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SOCIODEMOGRAPHIC AND CLINICAL VARIABLES OF PATIENTS PRESENTING WITH SOMATOFORM DISORDERS IN A TERTIARY CARE CENTRE

Psychiatry

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ABSTRACT

Background: Somatoform disorder is characterized by the presence of physical symptoms without identifiable organic pathology or established physiological mechanisms, with evidence suggesting a psychological aetiology. **Aim:** To study the recent trend in presentation of patients with somatoform disorders. **Methodology:** This retrospective study included 49 patients by reviewing the case records of patients visiting the outpatient department at Institute of Psychiatry and Human Behaviour, Goa, during period of 2 years, from January 2021 to December 2022. **Results:** The study population was predominantly male (n=25, 51.0%) with a mean age of 44.86 years. Most participants were married (n=43, 87.7%), from rural backgrounds (n=33, 67.3%), unemployed (n=27, 55.1%), and belonged to nuclear families (n=41, 83.7%). The most prevalent diagnosis was somatization disorder, followed by hypochondriacal disorder. Headache was the most commonly reported pain symptom, while loss of appetite was the leading gastrointestinal complaint. Among neurological and cardiovascular symptoms, dizziness and palpitations were most frequent, respectively. Insomnia was the most common associated symptom. The majority of patients were referred from medical departments. **Conclusion:** The observed prevalence of somatoform disorders is likely underestimated due to underdiagnosis, limited awareness, and a predominant focus on identifying organic aetiologies. The sociodemographic profile—characterized by a predominance of middle-aged, married males from rural backgrounds, with high rates of unemployment and nuclear family structure—highlights potential vulnerability patterns and the need for targeted outreach. These findings underscore the importance of enhancing awareness and training across healthcare settings to enable early recognition and appropriate management.

KEYWORDS

Somatoform Disorders, Hypochondriasis, Medically Unexplained Symptoms

INTRODUCTION

Somatoform disorders comprise a group of psychiatric conditions characterized by medically unexplained symptoms. These include: somatization disorder, involving multiple physical systems; undifferentiated somatoform disorder, with symptoms that do not meet full criteria for somatization disorder; pain disorder, defined as pain not attributable to an organic cause but with significant psychological contribution; hypochondriasis, marked by persistent preoccupation with having a serious illness based on misinterpretation of bodily sensations; somatoform autonomic dysfunction; other specified somatoform disorders; and somatoform disorder not otherwise specified (NOS) (1).

Psychological issues can present as physical symptoms, including headaches, back pain, chest pain, or digestive problems, and it has been commonly noted that general practitioners (GPs) often fail to recognize mental disorders. (2)

In general care, somatoform disorders and medically unexplained symptoms are frequently underdiagnosed, making treatment ineffective. The accompanying costs therefore climb further—independent of somatic and mental disorders. According to the most recent estimates, somatoform diseases affect 20% of primary care patients. (3) Javier I Escobar found 4.4% prevalence of somatoform disorders in the general population (4). Socioeconomic and familial difficulties are thought to affect about one-third of SD sufferers. SD may result from the interaction of a person's vulnerability and unfavourable life events that may set off a tendency in cognitive processes. Other factors that may contribute to SD include emotional abuse, being a single parent, an unstable family environment, loneliness, or significant marital difficulties. Key signs of somatization include resolving family disputes, promoting family unity, and expressing feelings. (4)

This study aimed to study the sociodemographic and clinical profile of Somatoform- disorders in the tertiary care centre of Goa, as to contribute to better knowledge of this disorder, given the scarcity of existing research.

METHODOLOGY

A retrospective study was conducted by studying the case records of patients diagnosed with somatoform disorders at Institute of Psychiatry and Human Behaviour Goa. Case records of 49 patients were studied who presented to the OPD/Casualty of the hospital during a period of 2 years (January 2021- December 2022). Sociodemographic profile, clinical presentation details and treatment details were obtained from the case records. All the patients fulfilling the criteria of diagnosis of somatoform disorder according to ICD-10 were included in the study. Those subjects having any known history of substance use disorder and other comorbid childhood conditions of intellectual disability, autism, attention deficit hyperactivity disorder (ADHD) were excluded from the study.

Ethical Considerations

The study was approved by the scientific committee and institute ethics committee of Goa Medical College.

Statistical Analysis

Data were analysed using descriptive statistics. Categorical variables were expressed as frequencies and percentages, whereas continuous variables were summarized using mean, standard deviation, and range.

RESULTS

Our study findings showed the following sociodemographic profile of the study participants as shown in Table 1. 51% population were males and 49.0% were females. 77.6% population belonged to Hindu religion, 12.2% to Muslim and 10.2% to Catholic. 14.3% population had no formal education, 8.2% primary education, 49.0% secondary education, 8.2% Higher Secondary education, 16.3% were graduates and 4.1% had done post-graduation. 44.9% were employed while 55.1% population was unemployed. 83.7% belonged to nuclear family. 87.7% were married. 32.7% population resided in urban areas while 67.3% lived in rural areas. 4.1% belonged to upper SES, 59.2% to middle SES and 36.6% belonged to lower SES. The Mean (SD) age was found to be 44.86(14.02) and range was 24-71.

Table 1: Sociodemographic Determinants

Variable	No. 49	Participants	Percentage (%)
Gender	Male	25	51.0
	Female	24	49.0
Religion	Hindu	38	77.6
	Muslim	6	12.2
	Catholic	5	10.2

Education	Illiterate	7	14.3
	Primary	4	8.2
	Secondary	24	49.0
	Higher Secondary	4	8.2
	Graduate	8	16.3
	Post Graduate	2	4.1
Occupation	Employed	22	44.9
	Unemployed	27	55.1
Family Type	Nuclear	41	83.7
	Joint	8	16.3
Marital Status	Unmarried	6	12.2
	Married	43	87.7
Residence	Urban	16	32.7
	Rural	33	67.3
Socioeconomic Status (SES)	Upper	2	4.1
	Middle	29	59.2
	Lower	18	36.7

The distribution of diagnosis of somatoform disorder found is shown in Figure 1. The most common somatoform disorder was Somatization disorder (42.9%) followed by hypochondriacal disorder (20.4%). 8.2% had somatoform autonomic dysfunction., 4.1% had persistent somatoform pain disorder, 6.1% had undifferentiated somatoform disorder, 8.2% had Other Somatoform Disorders and 10.2 % had Somatoform Disorder, Unspecified.

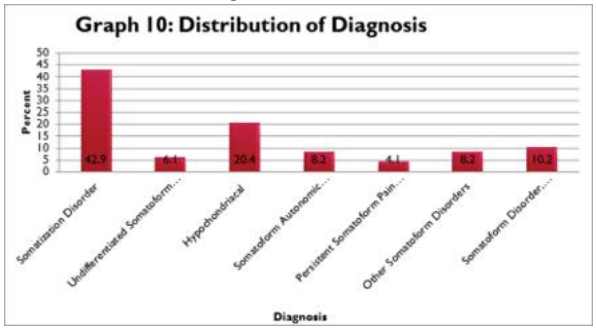

Figure 1: Distribution of Diagnosis

Table 2 and Figure 2 below show the distribution of symptoms reported by participants.

The most commonly reported symptoms were pain-related (67.3%). Neurological symptoms were observed in 42.9% of participants, followed by cardiovascular symptoms (38.7%) and gastrointestinal symptoms (18.4%). Additionally, 51% of participants reported other associated symptoms.

Among specific symptom types, headache was the most frequently reported pain symptom, loss of appetite was the predominant gastrointestinal complaint, dizziness was the leading neurological symptom, and palpitations were the most common cardiovascular manifestation. Insomnia emerged as the most frequent symptom among other associated complaints.

Table 2: Distribution of Symptoms

Symptoms	No.	Percent
Pain Symptom	33	67.3
Headache	17	34.7
Generalised Body ache	6	12.2
Abdominal Pain	6	12.2
Shoulder Pain	3	6.1
Joint Pain	2	4.1
Epigastric Pain	3	6.1
Neck Pain	6	12.2
Back Pain	8	16.3
Leg Pain	4	8.2
GI Symptoms	9	18.4
Vomiting	1	2.0
Constipation	1	2.0
Loss of Appetite	7	14.3
Neurological	21	42.9
Dizziness	9	18.4
Numbness	6	12.2
Tremors	5	10.2
Generalized Weakness	2	4.1
Cardiovascular	14	28.6
Shortness of Breath	5	10.2
Palpitations	10	20.4
Syncope	-	-
Fatigue	3	6.1
Cough	1	2.0
Insomnia	22	44.9
Burning Sensation	3	6.1

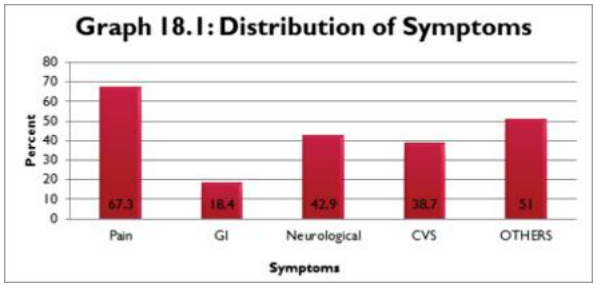

Figure 2: Distribution of Symptoms According to System Involved

The study revealed that 44.9% of patients reported no identifiable prior stressor. Among those with stressors, 28.6% experienced medical illness-related stress, 20.4% had family-related stress, and 6.1% reported financial difficulties preceding their diagnosis. Additionally, 77.6% of patients were referred from medical departments, whereas 22.4% sought psychiatric evaluation independently.

Figure 3 illustrates the types and percentages of medications prescribed to patients diagnosed with somatoform disorder. Following diagnosis, 98% of patients received pharmacological treatment. Antidepressants were prescribed to 95.9% of patients, with 63.3% receiving SSRIs, 26.5% tricyclic antidepressants, and 16.3% SNRIs. Additionally, 63.3% of patients were prescribed benzodiazepines, and 8.2% received anticonvulsants.

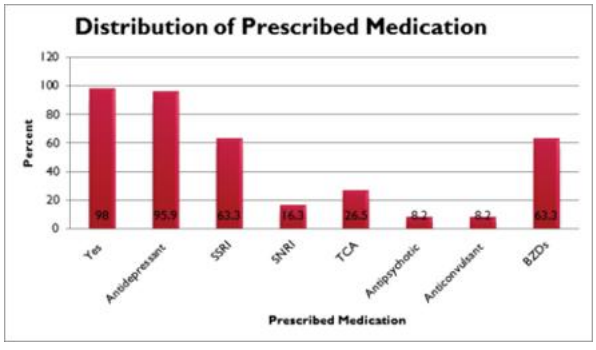

Figure 3: Distribution of Prescribed Medication

Medical comorbidities were observed in a subset of patients, with 22.4% having hypertension, 6.1% diabetes mellitus, 6.1% a history of ischemic heart disease, 4.1% thyroid dysfunction, 2% dyslipidaemia, 2% a history of tuberculosis, and 2% a history of cancer. A positive family history of somatoform disorders was noted in 18.4% of patients.

Regarding treatment outcomes among the 49 patients, 12.2% experienced complete symptom resolution, 40.8% showed partial improvement, and 10.2% reported no change. Notably, 36.7% of patients were lost to follow-up.

DISCUSSION

A systematic review by Haller et al., covering 24 countries, reported the prevalence of somatoform disorders among primary care patients to range from 26.2% to 34.8% (3). In contrast, the present study found a prevalence of 0.8%, likely reflecting the small sample size. The sociodemographic profile showed male predominance, whereas most studies report higher prevalence in females due to biological, psychological, and social factors, including hormonal influences, stress internalization, and acceptability of symptom expression (7, 8). The observed male predominance may be influenced by the limited sample.

Somatoform disorders were more prevalent in rural areas, consistent with prior studies, potentially due to greater stigma and cultural misattribution of symptoms (9). Bandita et al. noted that rural patients often consult multiple non-psychiatric specialists before psychiatric evaluation, reflecting delayed care and cultural beliefs (10). Higher symptom prevalence was also observed among unemployed individuals and those living in nuclear families, possibly due to reduced social support and loneliness (11, 12).

Somatization disorder was the most common diagnosis, aligning with findings from Abdulkarim O. Alanazi et al., likely due to its broad symptom coverage and small sample size (13). Most patients (77.6%) were referred from allied health departments, consistent with previous reports. Pain was the predominant symptom, particularly headache, followed by neurological complaints such as dizziness, numbness, and tremors (13, 14).

Pharmacological management primarily involved antidepressants, with some patients receiving anticonvulsants or hypnotics. Mundt et al. reported similar prescribing patterns, with combination therapy—most often antidepressant plus neuroleptic—used in over 60% of patients (6).

These findings emphasize the influence of sociodemographic and cultural factors on symptom presentation and healthcare utilization, underscoring the need for early recognition, multidisciplinary management, and culturally sensitive approaches to improve outcomes in patients with somatoform disorders.

Limiations

The limited sample size underscores the need for validation of these findings in larger, more diverse populations before broader generalization.

CONCLUSION

The observed prevalence of somatoform disorders is likely underestimated due to underdiagnosis, limited awareness, and a predominant focus on identifying organic etiologies. The sociodemographic profile—characterized by a predominance of middle-aged, married males from rural backgrounds, with high rates of unemployment and nuclear family structure—highlights potential vulnerability patterns and the need for targeted outreach. These findings underscore the importance of enhancing awareness and training across healthcare settings to enable early recognition and appropriate management.

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Conflict of Interest

The authors declare that they have no conflicts of interest related to this study.

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