Aspects of Somatisation in Bahraini Patients

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This is a descriptive study designed to examine aspects of somatisation in a sample of Bahraini population. The study subjects included 99 patients attending general & psychiatric hospital outpatient departments.

The General Health Questionnaire (GHQ) and Bradford Somatic Inventory (BSI) were used as psychiatric tools. Psychiatric morbidity was found to be 19.4% in General Hospital patients.

Clusters of symptoms were grouped together and given the name of the predominant symptoms and labelled factors. These were later compared to corresponding results of similar studies.

Somatisation was found to be more frequent in housewives of 20-30 years of age and with minimal education.

(Egypt.J. Psychiat., 1996,19:61-67).

Introduction

Somatisation is the tendency to experience and communicate somatic distress in response to psychosocial stress, (Lipowski, 1988). It has often been asserted that patients from developing countries somatise their depression, whereas patients in the Western world psychologise their depression (Tseng, 1975; Katon et al. 1982; Leff, 1988; and Goldberg and Bridges, 1988).

Numerous studies from India, China, and Africa have confirmed the higher rate of somatic presentation among non-western patients (Carstairs and Kapur, 1976; Kleinman, 1982).

Many well-established psychological scales such as the Hamilton Rating Scale for Anxiety (Hamilton, 1959), The Hamilton Rating Scale of Depression (Hamilton, 1967), the Beck Depression Inventory (Beck et al., 1961) and the General Health questionnaire (Goldberg, 1978) contain a limited range of items concerning somatic symptoms found in anxiety and depression.

The Bradford Somatic Inventory BSI (Mumford, 1991) with its 46 questions has been designed to offer a comprehensive inventory of somatic symptoms commonly presented by patients diagnosed as suffering from anxiety, depression, or other neuroses.

Mumford (1991) analysed the somatic symptoms in a group of Pakistani population living in Bradford and found that among medical outpatients, 30 items of BSI were found to correlate significantly with both the anxiety and the depression subscores of the Hamilton and Anxiety rating scales.

The study is designed to detect the extent and manifestations of somatic symtoms of psychiatric and general outpatient population in Bahrain, and compare it with other studies.

Subjects and Method

A randomly selected group of 99 patients, including 67 from Salmaniya

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General Hospital outpatient morning clinics (medical, surgical, and gynecological), and 32 from the psychiatric clinics participated in the study which was conducted over a period of 6 months from January until June 1993. In addition to the demographic data, each patient had to fill in the General Health Questionnaire and Bradford Somatic Inventory. Both psychiatric tools were translated into Arabic language, translated back and checked for accuracy. Furthermore, each item was reviewed by a bilingual team of mental health care workers for the cultural validity by methods described by Flaherty, 1988. For the GHQ-28 items (Goldberg, 1978), a cut-off score of five and above was used as an indicator of psychological disturbance.

The BSI rates the somatic symptoms on a three point scale (absent=0, present <15 days=1, and present> 15 days=2), Mumford 1991.

Results were statistically analysed to provide descriptive data, and grouped into clusters of symptoms. These were then labelled as factors according to the predominant symptoms using the principal component analysis, a statistical method that involves reduction of masses of information that have some interrelationship into smaller quantities, (Mumford 1991).

Results

Out of the total 99 patients, 54.6% were young adults of 18-34 years of age. Females constituted 81.8% of the sample, married (80.8%) and single (19.25%). Literacy was 67.3%, while 70.7% were housewives and unemployed, the remaining 29.3% were employed (table 1).

The total number of patients who scored above five, suggesting psychological morbidity, were 43 patients of which 30 patients (69.8%) came from the psychiatric clinic, and 13 patients (30.2%) from the general hospital population. Females were 73% and the males 13%, married were 73% and singles 13%. The mean age was 30 years, (S.D.±10.48). Literacy rate was 58.1% and housewives and unemployed formed 69.7% of the total (table 2).

Between 60 -70% of the total group who had somatic symptoms have reported lack of energy, headaches, tension in the neck and shoulders, feeling of tight grip on the head, aches and pains all over the body, tightness of the chest, discomfort of abdomen, low back pain, nausea, bitter taste of the mouth, and a sinking feeling of the heart (table 3). By applying the principal component analysis ten clusters of symptoms were identified, which provided the following ten factors: tension, fatigue, abdominal symptoms, panic, pain all over the body, urinary symptoms, symptoms in the lower limbs, sensation of coldness, heat sensation, gripping sensation in the body (table 4). The ten factors were more prominent in the younger age groups, females more than males, married more than single, illiterate more than the literate, and among housewives and unemployed more than the employed.

The ten factors with an eigen value greater than one, represented 46.3% of the total variance. The first four factors which appeared consistently included: tension, fatigue, abdominal symptoms and panic.

When the Bradford Somatic Inventory was used to compare the psychologically morbid patients (GHQ=5) with those without psychological morbidity (GHQ=<5), it was found that 50% of psychologically morbid patients reported the presence of somatic symptoms, out of which 56% reported more than 20 somatic symptoms, while 14% of the psycholgoically non morbid patients reported somatic symptoms, out of whic 80% reported less than 20 somatic symptoms.

Table 1
Distribution of Cases by Age Group, Sex, Marital Status, Education and Occupation

Variable	Number	Percentage
Sex :		
Male	18	18.2%
Female	81	81.8%
Marital Status:		
Single	19	19.2%
Married	80	80.8%
Age Groups:		
18-24 years	15	15.2%
25-34 years	39	39.4%
35-44 years	21	21.2%
45-55 years	17	17.2%
56-65 years	6	6.0%
Education :	32	32.2%
Illiterate	18	18.2%
Primary	9	9.09%
Preparatory	23	23.2%
Secondary	17	17.2%
Higher		
Occupation:	4	4.04%
Professional	14	14.1%
Civil	5	5.05%
Skilled & Labour	7	7.07%
Students	70	70.7%
Housewives & unemployed		

Table 2
Sociodemographic Data of The Study Population Distributed According to Psychological Morbidity

Variable	Psychologically Male (n=6)		Non-Morbid Female (n=50)		Psychologically Male (n=31)		Morbid Female (n=31)	
Marital Status:								
Single	1	16.7%	9	18.0%	3	25.0%	6	19.4%
Married	5	83.3%	41	82.9%	9	75.0%	25	80.6%
Age Groups:								
18-24 years	1	16.7%	8	16.0%	3	25.0%	4	12.90%
25-34 years	2	33.3%	25	50.0%	3	25.0%	9	29.0%
35-44 years	2	33.3%	7	14.0%	3	25.0%	9	22.6%
45-55 years	1	16.7%	7	14.0%	2	16.7%	7	22.6%
56-65 years	0	0.0%	3	6.0%	1	8.3%	2	6.5%
Education:								
Illiterate	2	33.3%	12	24.0%	2	16.7%	16	51.6%
Primary	2	33.3%	15	30.0%	4	33.3%	6	19.4%
High School	0	0.0%	12	24.0%	4	33.3%	7	22.6%
University	2	33.3%	11	22.0%	2	16.7%	2	6.5%
Occupation:								
Professional	0	0.0%	3	6.05%	0	0.0%	0	0.0%
Civil	2	33.3%	7	14.0%	3	25.0%\	2	6.5%
Skilled & Semiskilled	1	16.7%	0	0.0%	3	25.0%	1	3.2%
Students	0	0.0%	1	2.0%	1	8.3%	5	16.3%
Housewives & unemployed	3	50.0%	39	78.0%	5	41.6%	3	74.0

The Psychologically non-morbid group (n=56)
The Psychologically Morbid group (n = 43)

Table 3
Somatic Symptoms Reported by Psychologically-Morbid Patients

Symptoms	Percentage of patients
Lack of energy	74
Headaches	70
Pain/tension in neck, shoulders	65
Feeling of tight grip on the head	65
Aches, pains all over the body	65
Pressure or tightness of chest	63
Aches or discomfort in abdomen	60
Low back pain	60
Nausea	60
Bitter taste in mouth	60
Sinking feeling of the heart	60

Table 4
Clusters of Symptoms in Bahrain Study Using BSI

Cluster	Number of Somatic Symptoms (BSI)	Factor
First	5-11-12-24-31-35-36-38-42	Tension
Second	7-8-10-13-17-22-27-39	Fatigue
Third	2-16-21-25-37-41	Abdominal Symptoms
Fourth	15-19-20-30-42	Panic
Fifth	6-8	Pain all over the body
Sixth	9-23-32-40	Urinary symptoms
Seventh	14-28-29	Symptoms in the lower limbs
Eight	33-34-44	Coldness sensation
Ninth	4-18	Heat sensation
Tenth	1-43	Gripping sensation in the body

Discussion

The majority of patients were young adults (54.6%), 18-34 years of age, reflecting the structure of the population in Bahrain where 50% of the total population (83%) were females, 18-30 years of age, and housewives which reflects the selection bias created by the gynaecology patients. Furthermore, more females than males are expected to attend morning clinics since only 25% of the women are working (Statistical Abstract, Bahrain 1993).

The prevalence of psychological morbidity as estimated by GHQ in the total sample was 43.3% including 93.7% in the psychiatric hospital and 19.4% in the general hospital. The prevalence of psychological morbidity in the general hospital is in agreement with other studies conducted by Wig in India and Lipowski in U.K, where it has been estimated that approximately 20 to 25% of the patients attending the general medical OPD and primary health care facilities do so for symptoms due to psychological or social factors (Wig and Verma, 1973), and (Lipowski, 1988). Bavington and Majid (1987) reported the prevalence of mental disorders going undetected in general medical OPD and primary health care attendance as 50%. Similar findings were also reported by Al-Haddad et al (1994) who found morbidity among primary care patients at 45% in Bahrain. The wide variations in the findings of different studies could be due to different methodological and sampling techniques. This might also reflect real variations in the extent of psychological morbidity between various cultures.

The GHQ was able to pick up 93.7% of the psychiatric patient population. This is a proof that the GHQ is a highly selective tool for the detection of psychiatric morbidity in psychiatric patients. Among the psychologically morbid group, 50% reported frequent somatic symptoms which agrees with the findings of Lipowsk (1988).

The somatic symptoms identified, reported by the BSI, were mostly in the form of lack of energy, headaches, pain in the neck and shoulders as well as generalized pain all over the body. These symptoms are similar to those reported in earlier studies (Saxena et al 1988, Kinzie et al 1982). This suggests that across different cultures the repertoire of somatic symptoms reported by psychologically morbid patients have close similarity. It also demonstrates that somatisation is a recognized pattern of expressing psychological distress.

Results of the factor analysis of the BSI showed both similarities and differences between patterns of illness among Bahraini patients and Pakistani patients in Bradford. Four principal factors emerged in the Bahraini study: tension, fatigue, panic and abdominal symptoms forming three general factors and one localised to a bodily zone. This is in contrast to the results of the Bradford study that identified one general factor (fatigue), and three localised factors of bodily zones namely head, chest, and abdomen. This possibly reflects the difference between the two populations studied in relation to class difference, education, etc., and cultural factors which are known to influence the way of expressing symptoms. Similar results were reported in Bahrain and Bradford for the factor fatigue which contains the core somatic symptoms of neurasthenia or "fatigue syndrome" with tiredness, lack of energy, muscular pain, and weakness (Kennedy, 1988). Sensation of heat was a common factor that emerged in both studies. This can be a reflection of the hot weather experienced both in Bahrain and Pakistan which is likely to be expressed as a somatic symptom. The

process by which these unpleasant sensations reach consciousness, get interpreted, and then acted upon is subject to cultural influence as argued by Mumford (1991).

Somatisation was found to be more frequent among married females aged 20-30 years housewives, illiterate, or with minimal education. It is obvious that such a group is psychologically more vulnerable since they are at the child bearing age. Depressive illnesses are also more common during that time of life (Bebbington 1987). The illiteracy and lower level of education also explains the tendency to somatise symptoms rather than express them in an abstract form (Subbakrishna, 1980). In conclusion, this study confirms that GHQ can be used as a tool to identify patients with psychological morbidity both in general and psychiatric population, while the BSI can be used as an adjunct tool to identify somatic symptoms in psychologically morbid patients.

It would therefore be considered prudent that in the training of the general physicians, due emphasis is laid upon somatic presentation of psychological disturbance, which would increase their awareness and also help them to provide more appropriate and cost - effective treatment of patients with emotional disorders who present somatically (Katon et al., 1984).

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L'aspest somatique chez les malades Bahrainiens

L'objet de cette étude est d'évaluer les aspects des symptoms physical chez Bahrainiens.

Le recherche a été faite sur 99 malades frequentées regularement au department de psychiatricque et le département général.

جوانب الجسدنة فى المرضى البحرينيين

قام الباحثان بدراسة الأعراض الجسمانية النفسية فى تسعة وسبعين مريضاً من المترددين على العيادات الخارجية الطبنفسية والعامة.

وقد استخدم الباحثان استبيان الصحة العامة واستبيان برادفورد للأعراض الجسمانية .

وقد أظهرت النتائج وجود إضطرابات طبنفسية فى ١٩,٤٪ من مرضى المستشفيات العامة، وقد تم تصنيف أعراض الجسدنة فى مجموعات، ووجد أن الأعراض تتواجد أكثر فى ربات البيوت ما بين ٢٠ – ٣٠ عاماً من العمر، وكذلك بين محدودى التعليم – وتناقش الدراسة الدلالات والنتائج.