Anxiety, Depression and their Somatic Symptoms Profile. Are they Different?

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Abstract:

Detecting and studying somatic symptoms in anxiety and depression is highly important. This paper aims at detecting the most prominent somatic symptoms in anxiety and depression and elaborating the difference between anxiety and depression concerning the presenting somatic symptoms. Subjects were selected from the out-patient clinic and the inpatient psychiatric department in Alexandria University Main Hospital. Thirty patients diagnosed as depression and another 30 diagnosed as generalized anxiety disorder according to the criteria described by DSM-IV-TR. We picked up those with prominent somatic symptoms. Psychometric Scales: The Somatic Symptoms Inventory (SSI), Hamilton Anxiety Rating Scale (HAS) and Beck Depression Inventory (BDI) were used .We also reported the most frequent somatic symptoms in both diseases. The results highlight that there is a positive correlation between the severity of depression or anxiety and suffering from somatic symptoms. However, this study failed to find distinguishable somatic symptoms between both diagnoses in the clinical field. Conclusion: it seems impossible to generate somatic symptoms for anxiety not overlapping with depression. Thus, the feasibility of differentiating anxiety from depression in clinical samples based on the somatic symptoms is very low.

Introduction:

Physical and emotional symptoms appeared to be closely associated types of expression of distress instead of mutually exclusive alternatives (Simon and Vonkorff, 1991).

Physical or somatic symptoms are more frequent than one may believe. Many physicians and researchers have become aware of the physical and emotional mutual interaction and have recognized the need to examine them (Abdel Khalek, AM et al. 1993)].

Historically, somatization of depression was the norm in Western society. Patients did not complain of mood or affective changes but presented with somatic and vegetative complaints. It appears that patients in most non-western cultures still present with physical complaints as the primary symptoms of depression (Katon et al, 1982). Somatic symptom falls into two main groups: psychoiogical reaction to physical illness, and somatic presentation of psychological disorder (Hollifield, et al (1999).

Over the past 60 years anxiety disorders and depression have become well-defined as a cause of many somatic symptoms (Mayou, 1993). Somatic symptoms are almost commonly associated with anxiety and depression (Kellner, 1991and El-Metwaly, 1997).

Silverstein (1999) found that female subjects exhibited a higher prevalence than male subjects for somatic depression (fatigue, appetite and sleep disturbance).

Gender differences in major depression results from the presence or absence of somatic symptoms. He also added that somatic depression is usually associated with a high prevalence of anxiety disorder and body aches.

Of greater importance is the delineation of the distinctive and overlapping symptoms of depression and anxiety (Gotlib & Cane, 1989).

Clark and Watson (1991) maintained that the two constructs are distinguishable by physiological hyperarousal (specific to anxiety) versus the absence of positive affect (specific to depression). In the same vein, Watson and Kendell (1989) stated that negative affect is strongly related to both anxiety and depression, whereas positive affect is associated only with depression. Thus, low positive affect is a crucial factor in distinguishing depression from anxiety.

Aim of the work:

1- Detecting the most prominent somatic symptoms in anxiety and depression.

2- Elaborating the difference between anxiety and depression concerning the presenting somatic symptoms.

It is a trial to answer the question, is there any clinical justification to distinguish depression