Research Paper

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Somatic Symptoms Among Psychiatric Patients

Medical Science

KEYWORDS : SOMATIC SYMPTOMS, DEPRESSION, ANXIETY

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ABSTRACT

BACKGROUND

The relationship between physical symptoms and psychiatric disorder is widely recognized as complex. It has been demonstrated that for many physical complains there is a significant association presence of diverse somatic symptoms and mental and emotional status.

AIMS & OBJECTIVES

The present study was undertaken to find out prevalence and pattern of somatic complains in psychiatric OPD patients and compare them with medical OPD patients.

MATERIALS & METHODS

Only those who were fulfilling criteria for psychiatry disorders were further assessed by somatic symptoms severity scale PHQ15.

RESULTS

Among psychiatry OPD patients as per PHQ-15 Total mean score were observed highest in somatoform disorder, mood disorder depressive type and Anxiety spectrum disorder.

CONCLUSION

Giving an explanatory model for the patient for his symptoms is very important. A patient with medically unexplained somatic symptoms is often at a loss to understand the why and how of his symptoms.

INTRODUCTION

The term psychosomatic is derived from Greek words psyche (soul) and soma (body). The term literally refers to how the mind affects the body.

These physical symptoms have been referred to in literature as physical, bodily, functional or somatic complains and somatization. Also used terms are Unexplained somatic complains or Hypochondrial worry or somatic preoccupation. (Lipowsky1990)(1).

The relationship between physical symptoms and psychiatric disorder is widely recognized as complex. Most standard assessment instruments for evaluating psychiatric disorders inquire into presence of multiple physical symptoms as an expected concomitant of psychiatric disturbance. Even within populations of normal individuals, it has been demonstrated that for many physical complains there is a significant association presence of diverse somatic symptoms and mental and emotional status.

Functional somatic symptoms are common among healthy people and those attending clinics. About 20-30% of people seen in general practice lack a demonstrable cause of their symptoms (Rosendal et al 2005)(2) and figures are still higher in general hospitals (Talley 1998; Stone & zeman 2001)(3,4).

Many psychiatric symptoms like depression, anxiety, somatoform disorders commonly presents with unexplained functional somatic symptoms phenomenon. What these syndromes share is an irreducible subjective core. Only the patient can fully describe their symptoms such as pain or somatic delusion there is nothing for physician "To See" (Berrios, 1982)(5).

AIMS AND OBJECTIVES

(1) The present study was undertaken to find out prevalence and pattern of somatic complains in psychiatric OPD patients and compare them with medical OPD patients.

(2) To measure severity of somatic complains and how much they bother our patients in their routine daily life by administrating somatic symptom severity scale.

MATERIALS AND METHOD

The study was designed as clinical, instrument rated, cross sectional study.

RESEARCH SITE:

The study was conducted in an urban general hospital setting, patients from the Psychiatric OPD as well as from the Medical OPD in a tertiary care hospital.

DATA COLLECTION:

We totally studied 120 patients, 60 from Psychiatric OPD and 60 from Medical OPD. Patients were randomly selected. All patients were above 16 years of age.

INCLUSION CRITERIA:

(1) Patients attending psychiatric and medical OPD in general hospital were randomly selected from the patient pool who were newly registered.

(2) Patient who are willing to participate for study.

EXCLUSION CRITERIA:

(1) Patients who are attending Psychiatric and Medical OPD first time but require urgent treatment or who were in debilitated, or weak to speak and cooperate during the interview were excluded.

METHOD:

All patients were administered a predetermined Performa to obtain socio economic data and in Psychiatry OPD diagnosed with DSM IV TR criteria. Only those who were fulfilling criteria were further assessed by somatic symptoms severity scale PHQ15.

INSTRUMENTS:

(1) DSM IV TR Manual of diagnosis.

(2) PHQ-15 – Patient Health Questionnaire -15

This scale has been developed by DR. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues in 1999 with educational grant from Pfizer. No permission required to reproduce, translate, display or distribute.

The 15 somatic symptoms of PHQ is a measure of Functional somatic symptoms experienced during month before evaluation (Kroenke et al. 2002)(6). The PHQ-15 ranges from 0 to 30. PHQ-15 holds the potential for being a commonly used measure to assess the severity of Functional somatic symptoms.

The PHQ-15 is scored by summing the ratings for all questions. Each item is rated on a 3-point scale ranging from 0 to 2. The maximum total score is 28 for males, 30 for females.

Interpretation	Score
No Somatic Symptom Severity	0-4
Mild Somatic Symptom Severity	5-9
Moderate Somatic Symptom Severity	10-14
Severe Somatic Symptom Severity	15 or more

STATISTICAL ANALYSIS:

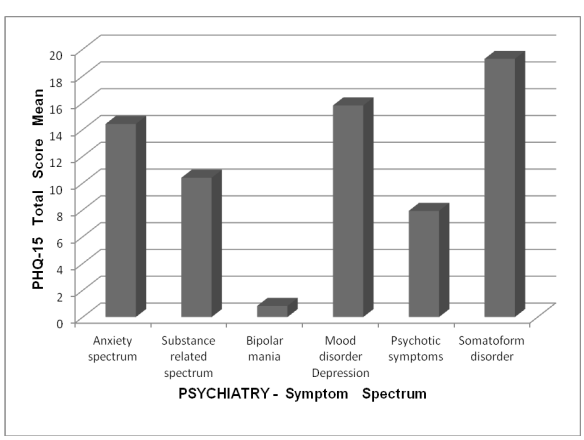
The data obtained with help of Microsoft Excel as well as statistical software named SPSS and test of significance independent t test was applied with Mann-Whitney U test as there were two different samples from Psychiatry and Medical OPD. PHQ-15 total severity mean score was found and compared it with different variable.

DATA ANALYSIS AND DISCUSSION

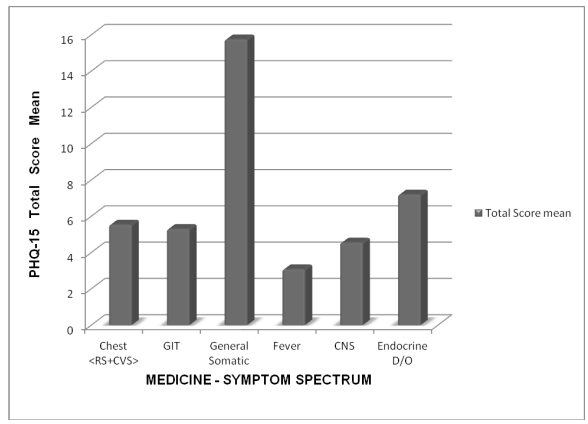
SOCIOECONOMIC DATA:

PHQ-15 total score mean among psychiatric female was 14.38 which was highest among all variants. In both medical as well psychiatric OPD patients female bearing more no. of somatic complains compared with males. Similar results were observed by Gautam et al in 1977(7) in which 33% of females in comparison of 27.7% of male were suffering from somatic complains, which is not statistically significant. In earlier studies Males are more prone to hypochondriasis as in kota study (Carstairs & Kapur 1976)(8).While Benerjee et al in 1987(9) found both male and female were equally suffering from somatic symptoms among referral patients suffering from somatic symptoms having psychiatric diagnosis.

PHQ-15 Total Score mean – PSYCHIATRY



As per PHQ-15 Total mean score were observed highest in somatoform disorder, mood disorder depressive type and Anxiety spectrum disorder. As usual manic suffering from no functional somatic complains. Similar results observed with Smith et al (2005)(10) DSM IV diagnosis common in patients presenting with somatic complains were highest 30% in Major Depression, 22% were Generalized anxiety disorder and 22% were specific phobia means Anxiety spectrum disorder among non-somatoform disorder and 23% were from somatoform disorder.



As per PHQ-15 Total mean score were observed highest in general somatic disorder, endocrine disorder. There were many patients were belong to no somatic symptoms commonly include Fever related disorder, GIT spectrum and CNS spectrum disorder.

Somatic symptom severity Psychiatry Vs. Medicine

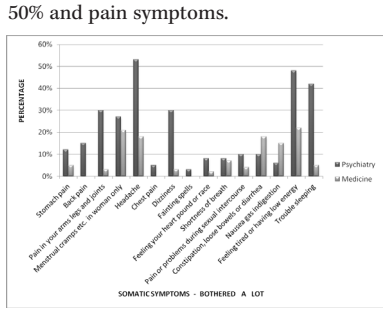
More no. of Psychiatry patients were suffering from functional somatic symptoms. More no. of medical patients were having no somatic symptoms. Psychiatric Patients suffering from somatic symptoms belong to no somatic symptoms were 15%, mild somatic symptoms were 16%, moderate somatic symptoms were 26% and severe somatic symptoms were 41%. Medical patients suffering from somatic symptoms were belong to no somatic symptoms were 41%, moderate somatic symptoms were 43%, moderate somatic symptoms 3% and severe somatic symptoms were 11%.

Psychiatry Vs. Medicine Symptom specific:

PHQ-15 is divided in three categories symptoms severity- Not bothered at all, Bothered a little and Bothered a lot. Head to head comparison was done symptoms wise.

NOT BOTHERED AT ALL - These were more observed in medicine patients compared to psychiatric patients. Among these highest were fainting spells 88%, pain or problems during sexual intercourse 88% and back pain 85%. Among psychiatric patients highest were fainting spells 57% and pain or problems during sexual intercourse 57%. Sexual problems were les because patients were newly registered and most of them were not on any active medicine at the time of interview.

BOTHERED A LITTLE - Among medicine patients highest symptom reported was dizziness 82% and in psychiatric patients highest was nausea, gas, indigestion 43%. Another common findings among psychiatric patients were chest pain 57%, dizziness 50% and pain symptoms.



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BOTHERED A LOT : More number of patients fall in this category were from psychiatric side, among which Headache53% , Feeling tired 48%, low energy and trouble sleeping 42%. In medicine patients feeling tired or having low energy 22%, menstrual complains reported in females in 21%.

Among the symptoms in Kenyon's series (1964)(11) pain was the prominent symptoms in nearly 70% cases. Amongst somatic symptoms by distribution in different parts of body, the first three commonest involved were Head and neck, Abdomen and chest. In Gautam et al study (1977)(7) commonest nature of symptoms in descending order were Headache 81%, weakness 66% and pain in whole body except head and chest 63%, which similar to our study.

TEST OF SIGNIFICANCE FOR PHQ-15 TOTAL SCORE:
INDEPENDENT t-test:
Mann-Whitney Test

	VAR0002	N	Mean Rank	Sum of Ranks
VAR00003	Psychiatry	60	76.42	4585.00
	Medicine	60	44.58	2675.00
	TOTAL	120		

Test Statistics :

	VAR00003
Mann-Whitney U	845.000
Wilcoxon W	2675.000
Z	-5.025
Asymp. Sig. (2-tailed)	.000

A. Grouping Variable: VAR00002

According to Mann –Whitney test for PHQ-15 Total score for Psychiatry as well as Medicine with 99% confidence limit finding were significant.

SUMMARY AND CONCLUSION

Among psychiatry OPD patients as per PHQ-15 Total mean score were observed highest in somatoform disorder, mood disorder depressive type and Anxiety spectrum disorder. As usual manic suffering from no functional somatic complains. Among Medical OPD patients as per PHQ-15 Total mean score were observed highest in general somatic disorder, endocrine disorder. There were many patients were belong to no somatic symptoms commonly include Fever related disorder, GIT spectrum and CNS spectrum disorder.

In comparison of somatic symptoms between Psychiatric and Medical patient, Functional somatic symptoms bothered a lot were falling in this category from psychiatric side were Headache53% , Feeling tired 48%, low energy and trouble sleeping 42%. In medicine patients feeling tired or having low energy 22%, menstrual complains reported in females in 21%.Functional somatic symptoms bothered a little were falling in this category from medicine patients highest symptom reported was dizziness 82% and in psychiatric patients highest was nausea, gas, indigestion 43%. Another common findings among psychiatric patients were chest pain 57%, dizziness 50% and pain symptoms.

Managing FSC (Functional Somatic Complains) patients is a challenging task for any physician. First and foremost, it is crucial to accept the real nature of the symptoms, with the exception of factitious disorders. Giving an explanatory model for the patient for his symptoms is very important. A patient with medically unexplained somatic symptoms is often at a loss to understand the why and how of his symptoms. Quite often, he is given vague and contradictory explanations which may not be suiting his belief systems and thinking. Prescriptions of psychotropic medicines given without a convincing explanation are very likely to be perceived by the patient as dishonest.

Abnormal signal transmission and processing in the nervous system may also be brought in as legitimate explanations for these conditions. "Writing prescriptions is easy, understanding people hard!"

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