Psychiatric Comorbidity of Somatoform Disorders:A Clinical Study of Psychiatric Outpatients (El-Minia University Hospital)

A Thesis Submitted in Partial Fulfillment of the Requirement of the Master Degree in Psychological Medicine and Neurology.

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Somatizing patients are those who present with persistent,medically unexplained symptoms that lack either demonstrable organic basis or are judged to be grossly in excess of what one would expect on the grounds of objective medical findings. These patients often pose diagnostic and therapeutic problems for psychiatric and general medical practitioners.

Somatic symptoms may be viewed as a primary disorder as in case of somatoform disorders, or an integral part of other psychiatric disorders mainly depression and anxiety, finally they might be associated with other readily diagnosable psychiatric disorders.

In the present study, 92 patients with clinical diagnosis of one of the somatoform disorders were screened, using Schedules for Clinical Assessment in Neuropsychiatry (SCAN), for detection of the presence of a comorbid psychiatric diagnoses.

The results of the study have shown that 70 (76.6%) patients were diagnosed as having undifferentiated somatoform disorder, 9 with persistent somatoform disorder (9.5%), 8 with somatisation disorder (8.7%) and 5 patients (5.4%) diagnosed as having hypochondriacal disorder.

It was also noticed that 79 patients (86%) included in the study an additional current (comorbid) psychiatric diagnosis.

The most prevalent comorbid psychiatric diagnosis was depressive episodes diagnosed in 54 patients (58.5%),followed by generalized anxiety disorder 20 patients (21.5%), panic disorder which was encountered in 14 patients (15.2%), and lastly mixed anxiety and depression disorder diagnosed in 6 patients (6.5%).

It was also found that somatization disorder was associated mainly with moderate depressive episode 4 patients (50%), while persistent episode 5 patients (55.5%), whereas undifferentiated somatoform disorder was associated with current depressive episodes as a whole.

On the other hand hypochondriacal disorder was associated more with anxiety disorders 2 patient (40).

The somatic symptom profile of somatization disorder did not differ from that of undifferentiated disorder except in the severity, whereas the somatic symptom profile of patient with pain disorder showed that the highest correlations were between pain symptoms.

Patient with a comorbid diagnosis showed the highest amplitude of symptoms while those with no comorbid diagnosis showed the lowest.

Conclusions and Recommendations:

The authors concluded that:

This study shows that the current status of somatoform disorders is confusing and

creates a number problems, for though an independent category, yet it is usually associated with other current psychiatric diagnosis most often depressive disorders.

In order to be able to delineate the underlying psychopathology, and to get a more comprehensive view regarding somatoform disorders as an independent category, it is recommended to conduct wider scale studies in a primary health care setting, together with comparative studies between patient with pure somatoform disorder diagnoses and those with other psychiatric diagnosis mainly anxiety and depressive patients.

M.H.D

A Descripivc Study of Somatoform Disorders in Psychiatric Outpatients

A Thesis Submitted in Partial Fulfillment of the Requirement of the Master Degree in Psychological Medicine and Neurology.

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Somatization presents a problem situated in the borderland between primary care and psychiatry.

Somatizers are frequent users of health services. They are generally unrecognized, untreated, over investigated and misdiagnosed, with a high rate of help seeking, they represent an important part of the burden created by psychological illness in general practice.

The somatoform disorders are a group of psychiatric disorders whose essential features are physical symptoms suggesting physical disorder for which no demonstrable organic finding or known physiological mechanisms and for which there is positive evidence or a strong presumption that symptoms are linked to physiological factors or conflicts.

In the present research, 620 patient presented to outpatient of neurology and psychiatry clinic were screened for somtoform disorders. full psychiatric sheet and SDSC (Somtoform Disorders Symptoms Checklist) which is a semi - structured diagnostic instrument designed for clinicians were applied for somtoform disorders cases.

In our study, the estimated prevalence of somatoform disorders was 14.8% (92 cases). The most frequent disorder was the undifferentiated somatoform disorder 76% (70 cases), followed by the persistent somatoform pain disorder 9.8% (9 cases), somatization disorder 8.7% (8 cases), and hypochondriacal disorder 5.4% (5 cases).

We also found that married, illiterate females with household activities were more representative than males in the total number of somatoform disorder cases and in most of its subgroups except in the hypochondriacal disorder as males were more representative but this needs more wider study as the number of hypochondriacal cases were small.

Fatigue symptoms, headache and body pains were the most frequent symptoms and the most suggestive for somatoform disorders.

We find no role for gender in the symptom profile of the patient. Residence also had not a significance role in symptoms profile. However, education

affecting symptoms profile as headache was more frequent in educated patients

As regard pattern of symptoms in different somatoform disorders, we found no significant differences between somatization disorder and undifferentiated somatoform disorder in symptom profile but they differ mainly in the duration of illness and in the severity of the symptoms. However, hypochondriacal patients were more representative with cardiovascular symptoms and respiratory symptoms which are under the control of the autonomic nervous system.The authors suggested the following:

Recommendations

1- To pay more attention to the undifferentiated somatoform disorder cases as they represent a major category of patient present to outpatients clinic either psychiatric or nonpsychiatric and may be missed leading to chronicity and more difficulties in management.

2- To conduct a wider scale study in a non psychiatric clinics as primary care facilities to cover a wider area with different demographic patterns. Also, more research for hypochondriacal disorder in a nonpsychiatric clinic as those patients usually use non psychiatric clinics.

M.H.D