to normal matched control, are present in the psychiatric out patients. With the help of an event list containing culturally relevant events, can be suitable method for eliciting life events experienced from heterogonous group of psychiatric out patients. S. Saxena et al. 1983.

In the study of Bhatti and Channabasavanna (1985) on neurotics, stress in the area of education, important academic failure and prepare to take an important examination were found to have definite relationship with neurosis.

The present study look into the role of stressful life events on the scale of "presumptive stressful Life Events scale" (PSLES) in the onset, precipitation or continuation of the episode of somatoform disorder, conversion type.

OBJECTIVE

1. To Compare (Stressful) life events in somatoform disorder group (index group) and a control group

2. To find out association between stressful life events and onset of somatoform disorder.
3. To study the relationship between severity of life events and the severity of somatoform disorder.
4. To study the characteristics of life events in development of somatoform disorder in both the sexes.
5. To study the comorbid psychiatric illnesses in patients with somatoform disorders.

MATERIAL AND METHODS

The study population consist of somatoform disorder (Index group N:75) as diagnosed by the DSM IV and screened by the screener for somatoform disorder and matched control group of patients with acute fever admitted in Medical Ward.(control group)

The selection of patients for an index group of somatoform disorder (conversion type) was done from indoor psychiatric patients. The study was carried out at psychiatry department of a teaching general hospital in Ahmedabad. Where 75 consecutive admissions with diagnosis of somatoform (conversion) disorder were studied.

CRITERIA FOR SELECTION

A)INDEX GROUP:

A single group comprising of 75 patients suffering from somatoform disorder were selected. The selection was based on following criteria.

Inclusion Criteria:

- 1) Diagnosed case of somatoform disorder as per DSM-IV
- 2) Age of The patients ranging from 15 to 60 years

Exclusion Criteria:

- 1) Patients with comorbid general medical condition, Substance abuse.

B) CONTROL GROUP: A single group comprising of 75 patients admitted in medical ward for acute fever were selected the selection was based on following criteria.

Inclusion Criteria:

- 1) Patients having acute uncomplicated fever.

2) Age ranges from 15 to 60 years

Exclusion Criteria:

1) Patients having complicated fever, other medical illness or substance abuse.

The semi-structured interview for introduction life events was used by the of "Presumptive stressful life events scale", modified and standardized for Indian population (Gurmeet Singh et al,1984) to study Life events in period of one year prior to onset of illness.

PROCEDURE:

All the subjects were submitted to semi structured interview lasting for about two hours in which inquires were made into events in the year preceding the onset of somatoform disorder in the index group and in the year preceding the interview in the control group. Life event, occurring after onset of somatoform disorder, conversion type, were not taken into account.

The data were subjected to the statistical analysis.

RESULTS

Table No.1:Sex Distribution

Sex	INDEX GROUP N=75	CONTROL GROUP N=75	TOTAL N=150
MALE	18(24%)	36(48%)	54(36%)
FEMALE	57(76%)	39(52%)	96(64%)

Chi-square =9.38 P = 0.0021996 Difference is Significant

Table No.2 : Comparison of Acute life events

ACUTE EVENTS	INDEX GROUP N=75	CONTROL GROUP N=75
MEAN	1.12	0.77
S.D	0.32	0.45

Table No.3 : Comparison of Mean of acute life events score

ACUTE EVENTS	INDEX GROUP N=75	CONTROL GROUP N=75
MEAN	59.89	31.53.
S.D	20.40	18.70

Table No.4 : Comparison of Psychiatric Comorbidity

Co-Morbidity	INDEX GROUP N=75	CONTROL GROUP N=75	Total N=150
PRESENT	29(38.67%)	1(1.33%)	30(20%)
Absent	46(61.33%)	74(88.67%)	120(80%)

Chi-square = 30.38 P=0.0 Difference is significant (With correction)

DISCUSSION

Table No.1:Sex Distribution

In index group the male: female ratio is 1:3.While amongst the control group same ratio of male and female found.

In study of R.Ponnudurai for psycho demography of hysteria, Male: female ratio was 1:2-3, which was same as in our study.

Theoretical formulation of gender differences suggest that women receive "Learned Helplessness" training more than man did because of prior victimization experiences, restricted opportunities and assigned social role of passivity. So that since childhood they are given less priority and they are equipped with less mental strength to manage negative life events and thus they are prone to anxiety. Even they are restricted to express their anxiety and anger in the social circumstances so they

have to repress that anxiety, which then comes out as somatoform Disorder.

It has been also found that the women are more willing to express their somatic complaints than the men. While men express their feelings by catharsis or directing their anger and anxiety over some other Person. Men may also express their symptoms by acting out or substance abuse, so the ratio of male: female always goes towards female in having more cases of somatoform disorders.

In present study it has been statically proved that the women are having more chances of developing somatoform disorder than the men.

Table No.2 :Comparison of Acute life events

The comparison of life events between the index group and control group was done in two ways

- 1) The mean of acute events was calculated and then standard error(S.E.) of difference of mean was calculated. Then it is compared with the actual difference of mean of two events.
- 2) With the Handbook of PSLES (Presumptive Stressful Life Event Scale) the stress score of all acute events were summed up separately for somatoform patients and the control with acute fever. The Difference of mean score between the index group and the control group was compared with S.E of difference mean score.

The PSLES scoring indicates that all the patients with somatoform disorder and of acute fever experienced life events. The number of acute events ranging from 0 to 2 with the mean of 1.12 in the patients of somatoform disorders. Where as the number of acute events ranging from 0 to 1 with mean of 0.77 among the patients with acute fever. The standard deviation was 0.32 and 0.45 respectively in the index and control groups.

Total Number of Life events experienced by the patients with somatoform disorder shows highly significant excess over those of control group, statistically. As compared to the patients with acute fever, patients with somatoform disorder where statistically found of having more number of life events and the difference between the two groups were statistically significant.

Table No.3 :Comparison of Mean of acute life events score

This table shows that in 75 index group patients the mean of acute life event score according to presumptive stressful life score is 59.89 with the standard deviation of 20.4. While that of control group is 31.53 and 18.7 respectively. By this value it shows considerable overlap of ranges of both the groups. it is also seen that the acute stress score of index group ranges from 39-136 and most of the results come in 19.09-100.69(Mean +/- S.D).This wide range shows that acute stress score has low capability with onset of somatoform disorder.

These changes might be because of personal differences of perception of life events. While in Presumptive stressful life events scale for same events in different persons in different situations It might be because of other factors affecting the illness other than life events.

Table No.4 : Comparison of Psychiatric Comorbidity

This data suggest that there are more chances of development of major depressive disorder in somatoform disorder patients than the patients with acute fever.

This difference may be caused due to the fact that, as studied earlier and noticed, the stressful life events can also cause major depressive disorder as well as somatoform disorder. It has also been noticed that the same neurotransmitters, serotonin and nor epinephrine, plays a significant role in development of both the illness.

CONCLUSION

- 1) Life events have a significant role in causing somatoform disorder.

- 2) When the life events were compared in a somatoform disorder group and a control group, somatoform disorder patients, experienced life events, which were more in number and scored higher in severity as compare to control.
- 3) In about 1/3 of the patients with somatoform disorder concurrent depression was found in this study which suggest there are high somatoform disorder patients to develop depression and vise a versa.
- 4) The score of severity of life events did not correlate with severity of somatoform disorder, indicating that the factors other than the life events also affect somatoform disorder.

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